

File Number:

Patient Name Surname:

EXAMINATIONS

Intraoral Radiographic Examination:

At the beginning of the treatment, during the course of treatment, and for post-treatment follow-ups, it may be necessary to take intraoral X-rays of the teeth and surrounding tissues for a detailed examination. The X-ray film is placed inside the mouth to perform the procedure. If pregnancy is a concern, X-rays are not taken except in emergency situations, and when they are necessary, a lead apron is worn to ensure that the patient receives the minimum dose of X-rays. Expected Outcomes from Radiographic Examination: Detailed examination of the complaint area to identify the tooth or bone area causing the complaint. If Radiographic Examination is Not Conducted: The cause of the complaint may not be accurately determined. Without post-treatment follow-up X-rays, the success of the treatment cannot be evaluated. Possible Risks: Nausea and sometimes vomiting may occur due to the triggering of the nausea reflex during X-ray imaging. Without protective measures in pregnant women and children, radiation-sensitive organs can be affected.

Extraoral Radiographic Examination:

At the beginning of the treatment, during the course of treatment, and for the purpose of monitoring after treatment, it may be necessary to take X-rays of the jaw and facial region in order to examine the teeth and surrounding tissues in detail. The X-ray film is positioned outside the mouth during the procedure. If pregnancy is a concern, X-rays are not taken except in emergency situations, and when necessary, a lead apron is worn to minimize the patient's exposure to X-rays. Expected Outcomes from Radiographic Examination: Detailed examination of the complaint area to identify the tooth or bone area causing the complaint. If Radiographic Examination is Not Conducted: The cause of the complaint may not be accurately determined. Without post-treatment follow-up X-rays, the success of the treatment cannot be evaluated. Possible Risks: Remaining still for at least 20 seconds during the procedure is necessary, and any movement may result in poor image quality, necessitating a retake. Without protective measures in pregnant women and children, radiation-sensitive organs may be affected.

Maxillary Sinus Surgery:

The sinuses are air-filled cavities covered with mucous membrane in the skull. The sinus located in the upper jaw is called the maxillary sinus. Surgical procedures in the region for the removal of maxillary sinus pathologies include addressing issues such as the entry of teeth, roots, or foreign objects into the sinus, as well as sinus lifting operations for implants. Surgical closure of defects in the region is necessary in cases of acute or chronic openings.

The maxillary sinus is in close proximity to the upper molars. With the loss of these molars, the sinus may descend and approach the oral cavity. When there is a need for an implant in the edentulous space, sinus surgery involves opening the sinus surgically and gently pushing the mucosa to create space. The resulting void is filled with a bone graft, restoring the sinus to its original position. After the necessary surgical procedures in the region, wound care recommendations are provided. In addition to antibiotics, mouthwash, and analgesics prescribed to the patient, a decongestant (a medication minimizing sinus mucosal reactions) is also administered.

If left untreated:

If left untreated, a gap that forms or already exists can become a permanent (chronic) condition. After tooth extraction or due to other reasons, the sinus cavity may become associated with the oral cavity. Consumed food and liquids can regurgitate through the nasal area. If sinus lifting is not performed, the edentulous space can be restored using alternative prosthetic methods.

Potential Risks:

During the operation, the soft tissue (mucosa) within the gap may tear. Depending on the decision of your dentist, the procedure may be postponed or continued. Rarely, after the procedure, graft and related implant losses may occur. What the patient eats and drinks may come back through the nasal cavity. Depending on the size of the opening, an operation may be required to close it, or non-invasive methods may be attempted. During tooth extraction, the tooth root may enter the sinus cavity and need to be removed. After surgery, there may be leakage of blood from the sinus or nose for 2-3 days. Swelling, hematoma (discoloration due to bleeding), pain, limited mouth opening, and bruising around the eyes may occur in the operated area for 2-3 days or longer after the surgical procedure. This condition will usually resolve on its own within 1 week to 10 days.

Post-Treatment Care Instructions:

The patient should bite on the placed gauze in the treatment area for 30 minutes. After removing the gauze, it is normal to experience bleeding, swelling, and bruising in the face and neck on the first day. During this period, the patient should avoid rinsing the mouth, spitting, and consuming products like fruit juice with a straw. Post-sinus surgery care is crucial, and movements that may cause pressure in the area should be avoided. Sneezing, coughing, or applying pressure to the area should be avoided. I understand the importance of following the recommendations for nutrition, taking prescribed medications regularly, maintaining oral hygiene, and adhering to dressing changes during the post-operative period. I accept to comply with all recommendations regarding nutrition, medication use, dressings, and the recovery period. I have read and understood the content of the informed consent form. My doctor has verbally answered all my questions. I am deciding voluntarily. I know that I have the right to refuse this intervention or withdraw at any time.

Special circumstances: Süleyman Demirel University Department of Oral and Maxillofacial Surgery Clinic doctors can be reached by phone at 0246 2113348 or by visiting the clinic in person.

I have been informed about the Implementation Communiqué published by the Social Security Institution (SGK) regarding the relevant treatments. I am aware that invoices related to items for which the SGK does not make payments for the materials used during the stages of the treatment need to be paid by me.

My identity information will be kept confidential, and I have been informed that my medical history and radiological images, photographs, and test results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational, or research purposes. The document we want you to read and understand is not meant to scare you or keep you away from medical procedures. It is prepared to inform you, determine whether you consent to these procedures, and obtain your approval. This consent form consists of 2 pages and has been prepared in duplicate in accordance with Article 70 of Law No. 1219 and Article 26 of Turkish Penal Code No. 5237. One copy has been provided to the patient/legal representative of the patient.

THE TREATMENT FOR MY DISEASE WAS EXPLAINED TO ME AND
I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT.

(This sentences needs to be written by patient/patient's relative with their own handwriting.)

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PATIENTS/RELATIVES/GUARDIANS INFORMATION

NAME SURNAME:..... DATE:..... TIME:.....

SIGNATURE:

DOCTOR WHO PROVIDED THE

NAME SURNAME:..... DATE:.....

TIME:..... SIGNATURE: