



Procedure:

Damages to the jaw joint may occur, sometimes from birth, or sometimes after various traumas, tumors and surgeries. Abrasions may occur in the joints due to small and chronic traumas, which we call microtraumas, as a result of excessive load on the jaw joint as a result of the incompatibility of the lower and upper jaw teeth, or as a result of excessive work of the chewing muscles during sleep. With these abrasions, adhesions may form in the joint over time. Damage to the joint surfaces will lead to pain and restriction in mouth opening over time. In the long term, mouth opening may decrease to less than 1 cm. Surgery is required when joint adhesion occurs to the extent that it impairs nutrition and speech.

Incisions will be made in front of the ear, under the chin and inside the mouth to reach the joint area that prevents the jaw from opening. Additionally, if it is necessary to remove bone or tissue from your body, it may be necessary to make another incision on your body. In order for your mouth to be opened sufficiently, the damaged joint will be removed and a structure similar to the joint will be created in its place. This procedure will be applied to both jaw joints, if necessary, and identified using one or more of the following:

- Bone taken from your body
- Metal jaw joint prostheses
- Bone, cartilage, bone paste, bone powder taken from cadavers
- Alloplastic materials (bone grafts) such as silicone, porous hydroxyapatite, methyl methacrylate, titanium mesh
- Titanium plates and/or screws
- Fusible plate and/or screws
- Saddle stitches
- Metal arches and wires applied to teeth

Unless there is a problem, these materials can remain in place for a lifetime. If problems arise, a second surgery may be required to remove them.

At the end of the surgery or later, the lower jaw and upper jaw can be locked for a while to provide stabilization (intermaxillary fixation). During this period, you should only eat liquid foods. If there is difficulty breathing or nausea, the fixation can be canceled by cutting the applied elastics and the jaw can be opened.

Risks of Surgery: General risks and complications are significant. When a person chooses a surgical procedure, it is based on weighing the risks against the benefits. Although most patients do not experience these side effects, you should discuss each of these with your surgeon to make sure you understand the risks, side effects, and consequences of the surgery.

Anesthesia has some risks:

1. Some lung areas may collapse and infection (microbial diseases) may occur there. In this case, antibiotics and physiotherapy may be required.
2. Clots may form in the legs, causing pain and swelling (deep vein thrombosis - blockage of the deep vein with a clot - DVT). Rarely, some of these clots can break off and travel to your lungs or other organs, which can be fatal.
3. Heart attack or stroke may occur due to the load on the heart.
4. Depending on the application, death may occur.
5. The rate of lung infection (microbial diseases), thrombosis, heart and lung complications (negative outcomes) is higher in obese people.
6. The rate of lung infection (microbial diseases), thrombosis, heart and lung complications (adverse situation) is higher in smokers. Quitting smoking 6 weeks before the procedure may help reduce the risk.

There are some risks and complications (negative situation) associated with the application. In order to minimize these risks, it is very important to ensure maximum compliance with your treatment, especially to prevent the movement of your jaws. These risks include:

1. Blood transfusion: Bleeding requiring autologous donor or blood transfusion may occur (during or after surgery).
2. Numbness: The inferior alveolar nerve runs on both sides of the lower jaw. There is a possibility of damage due to its proximity to the surgical area. As a result of damage to this nerve, the lower teeth, lower lip and lower parts of the cheek become numb. If this condition is temporary, it can usually last 6-12 months, but it can also be permanent. The lingual nerve runs on both sides of the inner side of the lower jaw. It provides sensation and taste to this side of the tongue.

There is very little chance of damage. As a result of damage to this nerve, that side of the tongue becomes numb. More rarely, it may cause uncomfortable complaints such as loss of taste on that side of the tongue. If this situation is temporary, it can usually last 6-12 months, or it can be permanent.

3. Facial nerve (facial nerve) comes from under the ear towards the cheek and operates all the facial muscles in one half of the face. In jaw joint surgery, the branch that lifts and covers the eyelid may be injured during the incision made in front of the ear, and the branch that pulls the lower lip down and outward may be injured through the incision made under the chin. In these cases, the eyelid cannot be closed and the lip cannot be pulled down and out. Sometimes, this entire nerve may be injured, resulting in complete paralysis in half of a face. If this condition is temporary, it may last 6-12 months or sometimes it may be permanent.

4. Failure of Bones to Heal: In some cases, the bone placed to reconstruct the jaw joint may not heal and other surgeries may be required. It may not always be possible to return the jaw joint to its normal position. In this case, sometimes the mouth cannot be opened sufficiently, the teeth do not fit properly when the mouth is closed, and chewing may be impaired.

5. Titanium plates and screws used to fix the jaw after surgery may cause pain and/or infection, which requires surgical removal at some stages.

6. Decreased mouth opening: If the joint is not exercised sufficiently after the surgery, it is seen that the jaw begins to lock again. To prevent this situation, physical therapy or special apparatus should be used regularly and effectively as described. Despite these efforts, sometimes the jaw may become unable to open.

7. Scar: Any cut will leave a scar, more or less, after healing. This is usually acceptable. However, sometimes abnormal scars may occur. The appearance of these scars is ugly and their color may differ from the surrounding area. Abnormal scars may require treatment including surgery.

8. Wound healing is poor in diabetics, smokers, people with malnutrition, obese patients and in some special cases. Significant scars may remain in incisions made externally/on the skin.

Special Situations: You can reach the doctors of Süleyman Demirel University Dentistry Surgery Department Clinic by calling 0246 2113348 or by coming.

Consent Verification: I know that recommendations on nutrition and regular use of recommended medications, oral hygiene and dressings are very important in the postoperative period. I agree 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 answered all my questions verbally. I decide with my own free will. I know that I have the right not to accept this intervention or to withdraw at any time.

It was explained to me that my identity information will be kept confidential and that my anamnesis information, radiological images, photographs, examination results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes.

Dear Patient, To have information about your health condition and the benefits/harms, risks and alternatives of the procedures for the diagnosis or treatment recommended for you; accept or partially/completely reject treatment; You have the right to stop the transactions at any stage! This document, which we want you to read and understand, has been prepared not to scare you or keep you away from medical practices, but to inform you, determine whether you consent to these practices, and obtain your consent. This consent form consists of 2 pages and is prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy is given 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 TRATMENT (Note: This statement will be written below in the patient's/relative's OWN HANDWRITING.)

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THE PATIENT/RELATIVE/GUARDIAN

NAME:.....

HISTORY:.....

HOUR:.....

SIGNATURE:.....

THE PHYSICIAN WHO PROVIDES THE INFORMATION

NAME:.....

HISTORY:.....

HOUR:.....

SIGNATURE:.....