

# CLEFT LIP AND PALATE INFORMED CONSENT CERTIFICATE OF CONSENT

Dear: (Patient Name Surname) .....  
 (Date of Birth):.....  
 (TC No):.....

In this form you will be asked for your medical and dental history and some personal information. You have the right to be informed about the treatment and procedures you will undergo. The form also contains information about the procedures to be performed in the clinics where you will receive treatment. The purpose of these explanations is to inform you and ensure your participation in the treatment process in order to improve and protect your oral and dental health. It is your decision to consent to the treatment and procedures after learning the benefits and possible risks of the treatment and procedures.

Name Surname Tel:  
 Gender: Email Address

**Contact person in case of an emergency:**

Name Surname:..... Tel No:.....

**INFORMATION**

**General Information on the Treatment of Patients with Cleft Lip and/or Palate:**

1. Babies with cleft lip and/or palate aged 0-18 months are followed up from the day they arrive. Babies with both cleft lip and cleft palate are fitted with a feeding plate on the day of arrival to facilitate feeding and to bring the cleft lines closer together. Afterwards, the patient is followed up with weekly or 2-week controls and when the cleft lines approach each other and the baby reaches the appropriate height and weight, lip and nose surgery is performed and a support appliance is applied into the nose after surgery. Cleft palate surgery is performed when the baby is approximately 12-18 months old. The patient comes for monthly controls during this period. Babies with only cleft palate are taken to surgery around 18 months by calling for monthly controls if they can feed. If they are unable to feed, they are taught to feed, a feeding plate is applied to these babies when necessary and the next process continues as described above. After the patient undergoes surgery, 3-month controls are started and nasal shaping is followed. In the following period, controls are reduced to once a year and dentition is monitored. In the patient whose dentition is monitored (between the ages of 8-12), if deemed necessary, bone grafting surgery (grafting) is performed on the cleft area and orthopedic and/or orthodontic treatment is started. All treatment of the patient must take place in our clinic. It is not possible to transfer the patient to another clinic for any reason. The records of the patients whose treatment has started will not be given outside our clinic (except university hospitals) in any way.
2. Patients arriving outside the appointment day and time will not be seen. When an appointment change is requested due to important excuses, this request must be notified by phone before the appointment date.
3. Patients who do not pay attention to oral care, do not use their appliance, do not follow the doctor's recommendations and do not attend their appointments regularly will have their surgery and treatment delayed.
4. It is mandatory to follow all recommendations and instructions of the doctor during treatment.
5. For patients under 18 years of age, all responsibilities regarding patient compliance belong entirely to the parent. The parent is responsible for ensuring that the patient brushes his/her teeth and complies with the treatment.
6. The patient will pay for the materials required for the patient's treatment. Our clinic is not responsible for whether the cost of the material can be covered by the patient's institution.
7. Patients will be responsible for the replacement cost of appliances that are broken or lost during use. This article also applies to official patients.
8. All patient records can be used in domestic and international scientific publications.

**INSPECTIONS**

**Radiographic**

**To be implemented**

**Examination**

Radiography is not taken in infant patients. Radiographs are taken when deemed necessary in patients aged 5 years and older whose dentition is completed. Panoramic X-rays and, if necessary, periapical films may need to be taken at the beginning of treatment, during treatment and after treatment for control purposes in order to examine the tooth and supporting surrounding tissues in detail. Lateral cephalometric X-rays, hand-wrist X-rays, anteroposterior head X-rays (postero-anterior X-rays) and occlusal X-rays may be requested to determine your orthodontic problem and to make a detailed treatment plan. Radiographic examination may also be required to examine changes that occur during active orthodontic treatment, with growth and development, during and after reinforcement treatment.

**Without radiographic examination:** The cause of the complaint may not be determined accurately. If control radiographs are not taken after treatment, the success of the treatment cannot be evaluated.

**Possible risks** The patient's nausea reflex may be triggered during X-ray filming, causing nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

**Photography and Model Analysis**

**To be implemented**

The reasons for taking models and photographs before, during and after orthodontic treatment are to be presented in lectures, conferences, papers and publications, to create an archive, to compare treatment results and to be used in the diagnosis of cases. **TREATMENT and PROCEDURES**

- |  |  |
|--|--|
| *Orthopedic and surgical treatment of cleft lip                          | <input type="checkbox"/> To be implemented |
| *Orthopedic and surgical treatment of cleft lip and palate               | <input type="checkbox"/> To be implemented |
| *Orthopedic and surgical treatment of cleft palate                       | <input type="checkbox"/> To be implemented |
| *Orthopedic orthodontic treatment of the patient with complete dentition | <input type="checkbox"/> To be implemented |
| *Grafting (bone grafting) surgery  | <input type="checkbox"/> To be implemented |

**Expectations from Treatment:** Effective nutrition of the patient, closure of cleft lines, correction of speech, guidance of jaw development, elimination of dental crowding, healthy chewing function, dental aesthetics, improvement of facial aesthetics.

**If the recommended treatment is not followed:** The patient cannot feed effectively. The cleft lines become larger with development, the jaw cannot continue its normal development, the patient's surgery becomes difficult and the cleft may reopen in the future. Healthy chewing cannot be done, jaw joint problems may occur, crowding of teeth increases, gum problems and caries may occur.

**Possible Risks:** Patients may experience some negativities during treatment. Depending on the appliance, bumps and sores may occur on the lips and cheeks in the first week. The applied patches may irritate the cheek in sensitive babies and the use of pomade may be required. Infection may develop in patients with poor oral care. In addition, in patients who do not attend regular postoperative check-ups, deformation of the nose may occur again, and wound healing may be delayed if oral hygiene is not paid attention. In order to overcome these problems easily, the instructions of the physician must be followed. Babies may be susceptible to infection if plaque and oral cavity are not cleaned after feeding.

In patients undergoing orthodontic treatment, teeth that are not brushed adequately during treatment may develop caries, permanent white spots, inflammation of the gums and related gingival recession and bone loss. For this reason, teeth should be brushed regularly after main and intermediate meals until all food residues are removed.

During orthodontic treatment, some patients may experience a shortening of the length of the tooth roots (root erosion). If there is a serious shortening, the treatment can be terminated by the physician. Appropriate treatment is recommended instead.

**Things to Consider After Treatment:** At the end of each orthodontic treatment, there is a tendency for the teeth to move and return to their initial position at the beginning of the treatment. Therefore, as soon as the active orthodontic treatment is finished, the passive orthodontic treatment "reinforcement treatment" should be started. In this treatment, either a fixed wire is attached to the inside of the teeth or a reinforcement device that the patient can wear and remove is used. The use of the removable device in accordance with the physician's instructions is very important for the permanence of the treatment result.

**Special Cases** You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone at 0246 211 3353 or by visiting them.

## APPROVAL

My whole mouth was examined in detail. In addition, in the relevant sections, the physicians explained what oral dental disease is, why treatment is needed, the risks involved, the problems that may occur, alternative methods, the changes that may occur after treatment, the possibility of success and the situations that may occur during the healing process.

During the dentist's diagnosis and treatment;

Consultation can be requested from other physicians and they can participate in the treatment process, and they will work under the supervision of residents and faculty members,

Oral, Dental and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians can take films,

My anamnesis information and radiological images, photographs, examination results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes by keeping my identity information confidential,

It was explained to me that local anesthesia may be applied as part of these procedures during the diagnostic method, intervention or treatment, and that attending the appointments without interruption and complying with the physician's recommendations and practices regarding the treatment may directly affect the treatment results.

I have read this consent form and have been informed about the above treatment options and their possible risks.

Dear Patient, You have the right to be informed about your health condition and the benefits/harms, risks and alternatives of the proposed diagnostic or therapeutic procedures; to accept or partially/completely reject the treatment; and to stop the procedures at any stage! This document, which we want you to read and understand, has been prepared not to scare you or to keep you away from medical practices, but to inform you, to determine whether you consent to these practices and to obtain your consent. This consent form consists of 2 pages and has been prepared in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Criminal Code No. 5237, and one copy has been given to the patient/patient's legal representative.

THE TREATMENT FOR MY ILLNESS HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT

(Note: This statement will be written below in the patient's/relative's **OWN HANDWRITING**)

.....  
PATIENT/RELATIVE/GUARDIAN

FULL NAME :.....

DATE:.....

CLOCK:.....

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME.....

DATE:.....

CLOCK:.....

SIGNATURE/SIGNATURE