

ORTHOGNATHIC SURGERY

INFORMED CONSENT DOCUMENT

ORTHOGNATHIC SURGERY CONSENT FORM

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

Phone:

Gender:

Email Address:

Contact person in case of an emergency:

Name Surname:

Phone:

INFORMATION

General Information About Orthodontic Treatment:

- The average duration of treatment is 2-3 years, but may be longer in some cases. All of the patient's treatment must take place in our clinic. It is not possible to transfer the patient to another clinic for any reason. (Treatment will not be started in cases where the patient's residence will be changed due to science high school, university exam, transfer or other reasons. The records of patients whose treatment has already started will not be given outside our clinic in any way).
- 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.
- The treatment of patients who do not pay attention to oral care, frequently break their brackets, lose and break their appliances, do not follow the doctor's recommendations, do not attend appointments regularly and do not use the necessary appliances for their treatment is terminated.
- It is mandatory to follow all recommendations and instructions of the doctor during treatment.
- 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.
- 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.
- The patient will be charged for the replacement of appliances that are broken or lost during use, the cost of lost brackets and the cost of bonding. This also applies to official patients.
- All patient records can be used in domestic and international scientific publications.
- All treatment fees of patients whose clinical records (measurements, x-rays, photographs, etc.) are taken are invoiced to their institutions. Therefore, patients who discontinue treatment for whatever reason or whose treatment is terminated by their physician can only be treated as private patients if they wish to undergo orthodontic treatment again.
- The materials of patients who leave the treatment or whose treatment is terminated by their physician for any reason whatsoever after their clinical records are received are not returned.

INSPECTIONS

Panoramic X-rays and, if necessary, periapical films may be required to examine the teeth and supporting surrounding tissues in detail at the beginning of treatment, during treatment and after treatment for control purposes. 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, before and after the operation, during and after reinforcement treatment. In addition, 3D imaging techniques may be needed. **If radiographic examination is not performed:** 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 the X-ray, 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 implemented

To be

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 diagnose cases. New photographs and models or video images can be taken a few days or weeks before surgery.



TREATMENT and PROCEDURES

Local anesthesia is applied to ensure pain control during treatments. If necessary, the inner part of the gum or cheek is first numbed with a topical anesthetic (spray).

Anesthetic liquid is injected with an injector and the tooth and the area where it is located are numbed for a while. After 2-4 hours, the effect of the anesthetic disappears.

In the absence of local anesthesia, the procedures either cannot be performed because they will be too painful or they are performed under a more complicated procedure/sedation.

Possible Risks Allergic reactions, loss of sensation, bleeding, temporary muscle spasms, temporary facial paralysis may occur after local anesthesia, although rare. If there are anatomical differences or acute infections in the area, anesthesia may fail. The locally anesthetized area is numb for about 2-4 hours. For this reason, eating and drinking is not recommended until the numbness disappears to prevent wounds on the inside of the cheek and lip due to biting.

Orthognathic surgery (surgery on the jaws) includes interventions to restore the teeth, jaw bones, other soft and hard tissues to the best anatomical position. Orthognathic surgery is a multidisciplinary treatment approach involving plastic reconstructive surgeons, oral and maxillofacial surgeons and orthodontists. In the preoperative preparation period, teeth are tried to be aligned regularly in the upper and lower jaw before jaw surgery. However, this cannot be fully realized before surgery. Because as long as the jaws are not in their proper places, correct tooth relationships cannot be achieved. In this case, orthodontic treatment continues for a while after the operation.

Expectations from Treatment: Elimination of crowding in the teeth, correction of incompatibility between the jaws, gaining healthy chewing function, providing dental aesthetics, improving facial aesthetics.

If the recommended treatment is not followed: Healthy chewing is not possible, joint problems may arise, crowding of teeth is not corrected, unwanted movements and habits may develop.

Possible Risks: Patients may experience some negativities before and after the surgery. The devices in the teeth may cause temporary difficulty in eating, speaking and swallowing. Sores may occur on the lips, cheeks and tongue. Oral care may become difficult. Sometimes undesirable situations such as bracket rupture and broken wires may develop. Teeth that are not adequately brushed during treatment may develop caries, permanent white spots, inflammation in the gums and related gingival recession and bone loss. For this reason, teeth should be brushed regularly after main and intermediate meals. 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. Appropriate treatment is recommended instead. During surgery, an incision is made through the mouth or through the skin to access the jawbone. The jawbone(s) is corrected by cutting in the appropriate place and fixed using titanium plates and/or screws. If they do not cause a problem, they remain in place for life. At the end of the surgery or afterwards, the jaws can be locked for 7-10 days (intermaxillary fixation) and only watery foods should be fed during this period. Discomfort caused by the surgery itself, postoperative pain, edema, bleeding from the mouth and nose may occur due to any surgical intervention. There is a possibility that the nerves passing through the relevant area may be damaged due to its proximity to the surgical area. In this case, temporary or permanent numbness may be observed. If the fixation is inadequate or if the recommendations are not followed exactly, movement (instability) may develop in the bone incision line that should not be there. This can lead to changes in the bite function. When the mouth is closed, the teeth do not fit properly and chewing may be impaired. Titanium plates and/or screws used to stabilize the jaw after surgery may cause pain and/or infection. There may be a decrease in mouth opening. If it is temporary, it lasts 3-4 weeks, but sometimes it can be permanent. If there was a jaw joint problem before the surgery, this may go away completely, decrease or sometimes increase. It cannot be determined in advance whether these complaints will go away or increase. During the period when the jaws are locked (intermaxillary fixation), 3-4 kilograms may be lost. In addition, other complications of general anesthesia may occur.

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.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS FORM FOR IMPLANT TREATMENT AND THAT ALL MY QUESTIONS HAVE BEEN ANSWERED. MY CONSENT ON EACH PAGE OF THIS FORM AND MY SIGNATURE BELOW CERTIFIES THAT I CONSENT TO THE ORTHODONTIC AND SURGICAL PROCEDURES REQUIRED FOR ORTHOGNATHIC SURGICAL TREATMENT.

**History:
Orthodontics Specialist Consultant
Surgery Specialist Consultant Physician**

**History
PhysicianMouth and Maxillofacial**

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, 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 with other physicians can be requested and they can participate in the treatment process,

Trainee dentists will participate in diagnosis and treatment and work under the supervision of assistants 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 following the recommendations and practices of the physician 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 Penal Code No. 5237, and one copy has been given to the patient/patient's legal representative.

THE TREATMENT OF MY DISEASE 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