

**Erciyes University  
Faculty of Dentistry  
Oral and Maxillofacial Surgery Hospital  
Information Consent Form**

**Possible risks**

As with other surgeries, jaw surgeries carry certain risks. These can be simple risks or they can be fatal. It is very important that you understand some of the risks that may develop after chin tip surgery.

Surgery and other procedures: An incision will be made through the mouth or through the skin to reach the chin tip bone. You may also need to make an incision in another part of your body if it is necessary to remove bone or tissue from another part of your body. The chin tip bone will be corrected by cutting (osteotomy) in the appropriate place and fixed using one or more of the following

- Titanium plates and/or screws, fusible plates and/or screws, wire sutures, metal arches and wires applied to the teeth, bone, cartilage and tissue taken from your body, bone, cartilage, bone paste, bone powder, silicone, porous hydroxyapatite, methyl methacrylate, alloplastic materials such as titanium mesh

Unless there is a problem, these materials can stay in place for life. In case of problems, a second operation may be required to remove them.

At the end of the surgery or afterwards, the lower jaw and upper jaw can be connected to each other for 7-10 days (intermaxillary fixation). During this period, only liquid diet should be consumed. If there is difficulty breathing or nausea, the elastics applied for fixation may be cut.

1. Side effects that may develop due to any surgical intervention:
  - a. Discomfort from the surgery itself / postoperative pain
  - b. Edema (Swelling)
  - c. Bleeding
2. Numbness (nerve damage)
2. Injury of the branch of the facial nerve
3. Blood transfusion: Bleeding (during or after surgery) requiring autologous donor or blood transfusion may occur
4. Recurrence or need for additional procedures
5. Infection: The wound may reoccur but usually resolves with antibiotics and local treatment (washing).
6. Ischemic necrosis (tissue death) may occur due to decreased blood flow.
7. Instability: Movement that should not be on the bone incision (osteotomy) line.
8. Titanium plates and screws used to stabilize the jaw after surgery may cause pain and/or infection, which may require surgical removal at some stages.
9. Fracture of the distractor
10. Decreased mouth opening
11. Very rarely there may be bleeding at the skull base. This can lead to blindness. This condition is permanent.
12. People who are obese have an increased risk of wound infection, chest infection, heart and lung complications (adverse events) and thrombosis.
13. Wound healing is poor in diabetics, smokers, people with malnutrition, obese patients and in some individualized conditions. Significant scars may remain on external incisions.
14. Scarring
15. Weight loss
16. If there was a problem with the jaw joint before surgery, this may go away completely, decrease or sometimes increase.

17. Relapse

18. In case of any complications, additional surgical procedures may be required.

- My doctor explained my child's medical condition and the proposed surgical procedure. I understood the risks of the surgery, the risks specific to my child and the possible positive and negative consequences (complications).
- My doctor explained other treatment options, the associated risks, the possible medical prognosis and the risks of not receiving treatment.
- I was given an anesthesia information sheet and a patient information sheet.
- I had the opportunity to discuss my questions about my child's medical condition, treatment and risks and alternative treatments. My questions and thoughts were discussed to my satisfaction.
- I agree that my child will be given blood during the operation if necessary.
- I understand that organs or tissues may be removed during surgery and that these will be stored for a certain period of time for testing purposes and then disposed of by the hospital.
- My doctor told me that life-threatening events may occur during the operation. I understand that photographs and video footage may be taken during the operation, which can then be used for training healthcare professionals.
- I understand that there are no guarantees that the surgery will make my child's condition better or worse.
- I understand that if unforeseen circumstances arise during or after the operation or during anesthesia, procedures other than those described above may be necessary. In this case, I consent to the above-mentioned doctor and his/her assistants deciding and performing the procedures that may be necessary, as well as to the participation of specialists in the relevant disciplines as they deem appropriate.

I have read all of the above information and I have been given other oral information.

I DECLARE THAT I AM SATISFIED WITH THE ORAL AND WRITTEN EXPLANATIONS GIVEN TO ME. I VOLUNTARILY AND VOLUNTARILY CONSENT TO THE TREATMENT OR SURGERY TO BE PERFORMED, TO ALL TREATMENTS TO BE PERFORMED IN THE EVENT OF ANY SUBSEQUENT CONDITIONS, TO THE ORAL AND WRITTEN EXPLANATIONS LISTED ABOVE AND NOT LIMITED TO THESE, AND I WANT THIS TREATMENT.

Patient's name

Signature

Date

Guardian and degree of proximity

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As Dr.....

- Patient's condition
- That he needs treatment
- Treatment method and risks
- Treatment options and risks
- Possible consequences when these risks materialize
- Patient-specific risks and problems

I explained to the patient's mother / father / responsible person / proxy.

I, Dr. ...., have given the patient's mother/father/responsible person/proxy the opportunity to ask questions about the above-mentioned points, to discuss

other thoughts, and have answered them as much as possible. I believe that the patient's mother/father/responsible person/proxy has understood the above information.

1st Doctor's name	Signature	Date
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2nd Doctor's name	Signature	Date
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