



ERCIYES UNIVERSITY  
FACULTY OF DENTISTRY  
ORAL AND MAXİLLOFACIAL SURGERY  
HOSPITAL



INFORMATION CONSENT FORM  
**SURGICAL TREATMENT OF THE  
BROKEN LOWER JAW**

The purpose of this form is to inform you about issues related to your health and to ensure your participation in the decision to be taken. You may refuse to be informed except in circumstances of legal and medical necessity.

While this form is designed to meet the needs of most patients under most circumstances, it should not be considered as a document that includes the risks of all forms of treatment. Depending on your personal health situation, your physician may give you different or additional information.

After learning the benefits and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your own decision to accept or reject the procedures.

**General Information**

Under general anesthesia (sleep like state), a tube is inserted through your nose into your windpipe. If this is not possible, a tube is inserted into your windpipe through the mouth or through a hole in the front of the neck (tracheotomy). An incision is made through the oral cavity or through the skin to reach the fracture line. It may also be necessary to make an incision elsewhere if it is required to retrieve bone or tissue from elsewhere. The fracture is corrected using one or more of the following.

- Titanium plates and/or screws
- Fusible plates and/or screws
- Wire stitches
- Metal arches and wires applied to teeth
- External fixator (external fixation device).
- Bone taken from a another site
- Bone, cartilage, bone paste, bone powder taken from another person
- Alloplastic materials such as silicone, porous hydroxyapatite, methyl methacrylate, titanium mesh, etc. will remain in place for life if they do not cause problems.

If there are problems, a second operation to remove them may be necessary and, depending on their position, they may also necessitate their removal.

**Surgery and Stages**

1. You will be given a day to come to the hospital. You will be called to the hospital early in the morning on an empty stomach and it is appropriate for you to take a shower in the morning. Blood is taken for pre-operative tests.
2. The anesthesiologist will interview and examine you, you will rest in bed while waiting for your surgery, and you will be taken to the operating room when the time comes.
3. After the operation you may stay in the recovery room until you wake up, after recovery you will be taken to your room on the floor.
4. Your mouth may swell and blood may leak from the incisions in your mouth, possibly in the first 24 hours. There will be swelling and bruising on your face and cheeks. These swellings and bruises may be very severe, depending on the surgical procedures and sometimes the characteristics of the individual. To prevent some of the swelling in your mouth and cheeks, you may need to sleep with 2-3 pillows at night to elevate your head.
5. Generally, you can be discharged within 1 or 2 days after surgery. This depends on how you feel, how much edema (swelling) you have, and whether you are getting enough oral fluids to avoid needing intravenous fluids. In some cases, you can even be discharged on the same day.
6. You will have braces and/or wires and often plastic splints attached to your teeth. These are used to keep your teeth and jaw immobilized, properly positioned and protect the surgical site to allow you to heal. The need for splints may vary and can be discussed before surgery. Oral hygiene speeds healing and is extremely important. Please rinse your mouth with plenty of water after each meal and then rinse your mouth again with the medication or disinfectant solution provided as described. After 3-4 days, brush gently with a



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children's toothbrush (small and soft) to clean your teeth and braces. Make sure you stay away from the incisions in your gums.

7. Diet is an important part of your postoperative care. Generally, it may be necessary to eat without chewing for about 10 weeks. For at least the first 7-10 days after surgery, you should only consume liquid foods. Your physician will tell you when you will be switched to a non-chewy diet and how long you should continue with it. Continuing with a non-chewing diet is very important for the healing of the bone grafted area and/or the jaw. Excessive movements in these areas may impair the healing process. Your physician will also help you with dietary recommendations. Remember that sweeteners and flavors are of great importance as they change the normal appearance of food. Do not hesitate to try different spices. Avoid irritating spices such as chili peppers and hot sauces. If you are preparing seafood, remember that these dishes should be eaten the day they are prepared.
8. We recommend that you dilute the biocadin solution and use it for 7-10 days, rinsing the mouth throughout the day to clean the mouth. We also recommend rinsing your mouth with saline, half diluted oxygenated water (hydrogen peroxide), or half diluted mouthwash and water. Both mouthwash and saline will strengthen healing and help minimize the number of bacteria in your mouth. You must use these gargles. You will also be given an ointment to apply regularly on your lips.
9. Take your post-operative medicines as prescribed. It is very important that you take your medication to prevent infection.
10. The stitches in your mouth are dissolvable. They do not require any special care other than keeping them clean. Again, it is very important to keep the inside of your mouth clean to prevent bacteria from sticking to the stitches. If there are stitches in the skin, they are usually removed in 5-7 days.
11. If you are a student, you will be away from school for at least 1 week. You can return to school when you feel well enough to go; this will usually be after 2-3 weeks. Remember to take your liquid food and mouthwash with you. Back at school, you can do your normal activities other than PE lessons. For 3 months you will not be allowed to participate in sports. A written report will be provided by us if a relevant document is requested.
12. Your first postoperative office appointment is in 1-2 weeks. At this time, your physician will check your healing process and provide you with the necessary information to further accelerate your recovery.
13. You should have a wire cutter and rubber scissors at home, you may need to cut the elastics and wires immediately if nausea or shortness of breath occurs while your mouth is locked (intermaxillary fixation).
14. It will take some time for the swelling in your mouth to go down. Don't be surprised if after 3 months they are still there.
15. Be as relaxed and quiet as possible - you can get up to walk around the house. Never carry heavy objects. Your head should always be elevated at the level of your heart. For 10 days, the head should always be kept at the level of the heart and you should not bend over.
16. It is common to have postoperative depression (feeling down due to low mood) after any kind of surgery. This depression is usually related to postoperative feelings of discomfort and fear with appearance and restriction of activity and movement. These feelings will disappear as your appearance improves and you return to your normal activities.

As with other surgeries, jaw surgery carries 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 surgery for a fractured lower jaw.



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**Risks of Lower Jaw Fracture Surgery**

Side effects that may develop due to any surgical intervention:

These are not real dangers but can accompany any surgical intervention

- Discomfort caused by the surgery itself/pain after surgery
- Edema (swelling)
- Bleeding: Since jaw surgery is usually performed through incisions (cuts) made through the mouth, bandages cannot be applied. Bleeding from the mouth and nose may occur.

There are some risks and complications ("negative conditions") associated with the procedure. In order to minimize these risks, it is very important that you are in maximum compliance with your treatment, in specific that you do not move your jaws.

These risks include the following:

- Teeth in the fracture line or teeth adjacent to the fracture line that interfere with fracture fixation during surgery or that may affect the treatment process may be extracted if deemed necessary.
- **Blood transfusion:** Bleeding (during or after surgery) requiring an autologous donor or blood transfusion may occur.
- **The facial nerve,** runs from below the ear to the cheek and runs all the facial muscles in one half of the face. It is rarely injured due to jaw fractures. However, in the surgery of fractures close to the joint, the branch that lifts the eyebrow and closes the eyelid, and in the surgery of fractures in the area where the teeth are located, the branch that pulls the lower lip down and out may be injured. In these cases, the eyelid cannot be closed and the lip cannot be pulled down and out. If this condition is temporary, it may last 6-12 months or sometimes it could be permanent.
- **False union - nonunion:** in some cases, the fracture may not heal and further surgery may be required. It may not always be possible to restore the fracture line to its original position, especially with multi-part fractures. In this case, there may be some changes in the bite function. Teeth may not fit properly in the bite and chewing may be impaired. Healing may be delayed or incomplete union may not occur in very elderly, jawbone resorption and edentulous patients. In this case, other complicated surgeries may be required.
- **Instability:** Movement in the fracture line that should not be there. It can develop if the fixation is inadequate or if you do not follow the recommendations exactly.
- The titanium plates and screws used to stabilize the jaw after surgery can cause pain and/or infection. This may require surgical removal at some stages.
- **Ischemic necrosis (tissue death)** may occur due to reduced blood flow. This can affect the dental nerves, requiring dental treatment, or lead to the loss of a tooth or teeth..
- **Reduced mouth opening:** It is seen in cases where the locking of the upper and lower jaw (intermaxillary fixation) is applied for a long time, especially in fractures close to the joint and in cases where adequate fixation cannot be performed. If it is temporary, it lasts 3-4 weeks, but sometimes it can be permanent. Abnormal scars may require treatment methods including surgery.
- **Pain:** There is usually no severe pain after surgery. If the surgery is performed at low blood pressure to reduce bleeding, headache may occur. There may be pain in the jaw joint during the adaptation to the new situation. However, these pains can be controlled with painkillers.
- **Weight loss:** 3-4 kg weight loss is expected during the period when the jaws are locked (intermaxillary fixation).



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**Additional Surgical Procedures that may be required**

There are also different conditions that can affect early and late outcomes. There may be other risks and complications (negative outcomes), although these are much more rare. If complications develop, additional treatments or surgery may be required. There is no certainty in medicine and surgery. Although good results are expected, no guarantees or assurances can be given about the results that can be achieved.

The patient/ patient's legal representative;

Name Surname

Date of Birth:

Signature:

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