



Possible Risks

As with any other surgery, jaw surgeries also carry certain risks. These risks can range from minor to potentially fatal. It is crucial for you to fully understand some of the potential risks that may occur after jaw surgery.

Surgical and other procedures: A incision will be made either inside the mouth or on the skin to access the jawbone. Additionally, if it is necessary to take bone or tissue from another part of your body, an incision may need to be made in another area of your body as well.

During the surgery, the following materials may be used:

- Titanium plates and/or screws
- Absorbable plates and/or screws
- Wire sutures
- Metal arches and wires applied to teeth
- Bone, cartilage, and tissues taken from your body
- Bone and cartilage taken from another person or animal bone paste, bone powder
- Silicone, porous hydroxyapatite, methyl methacrylate, alloplastic materials such as titanium mesh

Unless there is a problem, these materials can remain in place for a lifetime. If an issue arises, a second surgery may be necessary to remove them.

At the end of the surgery or afterwards, the lower jaw and upper jaw may be wired together for 7-10 days (intermaxillary fixation). During this period, only liquid foods should be consumed. If there is difficulty breathing or nausea, the wires used for fixation can be cut.

1. Any potential side effects associated with surgical intervention:
 - Discomfort/pain arising from the surgery itself
 - Swelling (edema)
 - Bleeding
2. Injury to the branch of the facial nerve (cranial nerve VII)
3. Numbness (nerve damage)
4. Blood transfusion: Bleeding that may require autologous donation or blood transfusion (during or after surgery) may occur.
5. Recurrence or the need for additional procedures
6. Infection: Wound infection may occur, but it is usually resolved with antibiotics and local treatment (irrigation).



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7. Ischemic necrosis (tissue death) may occur due to decreased blood flow.
8. Instability: Movement in the osteotomy site (bone cut) where it should not occur.
9. Titanium plates and screws used to stabilize the jaw post-surgery may cause pain and/or infection, requiring surgical removal at certain stages.
10. Breakage of the distractor
11. Loss or damage to teeth in the surgical area
12. Decreased mouth opening
13. Very rarely, bleeding may occur in the skull base, leading to blindness. This condition is permanent.
14. In obese individuals, there is an increased risk of wound infection, chest infection, heart and lung complications (negative outcomes), and thrombosis.
15. In diabetic patients, smokers, those with nutritional disorders, obese patients, and some individuals with specific conditions, wound healing may be poor. Significant scarring may be visible in external incisions.
16. Scarring
17. Weight loss
18. If there is a pre-existing jaw joint problem before surgery, it may completely resolve, decrease, or sometimes worsen.
19. Relapse
20. In case of any complication, additional surgical procedures may be required.

- My doctor provided information about my child's medical condition and explained the planned surgical procedure. I understand the general risks of the surgery, the specific risks to my child, and the potential positive and negative outcomes (complications).
- My doctor explained other treatment methods, the risks associated with those treatments, the potential medical course (prognosis), and the risks of not receiving treatment.
- I was given an anesthesia information form and a patient information form.
- I had the opportunity to discuss my questions about my child's medical condition, treatment, and risks, as well as alternative treatments. My questions and concerns were discussed in a manner that satisfied me.
- I consent to my child receiving blood transfusions if necessary during the surgery. I am aware that organs or tissues may be removed during the surgery and that they will be disposed of by the hospital after being stored for testing purposes for a certain period.
- My doctor explained that life-threatening events may occur during the surgery. I understand that photographs and video recordings which can be used later for the training of healthcare professionals may be taken during the surgery.
- I understand that there is no guarantee that the surgery will improve or worsen my child's medical condition.



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- I understand that unforeseen circumstances may arise during or after the surgery, or during anesthesia, which may necessitate procedures beyond those described above. In such cases, I authorize the doctors and assistants mentioned to decide on and perform any necessary procedures, as well as to involve specialists in relevant fields in the surgical intervention, as they deem appropriate.
- I have read and understood all of the information provided above. Additionally, I have received several verbal explanations beyond these details.
- I confirm that I am satisfied with both the verbal and written explanations provided to me. I willingly give my consent to the treatment or surgery to be performed, as well as to all treatments that may be necessary in the future as a result of the procedure. I affirmatively consent to the verbal and written explanations listed above and any additional ones, and I desire to undergo this treatment.

Patient's name
Proxy and degree of relationship

Signature

Date

As Dr.

- I explained the patient's condition
- Their need for treatment
- The treatment method and its risks
- Possible consequences if these risks occur
- Patient-specific risks and problems to the patient to the patient's mother/father person in charge/representative.

1. The Doctor's Name

Signature

Date

2. The Doctor's Name

Signature

Date