



ERCIYES UNIVERSITY
Faculty of Dentistry
Oral and Maxillofacial Surgery Hospital



INFORMATION CONSENT FOR

ANESTHESIA APPLICATIONS

We would like to inform you about the following topics regarding sedation and anesthesia. This information will prepare you for the meeting with the anesthesiologist. Your anesthesiologist will tell you the most appropriate sedation/anesthesia method for the planned surgery and provide detailed information about its risks and side effects, purpose and benefits.

General Anesthesia	Technical	General anesthesia, which resembles a deep sleep state, eliminates consciousness and the sensation of pain. It is achieved by administering medication intravenously, inhaling gas through the lungs, or both (with the possibility of placing a tube in the trachea for respiratory support).
	Expected to Happen	Expected to Occur Complete loss of consciousness and no pain is expected.
	Risks	Risks Possible risks include, but are not limited to, sore throat, hoarseness, mouth and tooth damage, awareness while under anesthesia, damage to vascular

		access, nausea/vomiting, aspiration, lung infection.
Peripheral Nerve Blocks <ul style="list-style-type: none"> • <i>With sedation</i> • <i>No sedation</i> 	Technical	It is the administration of medication near the nerves that will cause loss of sensation in the surgery area.
	Expected to Happen	Temporary loss of sensation and/or loss of movement in a certain area is expected.
	Risks	Possible risks include, but are not limited to, infection, seizure, weakness, permanent numbness, inadequate pain control, vascular damage.
Intravenous Regional Anesthesia <ul style="list-style-type: none"> • With sedation • No sedation 	Technical	It provides painlessness in the isolated area by administering medication through the arm and leg vein using a tourniquet.
	Expected to Happen	Temporary loss of sensation and/or loss of movement in the

		arm or leg where the procedure/surgery will be performed is expected.
	Risks	Possible risks include but are not limited to infection, seizure, permanent numbness, inadequate pain control, vascular damage.
Sedation/Analgesia	Technical	It is the creation of a semi-sleep state by administering medication intravenously, inhaling gas through the lungs, or both. When the sedation gets deeper depending on the procedure and the patient, deep sedation occurs, and when it gets deeper, general anesthesia occurs.
	Expected to Happen	A decrease in excitement and pain, and partial or complete memory loss are expected.

	Risks	Possible risks include, but are not limited to, unconsciousness, respiratory depression, vascular damage, nausea/vomiting.
Local anesthesia	Technical	In surgical interventions performed in small areas, only the area to be operated on is anesthetized.
	Expected to Happen	Depending on the type of intervention, medication is administered with injections, drops, cream or spray. The patient is conscious

Additionally, valid for all anesthesia methods; Although rare, there is the possibility of developing unexpected and very serious complications that may be directly or indirectly associated with anesthesia, which may result in infection, bleeding, drug and blood reactions, clot formation, loss of sensation, loss of function of a limb, stroke, brain damage, heart attack or death.

What Should Be Considered Before Anesthesia?

- It is necessary to be hungry before anesthesia. Your anesthesiologist will tell you your fasting period, which will be determined according to your age and the anesthesia method to be applied. In some special cases, you may be allowed to drink clear liquids up to 2 hours before surgery. It is important that you comply with these deadlines, otherwise your surgery may be cancelled.
- Before the surgery, you may need to donate blood for the tests your doctor deems necessary.

- It is important to inform the anesthesiologist about the medications you use regularly. You can take the essentials at your usual time with a small amount of water. Some may need to be cut
- You should remove your dentures, glasses, contact lenses and jewelry (necklace, earrings, rings, piercings, etc.) before coming to the operating room. If you use a hearing aid, you may not remove it.
- Please do not wear make-up and do not apply nail polish to your nails.

What Should Be Considered After Anesthesia?

- It is normal to be tired and sleepy for a while after anesthesia. This may take longer depending on the type of anesthesia applied and the painkillers given, but there is no need to worry.
- Your doctor will tell you how long after the surgery you can take food/liquid.
- If it is decided that you will go home on the day of your surgery, you should definitely go accompanied by an adult relative and you should not be alone on the first night. We recommend that you spend this night resting.
- In the first 24 hours after the surgery, it is dangerous for you to smoke, drink alcohol, be actively involved in traffic, operate industrial machinery, and make important decisions.
- Continue to use the medications you use every day (unless otherwise stated) in the same order.

Preoperative/Preinterventional Diagnosis:.....

Possible complications and risks:.....

The anesthesia method(s) specified on the first page will be used for my intervention/surgery; It was explained that my physical and health condition, type of intervention/surgery, my doctor's preference and my wishes will be the determining factors in this choice. During the intervention/surgery, it was explained that general anesthesia would be applied by the anesthesiologist who informed me or another anesthesiologist within the team, and sedation would be performed by the anesthesiologist or a specialist physician competent in sedation application. I have read and understood the explanations regarding the purpose, technique, benefits, alternative methods, expected effects, possible risks and complications of the anesthesia and/or sedation application. I declare that I have been informed about these matters and that I have been given sufficient time to ask my questions and make my decision. I understood that the anesthesia method may change depending on the surgical plan change or the regional anesthesia method applied may not be successful. I give approval for the planned anesthesia and any method changes that may be required.

patient's: Name and surname:.....

Date of birth:.....

Signature:

History: Hour:

The patient's legal representative;

Name and surname :

The degree of proximity : Signature: History: Hour:

Witness (if there is a person other than a hospital employee);

Name and surname: Signature: History: Hour:

Reason for obtaining consent from the patient's legal representative;

The patient is unconscious O The patient is under 18 years old O

The patient has no decision-making ability O Urgent O

The physician who provided the information;

Name and surname :..... Signature: History: Hour:

Withdrawal of consent; I was informed by my physician about the situations I may face if I withdraw my consent. I withdraw the consent I have given with the above signature.

Name and surname :..... Signature: History: Hour:

Translator (if needed);

Name and surname :..... Signature: History: Hour:

-From patients over the age of 18,

-From the patients themselves and their legal representatives between the ages of 15-18,

-In medical emergencies, consent is obtained from the legal representative of patients who are unconscious, under the age of 15 and have no decision-making capacity.