



INFORMATION CONSENT FORM
JAW JOINT
(TEMPOROMANDIBULAR JOINT SURGERY)

Damage to the jaw joint can sometimes occur congenitally and sometimes after various traumas, tumors and surgeries. Small and chronic traumas, which we call microtraumas, overloading of the jaw joint as a result of the incompatibility of the upper and lower jaw teeth, or overworking of the chewing muscles during sleep can cause abrasions on the joints. With these abrasions, adhesions may form in the joint over time. Damage to the joint surfaces will lead to pain and reduced mouth opening over time. In the long term, mouth opening may decrease to less than 1 cm. When a joint adhesion occurs to the extent that nutrition and speech are impaired, surgery is required.

POSSIBLE RISKS ASSOCIATED WITH JAW JOINT SURGERY

There are some risks and complications (adverse events) associated with the procedure. In order to minimize these risks, it is very important that you are as compliant as possible with your treatment, in particular that you do not move your jaw. These risks include the following:

1. Blood transfusion.
2. Pneumothorax or hemopneumothorax: Pneumothorax (inflammation of the lung) or hemopneumothorax may develop during rib removal. The treatment for these is underwater drainage of the pleural (thoracic) cavity. This drain usually remains in place for 3-7 days.
3. Missing toe: If bone must be removed from the toe to reconstruct the jaw joint, it is usually necessary to completely destroy the toe (amputation).
4. numbness
5. Facial nerve damage
6. Non-union: In some cases, the bone placed to reconstruct the jaw joint may not fuse and further surgery may be required.
7. The titanium plates and screws used to stabilize the jaw after surgery can cause pain and/or infection, which may require surgical removal in some phases
8. Reduced mouth opening
9. Scarring
10. Loss of joint prosthesis, non-functioning
11. 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 may be given blood during the operation if necessary.
- I understand that organs or tissues may be removed during the operation and that they 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.



INFORMATION CONSENT FORM
JAW JOINT
(TEMPOROMANDIBULAR JOINT SURGERY)

I understand that if unforeseen circumstances arise during or after the operation or during anesthesia, procedures other than those described above may be required. In this case, I consent to the above-mentioned doctor and his/her assistants deciding and performing the necessary procedures, and also to the participation of specialists in the relevant branches that they deem appropriate in the surgical intervention.

I have read all of the above information and I have been given a lot of other verbal information.

I DECLARE THAT I AM SATISFIED WITH THE ORAL AND WRITTEN EXPLANATIONS GIVEN TO ME. I VOLUNTARILY CONSENT TO THE TREATMENT OR OPERATION TO BE PERFORMED, TO ALL TREATMENTS TO BE CARRIED OUT IN CASE OF 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

Deputy and degree of proximity

.....

As Dr.....

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

I told the patient's mother / father / responsible person / representative.

As Dr....., I gave the patient's mother/father/responsible person/proxy the opportunity to ask questions about the points mentioned above, to discuss other thoughts, and I answered them as much as possible. I think that the patient's mother/father/responsible person/proxy understood the above information.

1st Doctor's name

Signature

Date

2nd Doctor's name

Signature

Date