



INFORMATION FORM FOR CONSENT
**CLEFT PALATE SURGICAL
TREATMENT**

Long before the child is born, in the first weeks of development, the left and right sides of the lip and palate develop separately and then fuse. However, in about every 1,000 babies, the normal fusion does not occur and the lip and palate remain cleft. Cleft palate (Wolf's Mouth) can occur alone or in combination with cleft lip (Rabbit's Lip). The problems of babies with this condition are much worse than babies with cleft lip only. Cleft lip and palate may also accompany other congenital diseases and problems related to these diseases may be encountered. A child born with cleft lip and palate does not differ from other children in any way except in appearance and some functions. If there is no other disease picture, their intellectual development is normal and they have all kinds of developmental capacity. The repair of cleft palate is very important from a functional point of view. Cleft palate negatively affects speech as well as nutrition. During speech, the backward and upward movement of the soft palate is necessary for the air to be locked in the oral cavity and for some sounds to be produced. For this reason, the child needs both family support and speech therapy support, which should be done at the age of 4-5.

POSSIBLE RISKS OF CLEFT PALATE SURGERY

1. Bleeding Bleeding may occur during or after surgery and the patient may require blood transfusion.
2. Infection Infection after this type of surgery is rare. If infection develops, antibiotic treatment and surgical intervention may be required.
3. Breathing problems: Especially after cleft palate surgery, there may be mild leakage from the surgical field into the mouth and, in rare cases, it may escape into the trachea or breathing problems may occur due to swelling and a life-threatening situation may occur. Emergency surgical intervention may be required.
4. Pulmonary complications (adverse outcome): Pulmonary complications can occur secondary to general anesthesia, as a result of blood clots blocking the blood vessels of the lung (pulmonary embolism) or partial pulmonary collapse (part of the lung cannot ventilate). If any of these complications occur, the child may require hospitalization and additional treatment. In some cases, pulmonary embolism can be life-threatening or fatal.
5. Opening of the sutures After surgery, the sutures in the lip or mouth may open due to tissue quality, excessive tension, infection or the baby's hands separating the sutures. In such a case, secondary surgical interventions may be required.
6. Fistula formation: In the late postoperative period, healing of the palate may not be complete. In the future, a hole forms between the nasal cavity and the oral cavity in these areas and especially liquid foods can pass from the mouth to the nasal cavity. A second surgical procedure is usually necessary in fistula development.
7. Surgical anesthesia: Both local and general anesthesia have risks. All forms of surgical anesthesia or sedation (calming the patient without putting them to sleep) can have the potential for complications, injury and even death.
8. Allergy In rare cases, allergies to the tapes, suture material or administered medications have been reported. More serious systemic allergies are caused by drugs used during surgery and prescribed medications. Allergic reactions require additional treatment.
9. 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 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, and alternative treatments. My questions and thoughts were discussed to my satisfaction.
- I agree to give blood to my child during the operation if necessary.



T.C. ERCİYES UNIVERSITY
DENTISTRY
APPLICATION AND RESEARCH
HOSPITAL



INFORMATION FORM FOR CONSENT
**CLEFT PALATE SURGICAL
TREATMENT**

- I know that organs or tissues may be removed during surgery and that they will be disposed of by the hospital after a certain period of storage for testing purposes.
- My doctor explained that life-threatening events can happen during surgery. I understood that photographs and video footage could be taken during the operation, which could then be used for training health workers.
- I realized that there was no guarantee that the surgery would 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 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 AND 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

Deputy and degree of proximity

History

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

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

1.Name of the doctor

Signature

Date

2. Name of the doctor

Signature

Date