



**T.C. ERCİYES UNIVERSITY**  
**FACULTY OF DENTISTRY**  
**ORAL, MAXILLOFACIAL SURGERY**  
**HOSPITAL**

**INFORMATION CONSENT FORM**  
**FIBROUS DYSPLASIA EXCISION/DEFORMITY**  
**REPAIR CONSENT FORM**

The purpose of this form is to make you aware of issues related to your health and to ensure your participation in the decision to be taken. You may refuse to be informed except in cases of legal and medical obligation.

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

Once you have learned about the benefits and possible risks of diagnosis, medical treatment and surgical interventions, it is up to you to decide whether or not to accept the procedures.

**What You Should Know About Your Disease (Fibrous Dysplasia)**

Fibrous Dysplasia occurs when fibrous tissue develops in the bone. With the development of fibrous tissue in the bone, bone tissue is replaced by fibrous tissue and bone weakening develops. Deformity and fractures develop in weak bone. In mild cases, pain and other findings are not observed. In severe cases, pain and deformity of the bones are observed. This picture is often seen under the age of 15.

Fibrous dysplasia can occur in any bone of the body. In many cases, only one bone is involved. This type of fibrous dysplasia is called monostatic form fibrous dysplasia. Fibrous dysplasia involving more than one bone is called polyostatic fibrous dysplasia. The bones commonly involved are: femur, tibia, pelvic bones, ribs, skull, sternal bones, humerus. Polyostatic fibrous dysplasia is symptomatic up to 10 years of age.

Pain, bone fractures and deformities and difficulty in walking are common findings. Rarely, fibrous dysplasia may be associated with endocrine diseases. Children with fibrous dysplasia associated with McCune-Albright syndrome have early puberty. Enlargement of the thyroid gland or development of cysts may be seen. Cafe au lait spots may be seen especially in light-skinned children. With thigh bone involvement, bending of the bone is seen, which is also

called shepherd's staff sign. Scoliosis is seen in spine involvement. Involvement of the facial bones can lead to visual impairment and hearing loss. With joint involvement, arthritis is seen.

The growth of the lesion may stop at puberty. Malignant degeneration has been reported in 0.5% of cases. This is especially seen in those who have received radiotherapy.

If Fibrous Dysplasia is detected incidentally, the patient is only followed up if he/she has no symptoms, complaints or deformity. If signs and deformities develop during follow-up, bisphosphonate group drugs used in osteoporosis are used first. Bisphosphonates aim to prevent bone weakening. Bisphosphonates are administered orally and parenterally.

If there is progressive deformity of the bone, the fibrous dysplasia lesion causing the deformity is removed. Depending on the area involved, severe functional and cosmetic defects and long-term postoperative complications may occur after removal of the lesion. Conservative surgical removal of the bulge is sufficient to reduce signs and symptoms. In this case, only the part of the lesion causing the deformity is removed and the bony deformities are surgically corrected. Surgery is performed for bone deformities that cause hearing loss and visual impairment. In addition, surgical treatment is applied in pathological fractures that develop as a result of weakening of the bone.

Long-term follow-up is required for recurrences and malignant degeneration. For surgical excision, an external or endoscopic approach can be used, again depending on the site of involvement.

If infection (inflammation) occurs after surgery, wound healing may be delayed and may require longer dressings and medication. In very rare cases, the wound may even need to be re-sutured or grafted.

In order to reduce the likelihood of problems, antibiotics, painkillers and similar medications recommended by the doctor should be used without interruption, and dressings and bandages should be applied regularly. In case of any problems related to the surgery, the doctor who performed the surgery should be consulted first, as he/she is the best person to evaluate the source and solution of the problem.

Smoking negatively affects tissue circulation and significantly increases the likelihood of all possible problems. It is an absolute must not be smoked. The doctor explained to me that in case of a life-threatening emergency during surgery, additional interventions can be performed.

### **What can happen if the initiative is not taken?**

If you do not accept the recommended treatment and interventions, problems such as gingivitis, bone loss, infection, sensitivity or wobbling of the teeth, tooth loss and related problems in chewing and jaw joint functions, and aesthetic problems may occur as the mass continues to grow.

### **Additional Risks Related to the Initiative**

Risks that may arise from the treatments to be applied or risks that may arise during the procedures due to the surgical procedure, anesthesia or recommended medication;

- Complications such as numbness, pain, swelling, infections, discoloration and sensitivity of the lips, tongue, chin, cheeks and teeth may occur.
- During and after treatment, there may be differences in the level of the gingiva and consequently changes in appearance.
- In addition, delayed healing after the procedures, damage to teeth, allergies to the recommended medications and jaw joint problems may occur.
- Additional or different applications such as tooth extraction, root canal treatment, biomaterial application may be necessary during or after the operation.
- Recurrence of the lesion or bony deformity
- Need for long-term follow-up
- Need for a second surgical intervention

You should give your physician detailed information about your physical and mental health to the best of your knowledge. You should also inform your physician about previous allergic reactions to medication, food, anesthetics, pollen or dust; systemic diseases; skin and gum reactions; tendency to abnormal bleeding and other conditions related to your general health.

I understand and agree that photographs, video images and radiological images taken during the operation may be taken and used in educational and scientific studies.

I realized that my condition was not guaranteed to improve with this surgery.

In line with the above statements;

**I AGREE TO UNDERGO THIS OPERATION.**

The patient/ patient's legal representative;

Name Surname:

Date of Birth:

Signature

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