



INFORMATION CONSENT FORM

**BONE GRAFTING AND BARRIER
MEMBRANE APPLICATION**

I understand that barrier membrane and bone grafting procedures involve risks that are not limited to those described below;

1. **PAIN:** Pain may occur after some surgical interventions. If donor site surgery is not performed, the grafting process is less painful. If a bone graft is taken from the tip of the jaw or the wisdom tooth area, the back areas of the mouth become more painful. But it can be relieved with large amounts of painkillers.
2. **INFECTION:** Due to the non-sterile oral environment, infection may occur after the operation. If swelling occurs and is accompanied by fever, it is necessary to seek professional help.
3. **BLEEDING, CRUSH AND SWELLING:** A moderate amount of bleeding may occur for a few hours. If bleeding increases, contact us as soon as possible. Some swelling is normal, but let us know if it is severe. Swelling usually starts after 48 hours. Bruising may remain for 1 week.
4. **LOSS OF THE WHOLE OR SOME AMOUNT OF THE GRAFT:** The success of the membrane and bone grafting process is high, but the graft may fail. The block bone graft may fail to heal or become infected. The membrane may be exposed.
5. **TYPE OF GRAFT MATERIAL:** Some bone graft and membrane materials are often obtained from humans or other mammals. Bone graft can be obtained during surgery from the patient's lower jaw tip, upper jaw posterior region, skull, arm, leg, ribs or hip (iliac) region. Additionally, grafts or synthetic materials originating from pigs, cattle and horses can be used. These grafts are sterilized in different ways. By signing this form, you will allow your doctor to use these materials based on the clinical situation.
6. **NERVE DAMAGE:** Nerve damage can cause numbness in the lips, tongue, any side of the mouth, cheek or face. This numbness may be temporary, last a few days, weeks, months, or permanent. Nerve damage may also occur in the area where the bone graft was taken.
7. **SINUS OPENING:** In some cases, the root ends of the upper teeth may be closely related to the sinus. When an extraction or a surgical procedure is performed close to the sinus, the sinus can be opened. If this occurs, special medication may be required. If entry into the sinus occurs, it is closed surgically.
8. You are responsible for any undesirable situations that occur due to inappropriate behavior in post-operative care and carefully comply with the information given before and after the operation.
9. When a bone graft is removed from the hip area, swelling in that area, chronic pain, bruising, nerve and vascular injury, local inflammation in the wound area, fracture in the hip bone, cosmetic deformities, urinary tract injury, perforation in the peritoneum, instability in the joint (sacroiliac joint), inability to hold the belt and There may be difficulty in walking for a while after the surgery.
10. When a graft is removed from the arm or leg area, difficulty walking for a while, growth disruption, nerve and vascular damage, bleeding, bone fracture, shortening of limbs and pain may occur.

- My doctor explained my medical condition and the recommended surgical procedure. I understand the risks of the surgery, my specific risks, and 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 medical condition, treatment and risks, and alternative treatments. My questions and thoughts were discussed to my satisfaction.
- I accept that blood can be given to me during surgery if necessary.
- I understand that organs or tissues may be removed during the surgery and that they will be stored for a certain period of time for testing purposes and then disposed of by the hospital.
- My doctor explained that there may be life-threatening events during the surgery. I understand that photographs and video images can be taken during the surgery, which can then be used to train healthcare workers.
- I understand that there is no guarantee that surgery will make my condition better or worse.



ERCIYES UNIVERSITY FACULTY OF DENTISTRY
TRAINING AND RESEARCH HOSPITAL

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• I understand that if unforeseen circumstances arise during or after the surgery 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 VERBAL 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.....

- The 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.

1.Doctor's name

Signature

Date

2. Doctor's name

Signature

Date