



**Erciyes University**  
**Faculty of Dentistry**  
**Oral and Maxillofacial Surgery Hospital**

**ORTOGNATHIC SURGERY (JAW SURGERY) INFORMED CONSENT FORM**

**Orthognathic Surgery's Potential Risks:**

Similar to other surgeries, jaw surgery carries risks. These risks can range from minor to life-threatening. It is very important that some of the risks that may develop after jaw surgery are well understood by you.

**Surgical and other procedures to be applied:** An incision will be made to access the lower jawbone either through the mouth or over the skin. If necessary, an incision may be made elsewhere to obtain bone or tissue. The lower jawbone will undergo an osteotomy and correction, and it will be stabilized using one or more of the following methods:

Titanium plates and screws, absorbable plates and screws, wire sutures, metal arches and wires applied to teeth, bone, cartilage, and tissues taken from the patient's own body, bone and cartilage taken from donors, particulate bone graft, silicone, porous hydroxyapatite, methyl methacrylate, and alloplastic materials such as titanium mesh.

In some cases, these materials may need to be removed through a second surgery if any issues arise.

Following the surgery, it may be necessary to apply intermaxillary fixation to the upper and lower jaws for a period of 7-10 days. During this time, it is recommended to consume only liquid foods. In the event of any discomfort such as breathing difficulties or nausea, it may be necessary to remove the elastics used for fixation.

1. Possible side effects of any surgical procedure:
  - a. Discomfort/pain associated with the operation procedure itself
  - b. Swelling
  - c. Bleeding
2. Numbness
3. Injury to the branch of the facial nerve
4. Blood transfusion: Bleeding requiring autologous donor or blood transfusion (during or after surgery) may occur.
5. Relapse or need for additional procedures.
6. Infection: usually resolves with antibiotics and local treatment (irrigation).
7. Ischemic necrosis (tissue death) may occur due to decreased blood flow.
8. Instability: Movement where there should not be at the site of bone cut (osteotomy).
9. Titanium plates and screws used to stabilize the jawbone post-surgery may cause pain and/or infection, requiring surgical removal at some stages.
10. Decrease in mouth opening.
11. Rarely, bleeding in the skull base may occur. This can lead to blindness. This condition is permanent.
12. In obese individuals, there is an increased risk of wound infection, chest infection, heart and lung complications, and thrombosis.

13. In diabetics, smokers, those with nutritional disorders, obese patients, and some specific cases, wound healing may be poor. Significant scars may remain in incisions made externally.

14. Scar

15. Weight loss

16. If there is a problem with the jaw joint before surgery, it may completely disappear, decrease, or sometimes increase.

#### ORTOGNATHIC SURGERY CONSENT FORM

- My doctor has explained my medical condition and the proposed surgical procedure. I understand the risks of the surgery, the risks specific to my child and the possible positive and negative consequences (complications).
- My doctor explained other treatment methods, the associated risks, the possible medical prognosis and the risks of not receiving treatment.
- I was given an anaesthetic information form and a patient information form.
- I had the opportunity to discuss my questions about my medical condition, its treatment and risks as well as alternative treatments. My questions and thoughts were discussed to my satisfaction.
- I allow blood to be given 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 and then destroyed by the hospital.
- My doctor has explained that life-threatening events can occur during the operation and I fully understand these risks.

- I agree that X-rays and photographs taken before the operation, photographs and video footage that may be taken during the operation and X-rays and photographs that may be taken after the operation may be used in the future for the training of healthcare professionals and scientific studies.
- I understand that there is no guarantee that the operation will improve or worsen my condition.
- I understand that if unforeseen circumstances arise during or after the operation or during anaesthesia, procedures other than those described above may be necessary. In this case, I authorise the above-mentioned doctor and his/her assistants to decide on and carry out the necessary procedures and I also authorise specialists in the relevant fields to participate in the surgical intervention as they see fit.

I have read all of the above information and acknowledge that I am satisfied in addition to the oral and written explanations. I WILLFULLY AND VOLUNTARILY CONSENT TO TREATMENT OR SURGERY, ALL TREATMENTS THAT MAY BE REQUIRED IN THE FUTURE AND TO THE ORAL AND WRITTEN EXPLANATIONS STATED ABOVE.

**Patient's name:**

**Signature:**

**Date:**

**Guardian and degree of relationship:**

.....

As Dr.....

- I explained the patient's condition
- The need for treatment
- Treatment method and risks
- Treatment options and risks
- Possible outcomes if these risks occur
- Patient-specific risks and problems
- I explained to the patient's mother/father/guardian/representative.

As Dr..... the patient's mother/father/guardian/representative, I provided the opportunity to ask questions about the above points, discuss other thoughts, and answered as many questions as possible. I believe that the patient's mother/father/guardian/representative understands the above information.

**1<sup>st</sup> Doctor's name:**

**Signature:**

**Date:**

**2<sup>nd</sup> Doctor's name:**

**Signature:**

**Date:**