



Erciyes University
Faculty of Dentistry
Oral and Maxillofacial Surgery Hospital

Information Consent Form

PATHOLOGICAL MASS EXCISION 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 been informed 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 them.

What you need to know about your illness

Since there is a difference in healing potential between individuals, the healing potential of your gums and bone cannot be predicted before the procedure. In some cases, the surgical procedure may fail, tooth loss may occur and the outcome of the treatment cannot be guaranteed.

Tumoral masses are diagnosed by pathological examination after removal of the entire mass or removal of a fragment. However, malignant tumors can probably be accurately assessed with the naked eye. The majority of malignant tumors tend to grow and may spread to the surrounding tissue, leading to more serious consequences. Depending on the pathology results, additional surgery or radiotherapy/chemotherapy may be necessary. In benign tumors, surgical removal of the mass is often sufficient.

The best known treatment for these tumors is surgical removal. Some intact tissue is removed along with the tumor as a safety strip to reduce the chance of recurrence. Thus, the wound after tumor removal will be larger than the tumor. If the wound is too large to be closed with direct sutures, it may be necessary to use surrounding tissue or a skin graft from a distant site. At the donor site where the skin graft is harvested, an additional partial-thickness wound will form, which is either closed with stitches or heals spontaneously if not inflamed.

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 increases the possibility of all problems that may occur. It should absolutely 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 administered or risks that may arise during the procedures due to the surgical procedure, anesthesia or recommended medication;

- Complications such as numbness, pain, swelling, infections, infections, discoloration and sensitivity may occur in the lips, tongue, jaw, cheeks and teeth.

- During and after the treatment, there may be differences in the gingival level and changes in appearance.
- In addition, delayed healing, damage to teeth, allergies to recommended medications and jaw joint problems may occur after the procedures.
- Additional or different applications such as tooth extraction, root canal treatment, biomaterial application may be necessary during or after the operation.

You should give detailed information to your physician 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 surgery may be taken and used for educational and scientific studies.

I understand that my condition is not guaranteed to improve with this surgery.

In line with the above statements;

I AGREE TO UNDERGO THIS OPERATION

Patient/legal representative of the patient;

Name and Surname:

Date of Birth:

Signature: