



## **IMPACTED TOOTH EXTRACTION APPLICATION INFORMED CONSENT FORM**

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

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### **Information About the Disorder**

The healing potential of your gingiva and jaw bone cannot be predicted after the procedures due to difference in individuals with healing capacity. Since the impacted tooth operation that will be applied to you may fail in some cases, it may be necessary to repeat and the treatment result can not guaranteed.

Smoking, alcohol and sugar consumption may impair your gum healing and limit the success of the procedures performed. You assume full responsibility if you smoke.

You should give detailed information to your physician about your physical and mental health within your knowledge. You should also inform your physician about pre-existing allergic reactions to food, anesthetics, pollen or dust; systemic diseases; skin and gingival reactions; abnormal bleeding tendency and other conditions related to your general state of health.

### **Risks Related to Procedure**

Risks that may arise from the choice of treatments or depending on surgery, anesthesia or recommended medications during the procedure;

- Complications such as numbness, pain, swelling, infection, coloring and sensitivity in the lips, tongue, chin, cheek and teeth may occur.
- Differences may occur during and after treatment at the gingival margin level and there may be changes in appearance due to that condition.
- In addition to these, delay in healing, damage to teeth, allergies to the recommended medications, and jaw joint problems may develop after the procedure that will be performed.
- Additional or different applications may be required during or after the operation, such as tooth extraction, root canal therapy, biomaterial application.
- During the extraction of teeth that are adjacent to the sinuses in the upper jaw, the tooth, bone fragments may go down the sinuses or there may be a connection between the sinus and the oral cavity. If necessary, a consultation from an otorhinolaryngologistt may be requested.



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### **What May Happen If the Procedure Is not Carried Out?**

If you do not agree with the recommended treatments and interventions, gingivitis, bone loss, infection, sensitivity in the teeth or loosening, loss of teeth and problems with chewing and jaw joint functions due to these conditions may occur.

### **Considerations After the Procedure**

After the operation, you should hold the gauze placed in your mouth on the operation area by biting with pressure on it for 30-45 minutes. For the first 48 hours after removing the bumper, feeling a blood taste and leaky bleeding in your mouth is normal. Please note that even a drop of blood mixed with saliva will make you feel a more bleeding than normal. If you think that the bleeding has increased, you can place a clean gauze on the operation area and apply pressure for 30 minutes. If you think that there is excessive bleeding, you should definitely call your doctor.

- In the first 24 hours, apply a cold compress over the operation area from the outside for 10-15 minutes at intervals of 10 minutes. On the other hand, applying a cold compress continuously for a long time will be deleterious.
- You should not eat foods that require chewing movement before the effect of anesthetic wears off. Otherwise, you can bite the inside of your cheek and may cause new injuries and a pain due to this. If possible, you should prefer soft foods.
- Never consume hot foods, smoke, use alcohol for the first 48 hours after the operation. Do not choose the region where the operation is performed during meals. You should avoid practices that require effort like sports. Otherwise, the wound healing may be delayed and the complication risk may increase.
- If you allow your head to be upward in the sleeping position using 2-3 pillows for the first 2 days following the operation, you help the bleeding and swelling to be a minimum level.
- Do not irritate with foreign objects such as toothpicks if stitches are put in the operation area. Do not postpone your appointment for taking out stitches.
- To keep your oral hygiene at the highest level after the operation as usual, brush all your teeth, except the operation area, after each meal and floss at least once a day. Do not use any mouthwash for the first 24 hours. Two days after the operation, start brushing your teeth also in the operation area after you left your toothbrush in warm water for 2-3 minutes.
- Avoid activities such as sucking, spitting and pipetting in order not to disturb the clot that form at the operation site and critical for healing.
- If there are medication prescribed to you by your doctor, you should use them without delay. If you experience any side effects, you should discontinue the medicine and call your doctor immediately. Never use the derivatives of aspirin.
- Bruising and swelling in your face after surgery is especially normal for the first 3-4 days. If you think it is excessive or your pain increases, you can seek medical advice.
- After the operation, there may be numbness, hypersensitivity in the neighboring regions. Several treatments such as canal treatment, filling, etc. may be performed in the tooth which is adjacent to the extracted tooth.



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Diagnosis \_\_\_\_\_

Treatment/procedure to be applied \_\_\_\_\_

Side/grade if applicable       Right sided       Left sided       Both sided      Grade \_\_\_\_\_

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

<b>Patient's</b>			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
<b>Legal Representative's</b>			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
<input type="checkbox"/> Patient is not conscious	<input type="checkbox"/> Patient is under 18		
<input type="checkbox"/> Patient is not entitled to make decision	<input type="checkbox"/> Emergency		
<b>Witness'</b>			
Full Name:	Signature:	Date:	Time:
<b>Informing Physician's</b>			
Full Name:	Signature:	Date:	Time:
<b>Interpreter's (If required)</b>			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.