



CONSENT FOR REPAIR OF FACIAL FRACTURES AND ASSOCIATED INJURIES

Patient's Name _____

Date _____

You have the right to be informed about your diagnosis, options and planned surgery so that you can decide whether or not to have a procedure after knowing the risks and benefits.

Your diagnosis is: _____

Your planned treatment is: _____

Your alternative treatment methods include: _____

Please initial each paragraph to show that you understand and accept it. If you have any questions, please ask your doctor BEFORE initialing.

Whether a procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. For this surgery, they include the following and others:

1. Swelling, bruising, pain, discomfort, bleeding, blood clot formation, infections, drainage, and sinus problems may occur, which might need further treatment or procedures.

2. Damage to, or loss of, teeth in the area of the injury or fracture at time of surgery; teeth may need root canal treatment; fillings or crowns or other repairs to the teeth may be needed. Also, additional teeth may require repair or removal later.

3. Tissue in the area of the injury may not heal properly. This tissue could be either bone or soft tissue or both, and could be on the inside of the mouth or on the outside of the face or head or neck or eye. These healing problems could cause both functional and cosmetic problems. This tissue may require repair or removal or reconstruction or plastic surgery at follow up surgeries. These surgeries could possibly require the participation of other surgeons.

4. All lacerations or incisions heal with a scar; your doctor will make every reasonable effort to minimize the scars you will have and try to enhance healing and the final appearance. It still may be necessary or you may choose to have additional repairs or plastic surgery procedures.

5. The injury may have resulted in foreign material getting into the wounds. There may be reactions to this material, including the possibility of visible "tattooing", and you may need or choose to have additional repairs or plastic surgery procedures.

6. In order to have proper healing it may be necessary to wire the jaw shut; this decision may be made at time of surgery.

7. There may be changes in sensation (including among others numbness, tingling, or increased pain) in the areas of the injury or repair (mouth, tongue, cheek, lip, face, etc). It is also possible that taste or speech may be affected. These changes could be partial or complete. In some cases they may last for a long time and could even be permanent and may require additional surgical procedures or treatment, which may or may not be successful in correcting the problems completely.

8. Depending on the complexity and location of the injuries, it may be necessary to have more than one incision on the face or in the mouth. In some cases, it may be necessary to use multiple incisions. These decisions may be made at the time of surgery.

9. Graft materials, hardware (i.e., screws, plates, pins, wires, etc.), or combinations of these, may be needed in order to best repair the injuries. Some hardware may need to be placed on the outside of the face. The final decisions as to what to use will be made by the surgeon at the time of the surgery. In some cases it may be necessary to remove these materials at separate surgeries later.

10. Changes in the bite or difficulty opening or using the mouth, possibly because of stress on the jaw joint (TMJ), may happen. This may require additional dental procedures, treatment, surgery, and/or physical therapy. These problems might be long-term or even permanent.

11. For surgeries or injuries involving the bones around the eye socket, vision changes may occur; loss of vision is rare but possible. If these changes do not resolve, additional surgery or treatment may be necessary.

12. It is possible that there may be weakness of the facial muscles, lips, eyelids or muscles of expression associated with the injury or the repair. This weakness may be partial or complete, and may be temporary or permanent. It may be necessary or you may choose to have additional treatment or surgery, which may or may not be successful in correcting the problems completely.

13. There may be reactions to medications, materials or the anesthesia, some of which may be serious and require additional care or hospitalization or surgery.

14. I understand that the wounds and incisions and hardware need to be kept clean. I understand and agree to maintain good oral hygiene and that if I don't it could cause infection, gum disease, bleeding gums, loosening or even loss of teeth.

15. I understand that during surgery the surgeon may find out certain things about the injury which might require a change in the planned procedure from what has been explained to me and I authorize my surgeon to make these changes in the plan if they are necessary or advisable in his/her professional judgment.

16. I understand that I will need to make special efforts to maintain good nutrition and that normal eating may be difficult after treatment for facial fractures, especially if the jaws are wired shut, and there may be weight loss.

17. I agree to follow my doctor's advice and instructions. I agree to follow through with my appointments. I understand that if I don't do the things I'm told to do, it could result in problems with my healing.

18. I have discussed my medical history with my surgeon and I have explained all diseases, treatments, drug reactions, allergies, surgeries and medications, including alcohol and drug use (past and present).

19. I know that I can get a second opinion about the plan for my surgery and treatment and that my doctor would help me to get the second opinion if I want it.

20. I understand that every patient and every injury are different and that no guarantees can be made about how my surgery will turn out or how I will heal. I understand that there may be ongoing problems with function and appearance, and that some of the problems from the injury may get worse. I also understand and accept that additional treatment may be needed, including but not limited to physical therapy, involved dental work, braces, reconstructive surgery, bone grafting, TMJ treatment or plastic surgery and that I may need to see other doctors to get this treatment.

ANESTHESIA

The following types of anesthesia have been explained to me. My doctor has explained and I understand the risks and benefits of each one. The one I have chosen for my surgery is:

- Local Anesthesia
- Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
- Local Anesthesia with Oral Premedication
- Local Anesthesia with Intravenous (IV) Sedation
- Local Anesthesia with General Anesthesia

Anesthetic risks include: discomfort, swelling, bruising, infection, numbness for a long time and allergic reactions. There may be inflammation at the site of an intravenous (IV) injection (phlebitis) that may cause discomfort and/or disability for a long time and may require special care. Nausea and vomiting, although rare, may

be unfortunate side effects of any anesthesia. Nausea and vomiting may cause increased risk when jaws are wired together. Conscious sedation and general anesthesia are serious medical procedures and, although considered safe, carry the risk of heart irregularities, heart attack, stroke, brain damage and death.

YOUR OBLIGATIONS IF CONSCIOUS SEDATION OR GENERAL ANESTHESIA IS USED:

Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.

During recovery time (typically 24 hours) and during the time you are taking any medications which can alter your judgment or physical abilities, you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**

Unless instructed otherwise, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by your surgeon, **using only a small sip of water.**

INFORMATION FOR FEMALE PATIENTS

I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

CONSENT

I have had an opportunity to have all my questions answered by my doctor. All the blanks on this form were filled in prior to my signing, and I certify that I speak, read and write English. My signature below signifies that I understand the surgery and anesthetic that is proposed for me, as well as the associated risks and possible complications. I give my consent for the surgery and the anesthesia which I have chosen I and accept the risks and possible complications involved.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date