

## INFORMED CONSENT FOR ORTHOGNATHIC SURGERY

This is my consent for Dr. Gregory Doerfler and/or any other oral and maxillofacial surgeon working with him to perform a Bilateral Sagittal Split Osteotomy of the Mandible with rigid fixation

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as previously explained to me, or other procedures deemed necessary or advisable to complete the planned operation. I also agree to use of a local and/or general anesthetic, sedation, and analgesia, depending upon the judgment of the oral and maxillofacial surgeon and anesthesiologist involved in my case.

I have been informed and understand that occasionally there are complications of the surgery, drugs, and anesthesia, including: pain, infection, swelling, bleeding that may be heavy or prolonged, discoloration, numbness and tingling of the lip, tongue, chin, gums, cheeks, and teeth, which may be temporary or permanent; pain, numbness and phlebitis (inflammation of a vein) from intravenous and intermuscular injection; injury to and stiffening of the neck and facial muscles may not function following the surgical procedure for an indefinite time; change in occlusion of temporomandibular (jaw) joint difficulty; injury to adjacent teeth or restorations in other teeth, or injury to adjacent soft tissues; and/or referred pain to the ear, neck and head. Other potential complications could include nausea, vomiting, allergic reaction, bone fractures, bruises, delayed healing, sinus complication, openings from the sinus into the mouth, apparent facial changes, nasal changes, the possibility of secondary surgical procedures, loss of bone and the invested teeth, non-healing of the bony segments, devitalization (nerve damage which may require a root canal) of teeth, and relapse to pre-operative position or more.

It has been explained to me that this surgical procedure may of necessity involve the wiring of my teeth together. The inherent complications of that procedure have been explained to, and I agree to carry wire cutters with me at all times during the time my teeth are wired together in case of nausea and vomiting.

I also agree not to use alcoholic beverages and un-prescribed drugs and have been advised to avoid contact activities, people with known communicable diseases and water sports for at least ten (10) weeks.

I agree and understand I am not to have and/or have had anything to eat or drink for 8 hours before my surgery.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the used of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices, or work while taking such medications and/or drugs; or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

I agree to cooperate completely with the recommendations of Dr. Doerfler \_\_\_\_\_ while I am under his care, realizing that any lack of same could result in a less than optimum result.

I have had an opportunity to discuss with Dr. Doerfler \_\_\_\_\_ my past medical and health history including any serious problems and/or injuries.

I understand that certain anesthetic risks, which could involve death or serious bodily injury, are inherent in any procedure that requires general anesthetic.

The fee for services has been explained to me and is satisfactory, (and I understand there is no warranty or guarantee as to the result and/or cure and that my condition may return or become worse.

**I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE OPERATION AND THE EXPLANATION REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE I READ AND WRITE ENGLISH.**

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Witness

\_\_\_\_\_  
Patient, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient, or Guardian

\_\_\_\_\_  
Date

**\*\*\* Patient is to initial each paragraph after reading.**