Orthognathic Surgery (Surgery to Top Jaw)

A. Interpreter / cultural needs

An Interpreter Service is required? □ Yes □ No
If Yes, is a qualified Interpreter present? □ Yes □ No
A Cultural Support Person is required? □ Yes □ No
If Yes, is a Cultural Support Person present? □ Yes □ No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient's own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
The jaw is cut (osteotomised), re-positioned and fixed in place with plates and screws – titanium and/or resorbing. The titanium plate may need to be rewired at a second operation if there are problems, but the plate and screws usually stay in place.

C. Risks of a orthognathic surgery (surgery to top jaw)

There are risks and complications with this procedure. They include but are not limited to the following.

- **General risks:**
  - Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
  - Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
  - Heart attack or stroke could occur due to the strain on the heart.
  - Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
  - Death as a result of this procedure is possible.

- **Specific risks:**
  - Some numbness on the side of the nose, upper lip and cheek bone, which is usually temporary but may be permanent.
  - Bleeding which may require a blood transfusion or autologous donation. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
  - Relapse: There may be some movement of the jaws back to their original position.
  - Infection: Wound breakdown can occur but is usually resolved with Antibiotics and local treatment (washing).
  - Ischaemic necrosis (death of tissue) due to occasional loss of blood supply. This may affect either the nerve in the tooth, which may require dental treatment, or loss of tooth or teeth.
  - The titanium plates and screws, used to fix the jaw after surgery, may cause pain and/or infection. These may need surgical removal at some stage.
  - Very rarely, bleeding at the base of the skull. This can cause blindness. This is permanent.
  - Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

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(Fix identification label here)
I request to have the procedure

Name of Patient: .................................................................
Signature: ..........................................................................
Date: ..........................................................................

Patients who lack capacity to provide consent
Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?
☐ Yes ➤ Location of the original or certified copy of the AHD:

☐ No ➤ Name of Substitute Decision Maker/s: ...........................................................
Signature: ..........................................................................
Relationship to patient: ...........................................................
Date: ...........................................................................
PH No: ..................................................................
Source of decision making authority (tick one):
☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ..........................................................................
Designation: ..........................................................................
Signature: ..........................................................................
Date: ..........................................................................

I. Interpreter’s statement

I have given a sight translation in

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(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ..........................................................................
Signature: ..........................................................................
Date: ...........................................................................
1. What is an orthognathic surgery (surgery to top jaw)?

The jaw is cut (ostotomised), re-positioned and fixed in place with plates and screws – titanium and/or resorbing. The titanium plate may need to be rewired at a second operation if there are problems, but the plate and screws usually stay in place.

2. My anaesthetic

This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

**Specific risks:**
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- Bleeding which may require a blood transfusion or autologous donation. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Relapse: There may be some movement of the jaws back to their original position.
- Infection: Wound breakdown can occur but is usually resolved with antibiotics and local treatment (washing).
- Ischaemic necrosis (death of tissue) due to occasional loss of blood supply. This may affect either the nerve in the tooth, which may require dental treatment, or loss of tooth or teeth.
- The titanium plates and screws, used to fix the jaw after surgery, may cause pain and/or infection. These may need surgical removal at some stage.

**Notes to talk to my doctor about:**

- Very rarely, bleeding at the base of the skull. This can cause blindness. This is permanent.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.