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UNIVERSITY of the  
WESTERN CAPE

**Department of Maxillo-Facial and Oral Surgery**  
**Faculty of Dentistry and WHO Oral Health Collaborating Centre**  
**University of the Western Cape**  
**Cape Town**

### Patient Information Letter

I, Dr Mark Meyer (currently a qualified dentist enrolled in a specialist training program), plan to conduct a clinical study and we will really like you to be part of the study. The main purpose of the study is to describe the position, during surgery, of the main nerve found within the mandible called the inferior alveolar nerve, and compares it with a modern X-ray type scan taken prior to surgery. These X-ray type scans are called a cone-beam computer tomography (CBCT). A CBCT is the new 3-Dimensional X-ray machine that is currently used in modern dental practices. These scans are much superior to the old type 2-Dimensional X-rays used in the past. The patient and the surgeon can now get a 3-Dimensional view of the main nerve within the jaw and also see the anatomy of the bones of the jaws. As discussed with you, the difficulty of the operation lies in the identification and handling of the nerve during surgery. We are nearly sure that the patient and the surgeon will benefit from this 3-Dimensional knowledge and this knowledge will help us reduce possible injury to the nerve during surgery. By participating in the study, you will help to supply evidence to possibly support our views.

The faculty has acquired such a CBCT scan and all patients undergoing difficult surgery of which your operation is one, will routinely receive such a scan. We are therefore not going to give you any extra radiation if you participate in the study.

Participating in the study is on a voluntary basis. You may withdraw from the study at any time. Participating in the study or refusing to participate will not harm or prejudice you in any way. Participating in the study will definitely benefit future patients. All information will be kept strictly confidential.

If there are any other queries that I cannot help you with, you are welcome to contact my supervisor:

Prof JA Morkel

Tel: 021 9373087 or [jamorkel@uwc.ac.za](mailto:jamorkel@uwc.ac.za)

Thanking you in anticipation.

Dr Mark Meyer (Researcher)  
Registrar (Maxillo-Facial and Oral Surgery)  
Department of Maxillo-Facial and Oral Surgery, Oral Health Centre Tygerberg  
Contact details: Tel: (021) 9373119  
Mobile: 0714911896

I, (Patient name) ....., fully understand the information supplied to me by Dr Mark Meyer in the above information letter.

Signature: .....Date: .....



# APPENDIX III



UNIVERSITY *of the*  
WESTERN CAPE

Department of Maxillo-Facial and Oral Surgery  
Faculty of Dentistry and WHO Oral Health Collaborating Centre  
University of the Western Cape  
Cape Town

## Consent form

I, Mr/Mrs/Miss .....

Date of Birth: ..... File no./Hosp. Sticker .....

Am willing to participate in the study as describe to me in the patient information letter by Dr Mark Meyer. I understand that participation in the study is voluntary.

The study is approved by the Ethical and Research Committee of the University of the Western Cape and participation in this study is on a voluntary basis. I have been adequately informed about the objectives of the study. I also know that I have the right to withdraw from the study at any stage which will not prejudice me in any way regarding future treatments. My rights will be protected and all my details will be kept confidential. No personal information will be published.

I hereby consent to be part of the research/study.

Patient's/patient's parent or guardian's name: .....

Patient's/patient's parent or guardian signature: .....

Witness name: .....

Witness signature: .....

Researcher's signature: .....

Dr Mark Meyer

Date: .....