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Mandibular fracture patterns as related to mechanism and nature of injury-A prospective audit of Johannesburg patients

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Appendix A

PATIENT CONSENT FORM

Dear patient

My name is Dr. Jameel Desai and I am a registrar specializing in the Division of Maxillofacial & Oral Surgery. As part of my training, I am conducting a study about fractured mandibles (broken jaw bones) by recording some details on the injury from the clinical records. I would like to ask for your help; by allowing me to use your clinical records for the purposes of this study. It is hoped that our department will better understand this injury, and hopefully improve on our service to all of our patients. You will remain anonymous, your name will not form part of the study, and all information gathered is strictly confidential and will be used solely for research purposes. Participation in this study is completely voluntary, if you decide not to participate, or to stop participating this will not affect your treatment in any way.

THE DOCTOR HAS EXPLAINED HIS INTENTIONS TO ME AND I AGREE TO PARTICIPATE IN THIS STUDY. I DO SO FREELY AND UNDERSTAND THAT I MAY WITHDRAW AT ANY TIME, WITHOUT COMPROMISING MYSELF OR ANY TREATMENT DUE TO ME.

PATIENT SIGNATURE…… DATE……..

Appendix B

MANDIBULAR FRACTURE PATTERNS - PATIENT INFORMATION DATA SHEET.

Race: Gender: Age: Date of injury:
Date of consultation: Date of admission: Date of discharge:
Occupation: labourer / public / private / professional / unemployed / student
Perceived motive/nature of injury: accidental: mva / fall / other
Inter-personal: robbery / hijack / altercation / domestic

Mechanism of injury: Blunt Trauma:high velocity:mva/other
:low velocity :body part / weapon / fall/other
: Penetrating Trauma: high Velocity: bullet / blast shrapnel / other
: Low velocity: knife / other
Alcohol use: Y/N @ time of injury Y/N
Loss of consciousness / Y/N
Relevant medical history……..
Relevant surgical history……..
Site of impact left /right /midline (mandible)
Soft tissue: lacerations /hemorrhage /sepsis /normal
Airway: patent /compromised /obstructed
Central neurological status: GCS score …/15 …/10
Associated /Other injuries……..
MANDIBULAR # ….Y/N
Condyle L/R Coronoid L/R Ramus L/R Angle L/R Body L/R Parasymphysis L/R
Symphysis Dento-alveolar L/R/C
Open / closed #
Tooth in # -line Y/N
Nerve parasthesia Y/N
Displaced # Y/N
Treatment: ORIF /CRFM / NONE

YES = 1 Case No._____
NO = 2

Appendix C

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Desai

CLEARANCE CERTIFICATE — **PROTOCOL NUMBER M040324**

PROJECT — Patterns as related to mechanism and nature of injury
- a prospective audit of Jhb patients.

INVESTIGATORS — Dr J Desai

DEPARTMENT — Maxillo Facial & Oral Surgery

DATE CONSIDERED — 04.03.26

DECISION OF THE COMMITTEE* — Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 04.04.30 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Prof J F Lownie

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES