

CONSENT FOR BONE GRAFTING PROCEDURE

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PLEASE ASK YOUR DOCTOR IF YOU HAVE ANY QUESTIONS!

I have been informed by Dr. _____ of my current condition and recommendation for treatment which includes _____

I also understand that a separate procedure to obtain bone for grafting is intended to remove portions of bone from my _____ and place it in the area to be treated.

In addition to the risks of the primary surgical procedure which have been explained to me separately, I understand that bone grafting itself involves specific risks. My doctor has explained to me that such risks include, but are not limited to, the following:

GENERAL RISKS

- ___1. Bleeding, swelling, infection, scarring, pain, numbness or altered sensation (possibly permanent) at the donor site which may require further treatment.
- ___2. Allergic or other adverse reaction to the drugs used during or after the procedure.
- ___3. The need for additional or more extensive procedures in order to obtain sufficient bone.
- ___5. Rejection of the bone graft.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- ___1. Damage to adjacent teeth which may require future root canal procedures, or may cause loss of those teeth.
- ___2. Removal of adult teeth in order to obtain sufficient bone material.
- ___3. Numbness or pain in **the area** of the donor or recipient site, or more extensive area, which may be temporary or permanent.
- ___4. Penetration of the sinus or nasal cavity in the upper jaw which could result in infection or other complication requiring additional drug or surgical treatment.
- ___5. Fracture of the jaw necessitating wiring jaws together.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE HIP REGION

- ___1. Numbness, burning **and/or** pain of the hip, thigh or buttocks, temporary or permanent.
- ___2. Gait disturbance - inability to walk correctly - which may be temporary or permanent.
- ___3. **Hematoma** requiring further treatment and hospitalization.
- ___4. Perforation into the abdominal cavity requiring further treatment and hospitalization.
- ___5. Sciatica - radiating pain to the legs from irritation of the sciatic nerve which may persist.
- ___6. Unsightly scarring at the incision site which may remain so despite efforts at later revision.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE LEG REGION

- ___1. Numbness, burning and/or pain of the leg or area where the graft is taken, temporary or permanent.

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- ___2. Gait disturbance - inability to walk correctly - which may be temporary or permanent.
- ___3. **Hematoma** (clot) requiring further treatment and hospitalization.
- ___4. Unsightly scarring at the incision site which may remain so despite efforts later.

RISKS AND COMPLICATIONS OF BONE GRAFT FROM THE RIBS

- ___1. **Penetration** of the lung cavity with need for insertion of tubes to drain chest and expand lung and continued care for such a complication.
- ___2. Numbness in the area of donor site surgery (or more extensive areas), **temporary or perma** _____
- ___3. Unsightly scarring at the incision site which may remain so despite efforts later.
- ___4. Soreness of donor area for a prolonged time which **may** restrict mobility **and** activity for some time.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE SKULL

- ___1. Shaved hair from portions of the scalp which may grow in **differently** from surrounding hair.
- ___2. Scars from the incisions which may become more noticeable with hair **loss** in later life.
- ___3. Numbness of certain areas of the scalp which may be temporary or permanent.
- ___4. Decreased function of certain muscles of facial expression, notably **an** inability to furrow the brow or raise the eyebrows normally, which may be temporary or permanent.
- ___5. Wound infection or breakdown requiring further treatment.
- ___6. Bleeding of scalp or deeper vessels that may require further treatment.
- ___7. Subdural **hematoma**, cerebrospinal fluid leak, meningitis or damage to membranes surrounding the brain that may have neurologic consequences requiring hospitalization and further care by a specialist.
- ___8. Contour abnormalities or bony irregularities of the skull that*although hidden by **hair**, may have cosmetic effects.

BANKED BONE, (freeze-dried, lypholized, demineralized, xenograft~)

On occasion, additional donated, processed bone or **artificial bone substitutes** are used to supplement the patient's bone, or to spare an extensive graft harvesting procedure. If used, such materials may have separate risks including*but not limited to:

- ___1. Rejection of the donated or artificial graft **material**.
- ___2. The remote chance of viral or bacterial disease transmission from processed bone.

I understand that in my grafting procedure, the use of _____
bone is expected to be taken from _____ plus _____

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I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the risks of bone grafting. I am fully aware that a perfect result cannot be guaranteed or warranted.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date