

CONSENT FOR BONE GRAFTING PROCEDURE

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Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

I hereby authorize **Dr. Tyler L. Clark** and his staff to perform the following procedure:

and to administer the anesthesia I have chosen, which is:

- ____ Local Anesthesia
____ Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
____ Local Anesthesia with Oral Premedication
____ Local Anesthesia with Intravenous Sedation

I have been informed by **Dr. Tyler L. Clark** _____

I also understand that a separate procedure to obtain bone for grafting is intended to remove portions of bone from my _____ (*hip, leg, rib, jaw, skull, etc.*) and place it in the area to be treated.

In addition to the risks of the primary surgical procedure that 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 that 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.
- ____ 4. Rejection of bone particles from donor or recipient sites for some time after surgery.
- ____ 5. Rejection of the bone graft.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- ___ 6. Damage to adjacent teeth that may require future root canal procedures, or may cause loss of those teeth.
- ___ 7. Removal of adult teeth in order to obtain sufficient bone material.
- ___ 8. Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
- ___ 9. 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.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE HIP REGION

- ___ 10. Numbness, burning and/or pain of the hip, thigh or buttocks, temporary or permanent.
- ___ 11. Gait disturbance - inability to walk normally that may be temporary or permanent.
- ___ 12. Hematoma requiring further treatment and hospitalization.
- ___ 13. Perforation into the abdominal cavity requiring further treatment and hospitalization.
- ___ 14. Sciatica - radiating pain to the legs from irritation of the sciatic nerve that may persist.
- ___ 15. 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

- ___ 16. Numbness, burning and/or pain of the leg or area where the graft is taken, temporary or permanent.
- ___ 17. Gait disturbance - inability to walk normally - which may be temporary or permanent.
- ___ 18. Hematoma (clot) requiring further treatment and hospitalization.
- ___ 19. Unsightly scarring at the incision site which may remain so despite efforts later.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE RIBS

- ____ 20. Penetration of the lung cavity with need for insertion of tubes to drain the chest and expand the lungs and continued care for this complication.
- ____ 21. Numbness in the area of donor site surgery (or more extensive areas), temporary or permanent.
- ____ 22. Unsightly scarring at the incision site which may remain so despite efforts later.
- ____ 23. Soreness of donor area for a prolonged time that may restrict mobility and activity.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE SKULL

- ____ 24. Shaving of hair from portions of the scalp that may grow in differently from surrounding hair.
- ____ 25. Scars from the incisions that may become more noticeable with hair loss in later life.
- ____ 26. Numbness of certain areas of the scalp that may be temporary or permanent.
- ____ 27. 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.
- ____ 28. Wound infection or breakdown requiring further treatment.
- ____ 29. Bleeding of scalp or deeper vessels that may require further treatment.
- ____ 30. 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.
- ____ 31. Contour abnormalities or bony irregularities of the skull that, although hidden by hair, may have cosmetic effects.

**BANKED BONE (freeze-dried, lyophilized, demineralized, xenografts) OR BONE
SUBSTITUTES**

On occasion, additional donated, processed, 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:

_____32. Rejection of the donated or artificial graft material.

_____33. The remote chance of viral or bacterial disease transmission from processed bone.

I understand that in my grafting procedure, the use of _____
(autogenous, demineralized, etc.) bone is expected to be taken from _____
(note area) plus _____ (other area).

Surgical time out _____

CONSENT

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. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery. I certify that I speak, read, and write English.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date

Print Witness' Name and Address

Unless sooner terminated in writing, this consent shall remain in force for 60 days from the date it is signed by the Patient. A facsimile transmission, and/or an electronic scanned transmission, shall constitute an original.