

Note: This form is designed to be used in addition to the consent form which describes the procedure (i.e., implant, sinus lift, ridge augmentation, etc.) which requires grafting, and which discloses risks specific to *that* procedure (graft rejection, implant failure, etc.). If you regularly use only one form of grafting, (i.e., hip), you may wish to shorten the form by deleting references to those donor sites which you do not utilize. Remember not to remove anything that may be important to your defense!

It is also important to note that current standards of care call for use of graft tissues ONLY from known tissue banks that are accredited by the American Association of Tissue Banks. These banks carefully and routinely screen donor tissues, prepare and process specimens under rigid safety protocols, and guarantee sterility. (See Marx and Carlson, Tissue Banking Safety, JOMS, 51:1372, Dec, 1993.)

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 have been informed by Dr. _____ of my current condition and recommendation for treatment that includes _____ (i.e., *implant, sinus lift, cleft palate, orthognathic, etc.*).

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.

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- ____ 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.

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____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).

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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