DISTRACTION OSTEOGENESIS SURGERY

Distraction osteogenesis is a surgical process used to reconstruct deformities of the jaw. New bone formation is stimulated by the gradual separation of the jaw bone. The jaw bone is fractured, cut, or divided, and ends of the bone are gradually moved apart during the distraction phase, allowing new bone to form in the gap.

Patient’s Initials

____ The details of the procedure, including the anticipated benefits and material risks, have been explained to me in terms I understand.

____ Alternative methods and therapies, their benefits, material risks, and disadvantages have been explained to me.

____ I understand and accept that the most likely material risks and complications of distraction osteogenesis surgery have been discussed with me and may include but are not limited to:

- Postoperative discomfort, swelling, and bruising may continue several days after surgery.
- Postoperative scarring of internal/external skin incisions or areas where external pins or distraction devices may pass through the skin. Where external devices are used, the scarring may involve the skin and underlying tissues and may require surgical revision.
- Postoperative bleeding, both during and after surgery, which may sometimes be severe enough to require blood transfusion. I have been advised of the opportunity for blood donation before surgery so that my own blood may be given back to me (autotransfusion) if necessary.
- Allergic reactions to any of the medications given during or after surgery.
- Bruising and discoloration of the skin in any of the facial, scalp, or neck regions.
- Decrease or loss of sensation, including potential loss of taste, pain, or tingling in the lips, chin, tongue, cheeks, forehead, or any region of the face, scalp, or neck. This occurs in a significant number of patients. These symptoms may be temporary, but in certain cases may be permanent.
- Early or late postoperative relapse: the repositioned bony segments may have a tendency to return to their original position, which may require additional treatment, including repeat surgery and/or bone grafting. The degree of relapse and long-term stability after distraction osteogenesis surgery is uncertain.
- Facial asymmetry may occur from greater lengthening of the bone on one side relative to the other, possibly requiring additional surgery.
- Delayed healing or non-union of the bony segments, possibly requiring further surgery.
- Possible diminished sense of smell (if upper jaw or mid-face surgery is done).
- Eye injuries, including blindness, corneal injuries, dry eyes, changes in tear flow, eversion of the lower eyelid (ectropion), some of which may require additional treatment, including possible surgery.
- Possible premature fusion of the bony parts that are to be moved and lengthened by this procedure, possibly requiring additional surgery.
- Decreased or loss of function of muscles of facial expression, which may be temporary or permanent.
- Cranial fixation devices are sometimes used, and may cause brain injury or infection from the fixation pins placed in the skull. Other possible complications include discomfort, disruption of normal activities, scarring, hair loss, and numbness in the area of the external pins.
- Decreased mobility of the jaw joint (TMJ). Clicking, locking, and discomfort may be present after the planned procedure.
- Bite changes (malocclusion) and decreased force of bite, which may require prolonged orthodontic treatment to attempt correction.
• Damage to teeth and/or gum (periodontal) problems, including tooth movement, damage to tooth roots adjacent to the bone cut, possible need for future root canal therapy, or loss of teeth, gum recession, pocket formation, or need for future dental restorations.

• Speech pattern alterations may result, possibly requiring speech therapy.

• Postoperative infection may cause loss of adjacent bone and/or teeth and may require further surgical care and even hospitalization.

• During or after surgery of the upper jaw, the sinuses may be affected for several weeks and there may be the need for further medical or surgical treatment.

• Distraction devices may fail under stress and may require replacement at any time during the treatment phase.

• Stretching of the corners of the mouth may result in scarring, discomfort, and slow healing.

_____ I understand and accept that complications, including the remote risk of death or serious disability, exist with any surgical procedure.

_____ I understand and accept the risks of blood transfusion(s) that may be necessary (if applicable).

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The surgeon will do his/her best to minimize scarring but cannot control its ultimate appearance (if applicable).

_____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications (if applicable).

_____ I have informed the surgeon of all my known allergies.

_____ I have informed the surgeon of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

_____ I have been informed of what to expect postoperatively, including, but not limited to, estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation (if applicable).

_____ Pre- and postoperative photos and/or videos may be taken of the treatment for record purposes. I understand that these photos and/or videos will be the property of the attending surgeon (if applicable).

_____ The surgeon has answered all of my questions regarding this procedure.

Information for Female Patients:

_____ I have informed my surgeon about my possible use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate mechanical forms of birth control during the period of my treatment and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct ______________________, DDS/DMD/MD, with associates or assistants of his or her choice, to perform the procedure of __________________ on __________________ at __________ on the __________________. (procedure name) (patient name) (facility name) (right, left, level, body part)
I further authorize the surgeon(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure/treatment and the risks and consequences of not proceeding, to the patient or the patient’s legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Surgeon Signature/Date/Time

_______ copy given to patient

initial

_______ original placed in chart

initial

This form is for reference purposes only. It is a general guideline and not a statement of standard of care and should be edited and amended to reflect policy requirements of your practice site(s), CMS, and The Joint Commission requirements, if applicable, and legal requirements of your individual state(s).