BONE GRAFT

Bone grafting is a surgical procedure that replaces missing bone with material from the patient’s own body or an artificial, synthetic, or natural substitute.

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 bone graft have been discussed with me and may include but are not limited to:

**Risks that apply to all grafts:**

- Swelling, bruising, pain, bleeding, infection, extensive scar formation, and altered sensation (usually numbness at the donor site). Each of these conditions may require additional treatment and can prolong recovery.
- Allergic reaction or other adverse reactions to medications or materials used during or after the procedure.
- When there is not adequate bone in the intended donor site, additional surgery may be required to obtain adequate bone.
- Bone particles or splinters may be expelled from either the donor or recipient site for some time after the procedure.
- The bone graft may be partially or completely rejected.
- Failure in implant resulting in need for removal or possible bone loss that could require bone graft replacement.
- Fracture of the jawbone or the bone graft.
- Possible alteration or loss of taste may occur that could possibly be permanent.

**Bone grafts from the hip (iliac grafts):**

- Numbness, pain, or burning sensation in the hip, buttocks, or thigh. Although this is usually temporary, it can be permanent.
- Gait disturbance. The patient may not be able to walk normally for some time after the surgery. Although this usually improves with time, it can be permanent.
- A blood clot or hematoma may form, which may require additional treatment and possible hospitalization.
- Rarely there is a perforation into the abdominal cavity, which could require additional treatment and hospitalization.
- There may be unsightly scar formation at the incision site, which may persist, even after subsequent scar revision surgery.

**Bone taken from the lower leg at the knee (tibial bone):**

- Numbness, pain, and/or a burning sensation of the leg in the area where the graft was taken. This is usually temporary, but it can be permanent.
- Gait disturbance. The patient may not be able to walk normally for some time after the surgery. Although this usually improves with time, it can be permanent.
- A blood clot or hematoma may form, which may require additional treatment and possible hospitalization.
• There may be unsightly scar formation at the incision site, which may persist, even after subsequent scar revision surgery.

Fracture of the lower leg bone (tibial fracture), which can lead to permanent disability.

Grafts of bone and cartilage from the rib cage (rib or costochondral grafts):
• Perforation of the lung cavity, which may require insertion of a chest tube to drain the chest and expand the lungs. This usually extends the period of hospitalization and requires extended care.
• Numbness, pain, and/or a burning sensation of the chest in the area where the graft was taken. This is usually temporary, but it can be permanent.

There may be unsightly scar formation at the incision site, which may persist, even after subsequent scar revision surgery.
• Prolonged discomfort in the donor site area, which may restrict mobility and activity.

Bone grafts from the skull (calvarial or cranial bone grafts):
• Hair must be shaved in the area of the incision and may grow in differently from the hair in the surrounding areas.
• There may be irregularities of the skull, which can be felt, but are usually hidden by hair.
• If hair thins or is lost in later years, scars from the incisions may become more noticeable.
• There may be numbness in some areas of the scalp, which may be temporary or permanent in nature.
• There may be infection or breakdown of the wound, which could require further treatment.

There may be bleeding along the scalp incision or the deeper blood vessels, which may require further treatment.
• There may be irritation of the membranes that surround the brain, formation of blood clots, or leakage of cerebrospinal fluid (brain-spine fluid). These conditions may require treatment by another specialist and extend hospitalization.
• There may be weakness/paralysis of some of the muscles of the face. This may lead to difficulty in raising the eyebrows or furrowing the brow and may be temporary or permanent in nature.

Bone from the bone bank or synthetic bone:
In some cases, bank bone (cadaver) or artificial bone is used for grafting. It may be used as a sole grafting material or in addition to the other bone grafts discussed above. The bank bone can be from human or animal donors and undergoes processing, such as freeze drying, demineralization (removal of the calcium), and irradiation. Use of these grafts carries some of the general complications for bone grafting. In addition, the use of such materials has its own risks including, but not limited to:

• Rejection of the bank bone or artificial bone grafting material.
• A possible, but remote chance of bacterial or viral disease transmission from the processed bone.

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 of 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 doctor 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 (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

________________________________________
initial

original placed in chart