

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. Bouchoucha 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 placed 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 continue care for this complication.
- _____ 21. Numbness in the area of the donor site surgery (or more extensive areas), temporary or permanent.
- _____ 22. Unsightly scarring at the incision site which may remain so despite efforts later.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE SKULL

- _____ 23. Shaving of the hair from portions of the scalp that may grow in differently from surrounding hair.
- _____ 24. Scars from the incisions that may become more noticeable with hair loss in later life.
- _____ 25. Numbness of certain areas of the scalp that may be temporary or permanent.
- _____ 26. Decreased function of certain muscles of facial expression, notably an inability to furrow the brow or raise the eyebrows, normally, either temporary or permanent.
- _____ 27. Wound infection or breakdown requiring further treatment.
- _____ 28. Bleeding of scalp or deeper vessels that may require further treatment.
- _____ 29. Subdural hematoma, cerebrospinal fluid leak, meningitis or damage to membranes surrounding the brain
- _____ 30. 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:

_____ 31. Rejection of the donated or artificial graft material.

_____ 32. 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).

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