



## CAMERON K. BLAIR, DDS

— General Dentist Providing Oral Surgery Services —

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### CONSENT FOR BONE GRAFTING PROCEDURES

**TO THE PATIENT:** *You have the right, as a patient, to be informed about your condition and about the recommended surgical, medical, or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you can give or withhold your consent to the procedure.*

I voluntarily request Cameron K. Blair, DDS and such associates, technical assistants, and other healthcare providers as he may deem necessary, to treat my condition which has been explained to me(us) as \_\_\_\_\_

I(we) further understand that a separate procedure to obtain bone for grafting is intended and that portions of bone will be removed from my \_\_\_\_\_ and placed in the area to be treated.

I(we) have chosen the following anesthetic for my surgery:  Local anesthesia  Local anesthesia w/ nitrous oxide/oxygen analgesia  Local anesthesia w/ oral premedication  Local anesthesia w/ intravenous (IV) sedation  General anesthesia w/ local anesthesia

I(we) understand that Dr. Blair may discover other or different conditions which require additional or different procedures than those planned. I(we) authorize Dr. Blair and such associates, technical assistants, and other healthcare providers to perform such other procedures which are advisable in their professional judgment.

I(we) understand that no warranty or guarantee has been made to me as to result or cure. I(we) have been given both oral and written pre- and post-operative instructions, and I(we) agree to personally contact Dr. Blair in the event I(we) have a problem. I(we) will follow his instructions until that problem has been satisfactorily resolved. I(we) realize that in the event I(we) develop certain complications, I(we) may miss school or work schedules or I(we) may incur additional, unexpected expenses, including, but not limited to, expenses for other dentists, doctors, or medical facilities.

In addition to the risks of the primary surgical procedure, which have been explained to me(us) separately, I(we) understand that bone grafting itself involves specific risks. Dr. Blair has explained to me(us) that such risks include, but are not limited to the following. **PLEASE INITIAL EACH ITEM BELOW AFTER READING.**

\_\_\_\_ **I. GENERAL RISKS AND COMPLICATIONS OF BONE GRAFTING:**

- A. Bleeding, swelling, infection, scarring, pain, and numbness or altered sensation (possibly permanent) at the donor site, which may require further treatment
- B. Allergic or other adverse reaction to the drugs used during or after the procedure
- C. The need for additional or more extensive procedures in order to obtain sufficient bone
- D. Rejection of bone particles from donor or recipient sites for some time after surgery
- E. Rejection of the bone graft

\_\_\_\_ **II. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM WITHIN THE MOUTH AREA:**

- A. Damage to adjacent teeth, which may require future root canal procedures or which may cause loss of those teeth
- B. Removal of adult teeth in order to obtain sufficient bone material
- C. Temporary or permanent numbness or pain in the area of the donor or recipient site or in more extensive areas
- D. Penetration of the sinus or nasal cavities in the upper jaw, which could result in infection or in other complications, requiring additional drug or surgical treatment

\_\_\_\_ **III. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE HIP REGION:**

- A. Temporary or permanent numbness, burning, and/or pain of the hip, thigh, or buttocks
- B. Temporary or permanent gait disturbance (inability to walk correctly)
- C. Hematoma (clot) requiring further treatment and hospitalization
- D. Perforation into the abdominal cavity, requiring further treatment
- E. Sciatica (radiating pain to the legs from irritation of the sciatic nerve), which may persist
- F. Unsightly scarring at the incision site, which may remain despite efforts at later revision

\_\_\_\_ **IV. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE LEG REGION:**

- A. Temporary or permanent numbness, burning, and/or pain of the leg or area where the graft is taken
- B. Temporary or permanent gait disturbance (inability to walk correctly)
- C. Hematoma (clot) requiring further treatment and hospitalization
- D. Unsightly scarring at the incision site, which may remain despite efforts at later revision

\_\_\_\_ **V. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE RIBS:**

- A. Penetration of the lung cavity, resulting in the need for insertion of tubes to drain chest and to expand lung(s), as well as continued care for such a complication
- B. Temporary or permanent numbness in the area of donor site surgery (or more extensive areas)
- C. Unsightly scarring at the incision site, which may remain despite efforts at later revision
- D. Soreness of donor area for a prolonged time, which may restrict mobility and activity for some time

**VI. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE SKULL:**

- A. Shaved hair from portions of the scalp, which may grow in differently from surrounding hair
- B. Scars from incisions, which may become more noticeable with hair loss in later life
- C. Temporary or permanent numbness of certain areas of the scalp
- D. Decreased function of certain facial expression muscles—notably an inability to furrow the brow or raise the eyebrows normally, which may be temporary or permanent
- E. Wound infection or breakdown, requiring further treatment
- F. Bleeding of scalp or deeper vessels that may require further treatment
- G. 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
- H. Contour abnormalities or bony irregularities of the skull that, although hidden by hair, may have cosmetic effects

**VII. RISKS AND COMPLICATIONS OF BONE GRAFTING FROM BANKED BONE (freeze-dried, lyophilized, demineralized, xenografts) OR BONE SUBSTITUTES:**

On occasion, additional donated bone, processed bone, or artificial bone substitutes are used to supplement the patient’s bone or to spare patient an extensive graft harvesting procedure. If used, such materials may have separate risks, including, but not limited to:

- A. Rejection of the donated or artificial graft material
- B. The remote chance of viral or bacterial disease transmission from processed bone

I(we) certify that: a) this form has been fully explained to me(us) and that its contents are understood; b) I(we) have read it or have had it read to me(us); c) the blank spaces were filled-in prior to initialing/signing; d) I(we) speak, read, and write English; and, e) I(we) have had my(our) questions answered.

I(we) have been given an opportunity to ask questions about: a) my condition; b) alternative forms of anesthesia and treatment; c) risks of non-treatment; d) the procedures to be used; and, e) the risks and hazards involved, and I(we) believe that I(we) have sufficient information to give this consent.

	/	
Signature of Patient or Other Legally-responsible Person		Patient's Name (Please Print)

	/	
Signature of Witness		Witness' Name (Please Print)

DATED \_\_\_\_\_ TIME \_\_\_\_\_