

CONSENT FOR BONE GRAFT

(pg 1 of 4)

Patient Name: <<patient_first_name>> <<patient_last_name>>

Date: <<current_date>>

It is required that all patients read and sign consent prior to any treatment. In order for you to give your consent to treatment we feel strongly that you, as the patient, should be given as much information as possible regarding that treatment. We have found that our best patients are our most informed patients. This information is not meant to alarm you, but rather allow you to make an informed decision. We also feel that you should have an opportunity to ask questions and receive satisfactory answers to those questions. We ask that you please take your time and read the following form completely.

IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE SIGNING.

Bone grafting allows the placement of implants in areas where sufficient bone is not available. This can be accomplished with either the use of your own bone (autogenous bone), cadaver bone (allogenic bone), or synthetic bone (alloplastic bone). There are certain circumstances that require or are best suited by a particular type of bone.

If your own bone is used, it can be harvested from several sources. These include your hip, your rib, your ramus (posterior portion of your lower jaw), your tuberosity (posterior portion of your upper jaw), your chin, your skull, and your leg (tibia). These areas provide excellent quality bone.

If cadaver bone is used, the bone is obtained from a bone bank. The bone is carefully screened for disease and infection and is freeze dried so it is impossible to contract any illness or disease from the bone. It can be obtained in all shapes and sizes from small squares to an entire mandible depending on the need.

Synthetic, or man-made bone may also be used in certain circumstances. This may or may not be recommended in larger defects.

Below are listed specific risks with regards to some specific types of bone grafts. If the bone to be placed is not being taken from your body, these following three paragraphs do not apply. These risks and complications include, but are not limited to:

Hip / Tibia Graft:

- a. Hematoma and/or Seroma formation in the surgical site that may require draining or a separate surgery to eliminate.
- b. Injury to nerves that lie in close proximity to the surgical site. This may result in numbness and/or pain of the affect leg. This can also produce a gait disturbance (difficulty walking).
- c. Infection of the surgical site requiring additional treatment and/or hospitalization.
- d. Perforation of the bowel requiring immediate repair by a general surgeon.
- e. Hip fracture that may or may not require treatment and a period of non-weight bearing on the affected leg.

CONSENT FOR BONE GRAFT

(pg 2 of 4)

Patient Name: <<patient_first_name>> <<patient_last_name>>

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Ramus / Chin / Tuberosity Graft

- a. Injury to the nerve that supplies feeling to your lip, chin, tongue, teeth, gingiva (gums), and cheek.
- b. Fracture of your jaw requiring the use of plates, screws, and/or pins. Also may require your jaws being wired shut.
- c. Infection of surgical site requiring additional treatment and/or hospitalization.
- d. Injury to teeth adjacent to the surgical site which may require root canal therapy or extraction of the affected teeth.
- e. Opening from the maxillary sinus into your mouth if a tuberosity graft is performed. This may require additional surgery to correct.

Calvarial (Skull) Graft

- a. Infection of the surgical site requiring additional treatment and/or hospitalization
- b. Epidural or Subdural hematoma requiring immediate attention for a neurosurgeon.

As in any surgery, there are some potential risks and complications. With regards to bone grafts, the following are risks and complications with any type of graft and include but are not limited to:

1. Swelling, bruising, and/or discomfort in both the donor (area from which the graft is taken) and recipient sites (area where the graft will be placed).
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Possible infection requiring additional treatment, including hospitalization.
4. Injury to nerves: In the lower jaw there is a nerve canal for a nerve (inferior alveolar nerve) that supplies feeling to the lower lip, chin, tongue, teeth, gingiva (gums), and cheek. There is also a nerve (lingual nerve) that lies outside the lower jaw that supplies feeling to the tongue. There is a possibility that these nerves could be bumped, bruised, cut, or damaged during the procedure. If injury were to occur to any one of the previously mentioned nerves, numbness of the lower lip, chin, tongue, teeth, gingiva (gums), and/or cheek could occur. *Usually* this is temporary, but it **could be permanent**. Numbness of the tongue would also result in loss of taste.
5. Dry socket (Alveolar Osteitis) – if a tooth or teeth are being extracted, failure of a normal blood clot to form in the extraction site causing jaw pain, usually requiring additional care.
6. Possible damage to adjacent teeth, especially those with large fillings or crowns, requiring replacement of the filling or crown, extraction, or root canal therapy of the tooth/teeth involved.

CONSENT FOR BONE GRAFT

(pg 3 of 4)

Patient Name: <<patient_first_name>> <<patient_last_name>>

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7. Injury to the temporomandibular joint (TMJ): Certain bone grafting procedures may produce pain, clicking, and/or limitation of motion (Trismus). If you have a preexisting TMJ disorder Dr. Hornaday should be notified **before** surgery. Bone grafting can aggravate a preexisting problem with your TMJ even with the gentlest of care. If a problem with your TMJ should occur further treatment may be necessary.
8. Heavy bleeding.
9. Sharp ridges or bone splinters may form later at the edge of the surgical site. These usually require another surgery to smooth or remove.
10. Sinus involvement: An opening from the mouth into the sinus and/or an infection can occur which may require additional surgical procedure(s) and/or hospitalization.
11. Jaw fracture
12. Nausea and/or vomiting, usually due to medications.
13. Accidental swallowing of a tooth, filling, or other foreign material that may require X-Rays at the hospital to determine where the material lodged.
14. Displacement of an upper tooth into a space behind the upper jaw called the infratemporal fossa. This may require hospitalization and a general anesthetic to remove.
15. Failure of the bone graft to heal or integrate and/or Resorption of the bone graft requiring an additional surgery to remove and/or redo.
16. I understand that plates, screws, pins, and/or wires will be used to secure my bone graft in place. I also understand that these may become infected and require removal.

I understand that no warranties or guarantees of any kind have been made to me or anyone about the results of my surgery or procedure(s). I have been given adequate opportunity to read this entire form and to ask any questions about my surgery or procedure(s) before signing this form. I understand that it is my responsibility to inform my doctor if I wish to try another method of or if I decide at anytime prior to surgery not to undergo the proposed treatment. I have been informed of the reason for my surgery, the risks involved, and possible alternate methods of treatment, if any, and I elect to undergo the treatment Dr. Hornaday has proposed.

I consent to the administration of anesthetics and medications as may be deemed necessary or advisable for my comfort, health, and safety. If general anesthesia is used, I understand that there may be soreness, redness, swelling, and/or bruising at or around the IV site or along the vein that may require additional treatment. Other rare complications of IV anesthesia may include allergic reaction to medications, respiratory problems that may require a breathing tube be placed, stroke, heart attack, heart failure, and/or death.

I am also aware that oral sedation, intravenous (IV) sedation, general anesthesia, and many drugs are not recommended for use for women who are pregnant. I understand that it is my responsibility (or the responsibility of a parent or legal guardian of a female patient) to advise my doctor if I am pregnant or possibly could be pregnant.

CONSENT FOR BONE GRAFT

(pg 4 of 4)

Patient Name: <<patient_first_name>> <<patient_last_name>>

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I also have been informed by Dr. Hornaday that antibiotics *can* and *may* interfere with the effectiveness of birth control and that I *can* and *may* become pregnant if another form of contraception is not used. I also understand and have been informed that if antibiotics are used in my care I will need to use another form of contraception and should consult my medical doctor.

I have been made aware that certain medications, drugs, anesthetics and prescriptions that I may be given can cause drowsiness, and lack of awareness and coordination which also may be increased by the use of alcohol and other drugs. I understand that I should not use alcohol, operate a vehicle or other hazardous machinery, or make any legal decisions while under the influence of any medication, anesthesia, or prescription given by this office. I have been advised not to return to work while taking such medications, or until fully recovered from the effects of such medications, drugs, anesthetics and/or prescriptions. I understand this recovery may take up to 24 hours or more after I have taken the last dose of medication. If I am given sedative medication for my surgery, I agree not to drive myself to the appointment or home afterwards and will have a responsible adult drive me to the appointment and home and accompany me until I am fully recovered from the effects of the sedation.

I understand that I will be asked to sign this consent form in a digital format and that the form I sign digitally is an exact duplicate of this form I just read.

I certify that I have read and fully understand the terms and words in the above consent and /or any verbal explanations given to me by my doctor and/or his assistants, and that I give my consent voluntarily.

Patient or Legal Guardian Signature

Date: <<current_date>>

Witness Signature

Date: <<current_date>>

Doctor Signature

Date: <<current_date>>