

SURGICAL CONSENT FORM.

For

CURETTAGE AND GRAFT.

Your surgeon has recommended that you undergo an operation known as a curettage and graft in order to biopsy and remove a tumor from within your bone. The surgery is performed under a general anesthetic and requires exposure of the bone and creation of a window in the bone. Through this window, the tumor will be removed in its entirety. The cavity from where the tumor was removed may be treated with liquid nitrogen or a process known as cryosurgery. This is performed to ensure that all tumor cells are eradicated or killed by the procedure. This achieves a significantly wider margin and one could obtain through curettage alone. Cryosurgery therefore, lowers the risk of tumor recurrence. The cavity will then be prepared for receipt of a bone graft. This may include a high-speed blurring of the cavity in order to achieve wider margins than that can be accomplished with curettage alone. The cavity will then be packed with a bone graft or other substances, which will eventually reproduce the structure and mechanical stability of your bone.

The risks of this operation include; infection, bleeding, neurovascular compromise, fracture, local recurrence of disease, bone death, limitation of range of motion or stiffness of the accompanying joint, persistent swelling, deep venous thrombosis or blood clots, and death.

The risk of infection is small. If the infection does not extend to bone and only occurs within the soft tissues, this can usually be treated very effectively with a short course of oral antibiotics. However, if you do develop an infection in the wound, and the infection extends into the bone cavity, this can become a fairly debilitating situation, as you will almost assuredly require a long-term course of IV antibiotics as well as additional surgery.

As with any surgery, bleeding is always a risk. Your surgeon will have blood available for you, if he feels that you are at risk for excessive bleeding. Additionally, if possible, your procedure will be carried out under tourniquet control and thus bleeding can be controlled in this fashion. However, you may require a transfusion of blood if an amount of blood is lost that puts your life at risk. The surgeon will discuss this with you, prior to your undergoing surgery.

Neurological compromise can occur in any operation as well. There are motor and sensory nerves distributed throughout the body. If a nerve is in the vicinity of your tumor, it may be required to be taken out along with your tumor to rid you of disease. If the nerve can be saved it will however occasionally the nerve will need to be retracted out of the way, and this can lead to loss of function of that nerve. If this happens, you may

have a numb area in the region supplied by the nerve. If the nerve is a motor nerve, it is possible that you could lose function of the muscles that are supplied by that nerve. You may also have areas around the wound that are numb after surgery. Or you may develop unusual sensations such as pins and needles or tingling around the wound. Much of these symptoms are actually normal and will resolve on their own in a period of time.

Any time a hole is created in the bone, it acts as a stress riser and therefore fracture becomes a risk after most bone surgery. In order to prevent this from occurring, you may be asked to use crutches if the surgery is on your lower extremities, or a sling for an upper extremity. The length of time you will need to use the crutches or sling depends on the size and location of your tumor and will be discussed with you prior to your surgery. Cryosurgery does increase the risk of fracture slightly and if you do have the cryosurgical procedure performed you should be very compliant with the instructions given for the use of crutches. Should you develop a fracture, you may be asked to undergo another operation on order to secure fixation of the fracture or be immobilized in a cast or brace and require the use of crutches for an extended period of time. This risk can be lessened by following the directions specifically related to limited weight-bearing postoperatively.

In order to expose the bone, various muscles need to be divided and if this occurs around a joint area you may develop weakness or limitation of range of motion of that accompanying joint. Should this happen, or if you develop scar formation about the joint you may be asked to undergo an intense course of physical therapy postoperatively.

Risk factors for the development of blood clots include immobility, such as lying in bed after surgery, limited motion of the muscles postoperatively, lower extremity surgery, and cancer. You may probably have at least one or two of these risks and thus are at an increased risk over the general population for developing blood clots. For this reason, you may be placed on blood thinner or you may be asked to wear compression pumps on your feet or legs or stocking devices. In order to reduce this risk, you may also be asked to move your feet and ankle and tighten your muscles as much as possible, during the postoperative course.

The risk of low recurrence is always present in any Cancer situation. The goal is procedure is to eradicate all tumor cells. However, if any residual cells lay in an area that is not removed to your surgery. He may develop all recurrence or even capacities. This reason, you will be asked to follow with your physician and a frequent periodic basis over an extended period of time. The monitoring will include clinical examination has lost various x-rays.

Anesthetic rests are present in all operations that utilize anesthesia, and these risks include blood pressure changes, cardiac pulmonary and renal changes as well as death. These risks will be discuss with you by an anesthesiologist. If you do have questions concerning cut anesthesia risk. Please asked them at the time of anesthesia consultation.