

Consent for Orthopedic Biologic Procedure



Date: _____ Time: _____

I, _____ (Patient Name), agree to the following procedure:
(Please print full name clearly)

Platelet Rich Plasma Concentrate (PRP) Aspirate of Bone Marrow Stem Cell procedure/ PRP Procedure

To be performed under the direction of Dr. _____ or such other member of the medical staff as he/she may designate or request to assist in the procedure.

Platelet Rich Plasma (PRP) procedure involves the injection of your own platelets to create growth of new cells. This autologous platelet concentrate will be injected into a damaged area, which causes a healing cascade to repair any damage or degenerative tissue by rebuilding new tissue. Clinical data has show that the healing factors present in platelet rich plasma may enhance and accelerate your body's inadequate healing process.

Bone marrow aspirate is obtained from the back part of your pelvis. If this is done, it may be injected with the PRP or separately. Both PRP and Bone marrow/ stem cell therapy are considered experimental therapies with no guarantee of outcome.

Potential benefits of these procedures may include a reduction in pain and increase in functional ability.

Pain and stiffness typically occur for up to 14 days and may be significant enough to interfere with work, school or daily home activities. Some patients may get lightheaded during or just after the procedure. A permanent increase in pain or decrease in functional ability is not expected. However, with the proper diagnosis, over 70% of patients who receive these treatments may expect to improve. Theoretically, some could worsen. There are rare complications from any injection including, but not limited to: nerve, tendon, or vessel damage, bone or joint infection, skin infection, pain continued or worsening underlying symptoms, need for additional injection, bleeding, and allergic reaction to the local anesthetic.

Complications from the harvesting of bone marrow may have other additional rare complications, such as localized bruising, skin infection, damage to the bone, nerve or muscle in the region. Even more rarely, the bowels may be damaged. Dr. _____ only uses local anesthesia, therefore avoiding complications from general anesthesia or IV medications.

I have read the above and have been given the opportunity to ask questions, which have been or not been answered. I have not had any adverse reactions to local anesthetic agents such as lidocaine or bupivacaine (Marcaine). I acknowledge that no guarantee or assurance, verbal or written has been made as to the results that may be obtained. I elect to proceed with the procedure.

Signed: _____ (Patient/ Guardian)

_____ (Witness)

_____ (Physician)

