

## Vertebroplasty / Kyphoplasty

### Understanding Your Risks

This document outlines the potential complications associated with **vertebroplasty and/or kyphoplasty**. These are minimally invasive spine procedures performed to treat painful vertebral compression fractures. Under imaging guidance, bone cement is injected into the fractured vertebral body to stabilize the bone. In kyphoplasty, a balloon may first be inserted and inflated to help restore vertebral height before cement placement.

The usual purpose of surgery is to stabilize vertebral compression fractures, reduce pain, improve mobility, and prevent further collapse in patients with fractures due to osteoporosis, trauma, tumors, or other pathologic conditions. Pain relief may be rapid but is not guaranteed.

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#### Risks:

- **Persistent or recurrent back pain**
- **Incomplete pain relief or failure of the procedure**
- **Cement leakage, which may cause nerve irritation, spinal cord compression, or embolization**
- **Neurologic complications** (new or worsened numbness, weakness, nerve injury, or spinal cord injury)
- **Pulmonary embolism or cardiac complications related to cement migration**
- **Infection** (superficial or deep, including osteomyelitis or discitis)
- **Bleeding or hematoma formation**
- **Fracture of adjacent vertebral levels**
- **Allergic reaction to medications or bone cement**

- **Medical complications** (myocardial infarction, stroke, pneumonia, deep vein thrombosis)
- **Death** (extremely rare)

**Risk Factors for Increased Complications:**

- **Severe osteoporosis or poor bone quality**
- **Multiple vertebral fractures**
- **Advanced age and higher ASA class**
- **Malignancy or pathologic fractures**

**Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with vertebroplasty and kyphoplasty and all questions have been answered to the patient's satisfaction.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

