

**The Brain & Spine Institute at Gwinnett Medical Center**  
INFORMED CONSENT FOR SACROILIAC & PIRIFORMIS SURGERIES  
*DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS  
CONTENTS*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

It has determined that there is a significant probability that your sacroiliac joint contributes to your back pain and that you may be a candidate for sacroiliac surgery. The purpose of this form is to provide you with information so that you can make an informed decision as to whether or not you wish to proceed with sacroiliac surgery.

**THE SURGERIES:**

**Alignment:** As much as possible, it will be attempted to realign the pelvis so that the hip joints are level. The anatomy of the bone itself cannot be modified and may be different from one side to the other. Therefore, an alignment that seems good when the ligaments are loose may not be preserved when the screws are tightened. By necessity, this can only be the best approximation feasible. After surgery, alignment is assessed by CT scan.

**Fixation:** To stabilize the sacroiliac joint, cannulated screws will be placed through the iliac crest bone and the sacrum. Their position will be determined by x-rays and they will be tested electrically to verify as much as feasible that they do not seem to be too close to a nerve root or nerve. The cannulated screws that will be used are approved by the U.S. Food and Drug Administration (FDA) only for fixation of fractures of large bones. It is inferred from this that they are solid enough for sacroiliac stabilization for which they are often used. However, they are not specifically approved for this procedure. Fixation may be all that is needed. Placement of percutaneous sacroiliac screws under x-rays is only approved for one side at a time.

**Fusion:** Fusion between the iliac crest bone and the sacrum may also be necessary. This is done by cutting the surface of the bone (with a drill) on both sides posteriorly and placing a bone graft in between. The graft is usually a mixture of mineral artificial bone, some of your own bone and sometimes a chemical called “Bone Morphogenic Protein” (BMP), that has been shown to promote bone growth (BMP is used if there are factors that would interfere with bone fusion or if this is a revision). It is important that you stop smoking as it interferes with bone fusion and decreases the success rate by half or more. You must also avoid non-steroidal anti-inflammatory drugs (NSAID) for 6 months after surgery as they also interfere with bone fusion. Fosamax may also interfere. Please note that, again, BMP has not been specifically approved for this site. It is approved for spine fusion. As the bones of the sacroiliac region are quite similar to the bones of the spine for purpose of fusion, it is inferred that it would act in a similar manner.

**Decompression of the sciatic nerve by releasing the piriformis muscle:** A nerve study (EMG) might show that the sciatic nerve is compressed by the piriformis muscle as it exits the pelvis into the leg. If this is severe, it might be helpful to decompress the nerve by cutting the piriformis. This is usually done at the same setting, but can be done later.

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#### POSSIBLE BENEFITS:

Your surgeon is experienced in this type of surgery. The surgical procedure should lead to a decrease in your pain and discomfort and an improvement of your quality of life, but no absolute benefit can be promised and the results of the surgery cannot be guaranteed. Some other diseases such as hip, lumbar discs, facets (joints of the spine) and other spine, pelvic or abdominal (belly) conditions (including inflammations, tumors and infections) may be contributing to your pain, and those may also need to be addressed at a later time, after the results of the sacroiliac surgery can be evaluated. Some surgeons still think that surgery should not be done for this problem. They believe that it always gets better with non-surgical treatment.

#### POSSIBLE RISKS AND DISCOMFORTS:

As with any general surgery, there are risks of complications from the anesthesia. The surgery requires general anesthesia. As the risks depend on the anesthetic agent used, please discuss them with the anesthesiologist before surgery.

Other risks may include blood clot or infection at the surgical location, other superficial or deep infection, blood clots in the veins (deep vein thrombosis) that can migrate to the lungs (pulmonary embolism), misalignment of the sacroiliac joint, injury or irritation of a nerve root or nerve, failure of bone fusion, inflammation of the piriformis muscle (across the buttock region), muscle spasm (usually near the wound), failure of the fixation devices (screws). Pressure sores from the position with subsequent scars (possibly on the face). Possible pressure on the eyes may result in problems with vision. Worsening of the pain or death can also occur. The likelihood that any of those complications will occur is no greater for the surgery you will be having than for other spine surgery involving fixation and bone fusion. You will also experience some discomfort associated with the surgery and the necessary rehabilitation. Other unforeseen and less frequent complications may also occur.

The amount of radiation you will be exposed to is relatively small. Such doses of radiation may be harmful but the risks are difficult to measure. If you already have had many XRs, you should discuss with the physician before agreeing to the surgery. The surgery CANNOT be done if you are pregnant (women only). If you are woman of childbearing age and have not had a tubal ligation, hysterectomy or similar surgery, a negative pregnancy test will be necessary in order to proceed with the surgery. Please also note that further pregnancy may require C-section for delivery after this type of surgery. You must also avoid getting pregnant for one year after surgery.

#### ALTERNATIVE TREATMENTS:

Other alternative treatments usually include continuation of “conservative treatment” such as physical therapy, manipulations, sacroiliac and/or piriformis injections, use of pain medications and/or anti-inflammatory medications. If it is possible to align the sacroiliac joint(s), a pelvic belt may be used to try to keep it in position. Prolotherapy may be considered but is more of a controversial treatment and is usually not reimbursed by insurance companies. Discuss this further with the physician if you have questions.

Initials: \_\_\_\_\_

**ODDS OF SUCCESS:**

Preliminary studies suggest significant improvement at 6 months after surgery in uncomplicated cases. The success rate appears to be about 80%, with 20% of patients doing remarkably better, 60% are about 80% better and the remaining 20% doesn't seem to benefit from the surgery. Many patients report a delayed improvement which usually occurs between 3 to 6 months after surgery.

Should you have any question, you may check our web site at [spineandsacroiliac.com](http://spineandsacroiliac.com) or contact Dr. Michael Amaral at 678 312 2700.

By signing this consent form, you acknowledge that the surgery and possible complications have been explained to you in language that you fully understand and that you have been given the opportunity to have all of your questions answered in language that you understand. Your signature below indicates that you have read and fully understand this form and is your voluntary consent to proceed.

Signature of patient: \_\_\_\_\_

Signature of surgeon: \_\_\_\_\_  
(Dr. Michael A Amaral)