

# CONSENT FOR ORAL SURGICAL TREATMENT IN PATIENTS WHO HAVE TAKEN OR ARE TAKING ORAL BISPHOSPHONATE DRUGS

#### Patient Name: \_\_\_\_\_

#### Doctor Name: Mihran Asinmaz DMD

In order for me to make an informed decision about undergoing a procedure, I should have certain information about the proposed procedure, the associated risks, the alternatives and the consequences of not having it. The doctor has provided me with this information to my satisfaction. The following is a summary of this information.

#### Condition

My doctor has explained that I am in need of oral surgical treatment.

Because I am taking a type of drug called an oral bisphosphonate, I may be at risk for developing osteonecrosis of the jaw bones, and certain dental treatments may increase that risk. The degree of risk for osteonecrosis in patients taking oral bisphosphonates for osteoporosis, or other reasons, is uncertain and warrants careful monitoring. Any dental treatment should be with close association and consultation with your treating medical physician.

#### What is Osteonecrosis of the Jaw?

Bone is a living tissue with living cells and a blood supply. Osteonecrosis means death of bone which can occur from the loss of the blood supply or by a problem with the bone's ability to regrow. Very rarely, osteonecrosis of the jaw bone has occurred in individuals taking oral bisphosphonates. Dental treatments that involve the bone can make the condition worse.

#### What is the risk for developing Osteonecrosis of the Jaw?

The risk for an individual taking oral bisphosphonates is extremely small. An estimated less than one person per 100,000 for those taking Fosamax, Actonel, or Boniva. However, it

osteonecrosis does occur, it may be a serious condition with no known definitive treatment. This risk is increased after surgery, especially with extraction, implant placement or other "invasive" procedures that might cause even mild trauma to the bone. Spontaneous exposure of the jaw bone (osteonecrosis) can result. This is a smoldering, long-term, destructive process in the jaw bone that is often very difficult or impossible to eliminate. At this time, there is no way to determine who will develop this disease. It is important that all individuals are aware of this complication. Also, other factors may play a role in the development of osteonecrosis, such as other medications you are taking and health problems you may have. Please consult with your medical physician for more information on this.

## What are the risks associated with dental procedures?

Although the risks are extremely low with any procedure, they are higher with procedures involving the bone and trauma to the bone, such as tooth extractions. Bisphosphonates have been associated with osteonecrosis of the jaw; with the mandible twice as frequently affected as the maxilla. In addition, most cases are associated with intravenous administration of the drugs.

### What are the signs and symptoms of Osteonecrosis of the Jaw?

You should tell your dentist immediately if you have any of the following symptoms or signs, now or in the following months after your treatment:

- A. Feeling of numbness, heaviness, or other sensations in your jaw(s)
- B. Pain in your jaw(s)
- C. Swelling of your jaw(s)
- D. Loose teeth
- E. Drainage in the area of treatment
- F. Exposed bone

# The decision to discontinue or alter oral bisphosphonate drug therapy before dental treatment should be made by you in consultation with your medical doctor.

- X\_\_\_\_\_ If a complication occurs, antibiotic therapy may be used to help control infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.
- X\_\_\_\_\_ Despite all precautions, there may be delayed healing, osteonecrosis, loss of bone and soft tissues, pathologic fracture of the jaw, oral cutaneous fistula (open draining wound), or other significant complications.
- X\_\_\_\_\_ If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy, including hospitalization, long-term antibiotics and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plates and screws, and/or skin flaps and grafts.

- X\_\_\_\_\_ Even if there are no immediate complications from the proposed dental treatment, the area is always subject to spontaneous breakdown and infection because of the condition of the bone. Even minimal trauma from a toothbrush, chewing hard food or denture sores may trigger a complication.
- X\_\_\_\_\_ Long-term post-operative monitoring may be required, and cooperation in keeping scheduled appointments is important. Regular and frequent dental check-ups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.
- X\_\_\_\_\_ I have read the above paragraphs and understand the possible risks of undergoing my planned treatment. I understand and agree to the following treatment plan.
- X\_\_\_\_\_ I understand the importance of my health history and affirm that I have given any and all information that may impact my care .I understand that failure to give true health information may adversely affect my care and lead to unwanted complications.
- X\_\_\_\_\_ I realize that, despite all precautions taken to avoid complications, there can be no guarantee as to the result of the proposed treatment.

I CERTIFY THAT I HAVE FULLY READ AND UNDERSTAND THIS CONSENT AND THAT I AUTHORIZE THAT I UNDERSTAND ANY AND ALL RISKS. ALL QUESTIONS AND EXPLANATIONS WERE TO MY SATISFACTION. I HAVE BEEN INFORMED THAT REGARDLESS OF THE EFFORT OF MY PERIODONTIST TO INSURE SATISFACTION, THE RESULTS MAY PRODUCE A LESS THAN DESIRED RESULT.

Patient's Name (Printed)

Date

Patient's or Guardian's Signature

If not the patient, what is your relationship to the patient?

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient or representative.

Doctor's Signature

Date