

## RIVER VALLEY ORAL AND MAXILLOFACIAL SURGERY

### Informed Consent For Oral Surgical Treatment In Patients Who Have Taken/Received Oral and/or Intravenous Bisphosphonate Medications

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

Patients who have taken **Oral Bisphosphonate** drugs have a small, but real risk of complications associated with oral surgery. Patients who are currently receiving or have been previously treated with **IV Bisphosphonates** should know there is significant risk of severe complications associated with oral surgery treatment.

These Bisphosphonate medications alter the jaws normal healing capacity and increase post-operative problems. The risk of complications is increased after surgery, but may occur spontaneously, especially in IV Bisphosphonate patients. Common surgeries that increase the risk of poor bone healing are extractions, Dental Implants, Bone Trim procedures, bone biopsies and surgical root canals. (Please note that this is not an all-inclusive list.)

The decreased capacity to heal leads to a process known as Bisphosphonate Related Osteonecrosis of the Jaws. This is a long term, smoldering, destructive process, which leads to dead exposed areas of jawbone. This is difficult to prevent or eliminate.

In some situations it may be advisable to discontinue a Bisphosphonate medication for a period of time, in hopes of improved healing. This requires consultation with your physician regarding your health status, and length of time on these medications.

**Please initial next to the follow important points, which Bisphosphonate patients should be aware. Ask you doctor if there are questions.**

- \_\_\_\_\_ 1. I understand that despite all precautions and meticulous surgery, there is a possibility of delayed healing, exposed bone, infection, osteonecrosis, bone and soft tissue loss, pathologic jaw fracture, open draining skin wounds, loss of adjacent teeth and other significant complications.
- \_\_\_\_\_ 2. I understand that if a complication arises, oral or IV antibiotics may be required, including the use of antibacterial mouth rinses. These medications can also cause allergic reactions, gastritis, colitis, and diarrhea. Alert your doctor if you experience any of these.
- \_\_\_\_\_ 3. I understand that if Bisphosphonate related osteonecrosis of the jaw occurs, the treatment could require antibiotics, hospitalization, surgical debridement, and the removal of non-vital bone. Due to devitalized bone removal, reconstructive surgery may be required including bone grafting, metal plates and screws and soft tissue flap surgery.

- \_\_\_\_\_ 4. I understand that immediate post-surgical complications may not occur, but the area is more susceptible to spontaneous break down due to the decrease healing capacity. Minor traumatic events such as brushing, flossing, dental cleanings, denture sores or periodontal disease could lead to this secondary breakdown.
- \_\_\_\_\_ 5. I understand that these medications have a long term affect on jawbones. This may require frequent and long-term follow-up appointments to monitor the bone and soft tissue status. It is also very important to have regular dental visits to help obviate the need for oral surgery procedures.
- \_\_\_\_\_ 6. I understand in certain situations extraction or surgery may be required due to infection, pathology and un-restorability even though I am taking Bisphosphonate medications. My treatment plan options have been explained to me.
- \_\_\_\_\_ 7. I have included a complete medical history and understand that failure to reveal all aspects of my medical history could compromise my care.
- \_\_\_\_\_ 8. I realize that despite all precautions there can be no guarantee as to the result of the proposed treatment, due to the decreased capacity to heal related to Bisphosphonate medications.
- \_\_\_\_\_ 9. I have read the above paragraphs (or had explained by an interpreter) and understand the possible risks of my proposed treatment.

**CONSENT**

**I certify that I understand this form , and had all my questions answered.**

\_\_\_\_\_  
**Patient (legal guardian) Signature** **Date**

\_\_\_\_\_  
**Doctor Signature** **Date**

\_\_\_\_\_  
**Witness Signature** **Date**