

CONSENT FOR PATIENTS REGARDING BISPHOSPHONATE DRUG THERAPY

Patient Name: _____

Date: _____

Bisphosphonate drug therapy is used for both preventative and therapeutic medical conditions related to osteoporosis and/or bone cancers such as Paget's disease. These drugs can affect the healing capacity of the jaw as a result of trauma and/or infection. This is commonly referred to as osteonecrosis of the jaws (ONJ) or bisphosphonate-related osteonecrosis of the jaw (BRONJ).

Dental procedures such as extractions, dental implants, periodontal scaling, root planning or any other invasive procedure can have an adverse effect to the bones of the jaw when performed on patients undergoing or having undergone Bisphosphonate drug therapy in the past. The chances of developing ONJ or BRONJ are questionable and the risk is small; however, there is still the risk if you are receiving invasive dental treatment.

Depending on how long you have been receiving or received Bisphosphonate therapy and whether it is/was oral or intravenous can affect the risk of developing ONJ or BRONJ. Other medical treatment and/or diseases such as chronic steroid therapy, cardiovascular disease, diabetes, COPD, or periodontitis increase the risk of developing ONJ or BRONJ as well as smoking, poor oral health and advanced age.

If you are currently under Bisphosphonate drug therapy, the decision to discontinue the therapy before dental treatment should be discussed with your medical doctor.

Common risks of proceeding with the recommended treatment include however, are not limited to:

- Delayed healing, loss of bone and soft tissues, open wound draining or fracture of the jaw;
- Osteonecrosis (death of the bone) which may involve intensive therapy to include hospitalization, long-term antibiotics, possibly reconstructive surgery for bone grafting, metal plates and/or skin flaps and grafts and;
- Future spontaneous breakdown and infection could result from minimal trauma due to the condition of the bone.

After dental treatment post-operative care and monitoring will be required regularly to attempt to prevent a breakdown in your oral health.

Depending on your oral health, the safest course of safest course of dental treatment with a history of Bisphosphonate therapy may be to avoid any and all invasive dental treatment.

By signing below, I am acknowledging I have read or had this document read to me in its entirety, have had the chance to ask questions and have them answered to my satisfaction so that I feel I understand the information as it is presented. I understand the potential risks, complications and side effects. I have elected to proceed with this dental treatment after having considered both the known and unknown risks, complications, side effects and alternative treatment methods.

Patient (or Legal Guardian) Signature: _____

Patient Printed Name: _____

Date: _____

Doctor's Signature: _____

Date: _____

SAMPLE