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CONSENT FOR ORAL SURGERY TREATMENT IN PATIENTS WHO HAVE RECEIVED INTRAVENOUS BISPHOSPHONATE DRUGS

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Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

- ___ 1. You have been treated with IV Bisphosphonate drugs, and you should know that there is a large risk of future severe complications that might happen with oral surgical treatment. Jaw bones usually heal themselves very well and maintain their normal health. IV Bisphosphonate drugs seem to affect the ability of jaw bones to break down or remodel themselves, and this interferes with the jaw's ability to heal itself. This risk is increased after surgery, especially from extractions, gum surgery, implant placement or other "invasive" procedures that might cause even mild trauma to bone. Necrosis (dying cells) or Osteonecrosis (dying bone cells) may result, and an infection may occur in the soft tissue and/or bone. This is a long-term process that destroys the jawbone that is often very hard or even impossible to get rid of.
- ___ 2. Your medical/dental history is very important. We must know the medications and drugs that you have received or taken before, **and** are receiving or taking now. A correct medical history, including names of physicians is important.
- ___ 3. The decision to stop IV Bisphosphonate drug therapy before dental treatment will not lessen the risk of developing Osteonecrosis.
- ___ 4. Antibiotic therapy may be used to help control possible post-operative infection. For some patients, taking antibiotics may cause allergic responses or have unwanted side effects such as stomach discomfort, diarrhea, swelling of the colon, etc.
- ___ 5. Even with all the precautions we take, there may be delayed healing, necrosis of the jaw bone, loss of bone and soft tissues, infection, fracture of the jaw due to a medical condition, oral-cutaneous fistula (open draining wounds), or other significant complications.
- ___ 6. If osteonecrosis should occur, treatment may be long and difficult. You might need ongoing intensive therapy that could include hospitalization, taking antibiotics for a long time, and removal of dead bone. Reconstructive surgery may be needed, including bone grafting, metal plates and screws, and/or skin flaps and grafts.
- ___ 7. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to breakdown by itself at any time and infection due to the unstable condition of the bone. Even the smallest trauma from a toothbrush, chewing hard food, or denture sores may set off a complication.

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___ 8. We may need to see you on a long-term basis after your surgery to check your condition. It is very important that you keep all of your scheduled appointments with us. Regular and frequent dental check-ups with your dentist are important to try to prevent breakdown in your oral health.

___ 9. I have read the information above and understand the possible risks of having my planned treatment. I understand and agree to the following treatment plan:

___ 10. I understand the importance of my health history and I have given you all information. I understand that if I don't give you true and complete health information, it may be harmful to my care and lead to unwanted complications.

___ 11. I realize that even though the doctors will take all precautions to avoid complications; the doctor can't guarantee the result of the proposed treatment.

CONSENT

I certify that I speak, read and write English and have read and fully understand this consent for surgery and have had my questions answered. All of the blanks were filled in before I initialed or signed the form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date