

## CONSENT FOR PATIENTS ON BISPHOSPHONATES

**If you have any questions, please ask your doctor BEFORE initialing.**

Having been treated previously with bisphosphonate (bone support medication) drugs, you should know that there can be a significant risk of future complications associated with dental treatment. Bisphosphonate drugs appear to adversely affect the blood supply to bone, thereby reducing or eliminating its healing capacity. This risk is increased after surgery, especially from dental extraction, implant placement, and/or other "invasive" procedures that might cause even mild trauma to bone. Osteonecrosis (bone death) may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

Bisphosphonate class of drugs includes injectable medicines **Zometa (zoledronic acid)** and **Aredia (pamidronate disodium)**. The injectable form is stronger than the oral form. It is used for the management of advanced cancer that has metastasized to the bone (i.e., lung, breast and prostate cancer, multiple myeloma and others). It is the injectable form that appears to pose the greatest risk for osteonecrosis of the bones, including the jaws.

The oral form of bisphosphonate drugs includes **Fosamax (alendronate)** and **Actonel (risedronate sodium)**. These are pills that are taken for osteoporosis by millions of women in the United States. Evidence, as we know so far, shows that the oral form is much less potent than the injectable form and appears to be less likely to cause osteonecrosis of the jaw, yet there have been several reported cases in the literature. The medical community is in the beginning stages of finding out about this potential problem. Not all the information we need is available at this time.

Your medical/dental history is **very** important. We must know the medications and drugs that you have received or taken or are currently receiving or taking. An accurate medical history, including names of physicians, is important.

\_\_\_\_\_ 1. Antibiotic therapy may be used to help control possible postoperative infection. For some patients, such therapy may cause allergic responses or have undesirable side effects, such as gastric (stomach) discomfort, diarrhea, colitis (irritated bowel), etc.

\_\_\_\_\_ 2. Despite all precautions, there may be delayed healing, osteonecrosis, loss of bony and soft tissue and pathologic fracture of the jaw, amongst other significant complications.

\_\_\_\_\_ 3. If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy, including hospitalization, hyperbaric oxygen therapy, long-term antibiotics, and debridement (surgery) to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plate and screws, and/or skin flaps and grafts.

\_\_\_\_\_ 4. Even if there are no immediate complications from the proposed dental treatment, the area may still experience spontaneous breakdown and infection due to precarious condition of the bony blood supply. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.

\_\_\_\_\_ 5. Long-term postoperative 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.

\_\_\_\_\_ 6. 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.

\_\_\_\_\_ 7. I realize that despite all precautions that may be taken to avoid complications, there can be no guarantee as to the result of the proposed treatment.

\_\_\_\_\_ 8. I have read the above paragraphs and understand the possible risks of undergoing my planned treatment. I understand and agree to the following treatment.

### **INFORMATION FOR FEMALE PATIENTS**

\_\_\_\_\_ I have informed my doctor about my possible use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate mechanical forms of birth control during the period of my treatment, and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

## **CONSENT**

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have and the risks of those choices have been presented to me. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.