

Informed Consent for Treatment of Patients on Bisphosphonate Drugs

Patients treated previously or currently with Bisphosphonate drugs (e.g., Pamidronate (Aredia®); Zoledronate (Zometa®); Aendronate (Fosamax®); Etidronate (Didronel®); Residronate (Actonel®); Tiludronate (Skelid®); etc.) should know that there is a significant risk of future complications associated with dental treatment. Bisphosphonate drugs appear to adversely affect the ability of bone to break down or remodel itself thereby reducing or eliminating its ordinary excellent healing capacity. This risk is increased after surgery, especially from extraction, implant placement, or other “invasive” surgical procedures that might cause even mild trauma to bone. Osteonecrosis (dead bone cells) may result. This is a long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

The risk of osteonecrosis can also be increased by certain medical conditions including diabetes, immune suppression, and cancer, as well as social habits like chronic smoking.

The decision whether to discontinue Bisphosphonate drug therapy before dental treatment should be made by you in consultation with your medical doctor. Discontinuing treatment may not eliminate the risk of dental complications.

Patients, please check each paragraph after reading.

- Antibiotic therapy may be used to help control possible post-operative infections. For some patients, such therapy may cause allergic responses or have undesirable side effects such as allergic reactions, stomach discomfort, diarrhea, swelling of the colon, etc.
- Despite all precautions, there may be delayed healing, osteonecrosis, loss of bony and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.
- If osteonecrosis should occur, treatment may be prolonged and difficult, involving but not limited to ongoing intensive therapy including hospitalization, long-term antibiotics, and debridement to remove nonvital bone. Reconstructive surgery may be required, including but not limited to bone grafting, metal plates and screws, and/or gum tissue grafts.
- Even if there are not immediate complications from the proposed dental treatment, the area is always subject to spontaneous breakdown and infection. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.
- 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.
- I have been informed of the alternative treatments, including no treatment at all.

CONSENT

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's Printed Name _____

Patient's Signature _____ Date _____