

Sedona Periodontics

905 W. 124th Avenue, Suite 150

Westminster, CO 80234

Consent for Dental/Oral Surgical Treatment in Patients

Who Have Received Bisphosphonate Drugs

Please read each paragraph in its entirety. If you have any questions, please ask your doctor BEFORE signing.

Having been treated previously with bisphosphonate drugs you should know that there is a 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 the ordinary excellent healing compactly of bone.

Bisphosphonate necrosis of the jaw (BNJ) in relation to all possible post operative complications is very low. The risk of BNJ is highest when intravenous bisphosphonates are administered. This risk of BNJ is increased after surgery, especially from extraction; implant placement or other “invasive” procedures that might cause even mild trauma to bone. Osteo necrosis may result. This is a smoldering, long –term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

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 post-operative infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.
2. Despite all precautions, there may be delayed healing, osteonecrosis, loss of bony and soft tissue, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.
3. If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy including hospitalization, long-term antibiotics, and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plates and screws, and/or skin flaps and grafts.
4. Even if there are no 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.

5. Long-term post-operative monitoring may be required and cooperation keeping scheduled appointments is important. Regular and frequent dental checkups 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 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.

CONSENT

I certify that I speak, read, and write in English, or have used a translator to explain all of the previous information to me and I understand all of the information translated to me. I give my permission and consent to the procedure(s) proposed. I have had all of my questions answered and all necessary information has been completed on this form prior to my initials or signature.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date