Baines Dental Wellness

CONSENT FOR DENTAL AND/OR ORAL SURGICAL TREATMENT IN PATIENTS WHO HAVE RECEIVED ORAL BISPHOSPHONATE DRUGS

Due to your history of currently (or previously) being treated with oral bisphosphonate drugs, you should know that there is a small, but real risk of Bisphosphonate induced Osteonecrosis of the Jaw (BONJ) occurring that may be associated with dental treatment. Bisphosphonate drugs appear to adversely affect the vitality and health of jawbones, thereby reducing or eliminating the jawbones ordinary, excellent healing capacity. Spontaneous exposure of the jawbone (Osteonecrosis) may result. This is a long-term, destructive process in the jawbone that is often difficult or impossible to eliminate.

This overall risk for patients taking an oral bisphosphonate to prevent or treat osteoporosis, is currently estimated to be 0.01% to 0.04%; for Paget's disease 0.26% to 1.8%; for malignancies 0.88% to 1.15%. The incidence of dental related BONJ appears to be dependent upon the dosage and duration of bisphosphonate therapy, plus the occurrence of an oral surgery or trauma event. Regardless of treatment duration, when surgery or trauma occurs, the incidence of BONJ is as follows: for patients under treatment (or prevention) of osteoporosis the incidence is 0.09% to 0.34%; for Paget's disease the incidence is 2.1% to 13.5%; and malignancies the incidence is 6.67% to 9.1%. (ref. J Oral Maxillofac Surg 65:415-423, 2007)

Please carefully read the below information:

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

2. The decision to continue or discontinue oral Bisphosphonate drug therapy before or during dental treatment should be made by you in consultation with your medical doctor.

3. If a complication occurs, short or long-term antibiotic therapy may be used to help control infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.

4. Despite all precautions, there may be delayed healing, osteonecrosis, loss of bone and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula (open draining wound), or other significant complications.

5. 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.

6. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to spontaneous breakdown and infection due to the condition of the bone. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.

7. Long term postoperative monitoring may be required and cooperation in 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.

8. I have read the above paragraphs and understand the possible risks of undergoing my planned treatment. I understand and agree to the treatment plan presented.

9. 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.

10. 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.

11. I certify that I speak, read and write English and have read and fully understand this consent for surgery, have had my questions and concerns addressed.

Signature: _____ Date: _____

Witness: _____