Perio & Implants

Consent for Oral Surgery in Patients Who Have Received Oral and/or Intravenous (IV) Bisphosphonate, RANKL inhibitors, m-TOR inhibitors, Antiangiogenic agents

Please initial each paragraph after reading, if you have any questions please ask your periodontist <u>before</u> initialing and signing on the last page.

_____1. I have been treated with Bisphosphonate, RANKL inhibitors, m-TOR inhibitors, Antiangiogenic agents and understand that there is a small risk (< 1%) of developing medication related osteonecrosis (bone cell death) of the jaw that can occur subsequent to dental treatment including routine extraction of teeth. There is a **<u>larger</u>**, **<u>more significant</u>** risk of severe oral surgical complications with a history of **<u>IV bisphosphonate</u>** therapy. The jaw bones usually heal completely, but in some patients taking above mentioned drugs, the ability of the bone to heal may be altered, interfering with the jaw's ability to heal normally. This risk is minimally increased in procedures like tooth extraction, tissue surgery, implant placement or other procedures that cause damage to the bone. If the bone cannot tolerate and heal this injury, osteonecrosis can occur leading to infection and the need for further treatment.

_____2. Your medical/dental history is <u>very</u> 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 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.

_____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 the breakdown in your oral health.

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_____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 outcome of the proposed treatment.

PATIENT CONSENT

I have given a complete and truthful medical history, including all medications, drug use, allergies, pregnancy, etc. I certify that I have read and fully understand this consent for surgery and have had all my questions answered. All of the above blanks were filled in prior to me initialing or signing this form.

Patient's Signature	Patient's Name
Signature of Doctor	Date
Signature of Witness	Date