

Informed consent Bisphosphonate Drugs

Biophosphonates:

Residronate (Atonel®)	Etidronate (Didronel®)	Tiludronate (Skelid®)
Alendronate (Fosamax®)	Pamidronate(Aredia®)	Zoledronate (Zometa®)

Patients having been treated previously or currently with Bisphosphonate drugs 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” procedures that might cause even mild trauma to the bone. Osteonecrosis (death of the bone) may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

1. Antibiotic therapy may be used to help control possible post-operative infection.
2. Despite all precautions, there may be delayed healing. Osteonecrosis, loss of bone and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.
3. 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 non-vital bone. Reconstructive surgery may be required, including but not limited to bone grafting, metal plates and screws and/or 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.

I have been fully informed by Dr. _____ and his/her staff of the possible problems that may occur. I have had an opportunity to ask questions. I consent to the performance of oral surgery presented to me during my consultation even though there may be increased risk to me due to the Bisphosphonate drugs. I have or am currently taking. I have read and understand this document before I signed it.

Patient Signature, Parent or Guardian

Date

Signature of attending Dentist

Date