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BISPHOSPHONATE, ANTIRESPORTIVE or ANTIANGIOGENIC MEDICATIONS CONSENT FORM

Patient Name: _____ Date: _____

Research shows that there is a small risk of developing osteonecrosis (bone cell death) of the jaw or other complications after dental treatment for patients who have taken or are currently taking:

- Bisphosphonate Drugs
- Antiresorptive Drugs, or
- Antiangiogenic Drugs.

In general, these medications provide more benefit than risk for the treatment of your medical condition, however, certain conditions and the route of medication delivery can impact your risk of osteonecrosis with dental or surgical treatment. This risk is particularly higher when these medications are administered directly to your vein or intravenous (IV).

In some patients taking these drugs, the ability of the jaw bone to heal after dental treatment may be changed resulting in osteonecrosis. This risk of osteonecrosis is increased with procedures like tooth extraction, tissue surgery, implant placement or other invasive procedures that involve the bone.

Because you are a patient who has taken or is currently taking these medications, after your dental procedure, long-term care with your medical doctor, dentist and/or oral and maxillofacial surgeon may be required to check the status of your jaw bone. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to infection and breakdown at any time due to the use of these medications. Even the smallest trauma from a toothbrush, chewing hard food, or denture sores may set off a complication. There may be delayed healing, osteonecrosis of the jaw, loss of bone and soft tissues, infection, jaw fracture, oral-cutaneous fistula (open draining wounds), or other significant complications. The risk of osteonecrosis can be increased for patients with certain medical conditions including diabetes, immune suppression, cancer, as well as social habits like tobacco and alcohol use.

If osteonecrosis should occur, treatment may be long and difficult. Ongoing intensive therapy that could include hospitalization, taking antibiotics for a long time, and surgery for the removal of dead bone. Reconstructive surgery may be needed, including bone grafting, metal plates and screws, and/or skin flaps and grafts. The risk is higher the longer patients have taken these medications.

The decision to stop these medications before dental treatment will not lessen the risk of developing osteonecrosis and should only be made after talking with the medical doctor who prescribed the drug(s) and the treating oral and maxillofacial surgeon. If you are taking antiangiogenic medications, stopping these medications prior to dental treatment may improve healing and should be reviewed with your treating doctors.