

Informed Consent for Patients Taking Bisphosphonates

Since you are taking a medication that is part of a family of drugs called bisphosphonates, you may be at risk for developing osteonecrosis of the jaw following dental procedures where the jaw bone is manipulated (such as tooth extractions or dental implants). Cases have also been reported to occur spontaneously, without any dental treatment. Being over 65 years of age may increase the risk of developing osteonecrosis of the jaw.

What is Osteonecrosis of the Jaw?

Bone is a living tissue with living cells and blood supply. Osteonecrosis means death of bone, which could be caused by loss of the blood supply, or by a problem with the bone's ability to regrow. Most reported cases of osteonecrosis are associated with the use of bisphosphonates for the treatment of serious conditions such as cancer. Very rarely, osteonecrosis of the jaw bone has occurred in individuals taking a bisphosphonate for treatment of osteoporosis or Paget's disease of bone. Although bisphosphonates (e.g. Prolia, Fosamax, Didronel, or Actonel) have been used to treat osteoporosis for many years, the link between bisphosphonates and osteonecrosis of the jaw following dental surgery has become evident only in recent years.

Symptoms of osteonecrosis of the jaw include pain, swelling and infection, loosening of teeth, pus drainage and exposed bone. Osteonecrosis of the jaw can also occur without any of these symptoms. If osteonecrosis of the jaw were to occur, it may not be possible to fully cure it, and long term management and follow up would be required.

By signing this form, you agree with the following:

1. You read and understood the information presented to you on this form related to the use of bisphosphonates and osteonecrosis of the jaw.
2. You understand the potential risks and benefits of the proposed treatment.
3. Other treatment options, including no treatment, were presented and discussed to your satisfaction.
4. All your questions have been answered to your satisfaction and you consent to the following treatment.

You or your responsible party will have the opportunity to sign an electronic copy of this form when you arrive at our office for your appointment.