

AUBURN NY ORAL SURGERY

Sandeep Singla DDS, MD

Rinil Patel DDS

Edward Woodbine DDS

www.auburnnyoralsurgery.com

183 Genesee Street

Auburn, NY 13021

Tel: (315) 253-7384

Fax: (315) 253-7426

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CONSENT FOR ORAL SURGERY TREATMENT IN PATIENTS WHO HAVE RECEIVED INTRAVENOUS BISPHOSPHONATE DRUGS, ANTIRESORPTIVE DRUGS, OR ANTIANGIOGENIC DRUGS

____ Patient's Name

____ Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

___ 1. I understand I have been treated with medication to help treat my specific cancer diagnosis:

- IV Bisphosphonate Drugs (Zometa/Aredia)
- Antiresorptive Drugs (Denosumab)
- Antiangiogenic Drugs

I have been informed that there is a risk of developing a complication called osteonecrosis of the bone (bone cell death) that can occur with oral surgical treatment including routine tooth extraction. Jaw bones usually heal completely. In some patients taking these medications, the ability of the bone to heal may be altered, interfering with the jaw's ability to heal normally. The research shows this risk occurs in less than 3% of patients having a tooth extracted. Any invasive procedure affecting the bone can increase the risk of osteonecrosis, so it is important to understand these risks before proceeding with any surgical procedure.

___ 2. I understand that the risk of osteonecrosis can be increased by certain medical conditions including diabetes, immune suppression, cancer, as well as social habits like chronic smoking.

___ 3. My medical/dental history is very important. I have provided you with a complete list of medications that I have received or taken before, and are receiving or taking now. I understand the importance of providing my doctor with a thorough and accurate medical history, including names of physicians I am seeing now or have seen in the past.

___ 4. The decision to stop IV Bisphosphonate drug therapy before dental treatment will not lessen the risk of developing Osteonecrosis. Stopping the anti-angiogenic medications prior to dental treatment may improve healing and should be reviewed with your treating doctors.

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- ___ 5. 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.
- ___ 6. 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.
- ___ 7. If osteonecrosis should occur, treatment may be long and difficult. I 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.
- ___ 8. 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.
- ___ 9. I understand I may need to see you on a long-term basis after my surgery to check my condition. It is very important that I keep all of my scheduled appointments with you. Regular and frequent dental check-ups with my dentist are important to try to prevent breakdown in my oral health.
- ___ 10. 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:
- _____
- ___ 11. I realize that even though the doctors will take all precautions to avoid complications; the doctor can't guarantee the result of the proposed treatment.

CONSENT

I understand that the treatment I am about to undergo may be impacted by the medications I have taken. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date