

# KENNESTONE PERIODONTICS, P.C.

## CONSENT FOR DENTAL/PERIODONTAL/ORAL SURGICAL TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPHOSPHONATE DRUGS

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS,  
PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

Having been treated previously with Bisphosphonate drugs you 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 may result. Osteonecrosis is a smoldering, long-term destructive process in the jawbone that is often very difficult or impossible to eliminate.

Your medical/dental history is very important. We must know the medications and drugs that you have received or taken or are currently receiving or taking. An accurate medical history, including names of physicians is important.

- \_\_\_ 1. Antibiotic therapy may be used to help control possible post-operative infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.
- \_\_\_ 2. Despite all precautions, there may be delayed healing, osteonecrosis, loss of bony and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.
- \_\_\_ 3. If osteonecrosis should occur, treatment may be prolonged or difficult, involving ongoing intensive therapy including hospitalization, long-term antibiotics, and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plates and screws and/or skin flaps and 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.
- \_\_\_ 5. Long-term post-operative monitoring may be required and cooperation in keeping scheduled appointments is important. Regular and frequent dental check-ups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.

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- \_\_\_ 6. I understand the importance of my health history and affirm that I have given any and all information that may affect my care. I understand that failure to give true health information may adversely affect my care and lead to unwanted complications.
- \_\_\_ 7. I realize that, despite all precautions that may be taken to avoid complications, there can be no guarantee as to the result of the proposed treatment.
- \_\_\_ 8. I have read the above paragraphs and understand the possible risks of undergoing my planned treatment. I understand and agree to the following treatment plan:

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## CONSENT

I certify that I speak, read and write English and have read and fully understand this consent for surgery, have had my questions answered and that all blanks were filled in prior to my initials or signature.

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PATIENT (LEGAL GUARDIAN) SIGNATURE Date

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Doctor Signature Date

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Witness Signature Date

# KENNESTONE PERIODONTICS, P.C.

## Bisphosphonate

In pharmacology, bisphosphonates (also called: diphosphonates) is a class of drugs that inhibits the resorption of bone. Its uses include the prevention and treatment of osteoporosis, osteitis deformans ("Paget's disease of bone"), bone metastasis (with or without hypercalcemia), multiple myeloma and other conditions that feature bone fragility.

## Pharmacokinetics

Of the bisphosphonate that is resorbed (from oral preparation) or infused (for intravenous drugs), about 50% is excreted unchanged by the kidney. The remainder has a very high affinity for bone tissue, and is rapidly absorbed onto the bone surface.

## Side effects

- Oral bisphosphonates can give stomach upset and erosions of the esophagus, which is the main problem of oral preparation. This can be prevented by remaining seated upright for 30 to 60 minutes after taking the medication.
- There is a slightly increased risk for electrolyte disturbances, but not enough to warrant regular monitoring.
- In chronic renal failure, the drugs are excreted much slower, and dose adjustment is required.
- Bisphosphonates can rarely cause osteonecrosis of the jaw (phossy jaw).

## Classes of bisphosphonates

Non-*N*-containing bisphosphonates:

- Etidronate (Didronel®) - 1 (potency relative to that of etidronate)
- Clodronate (Bonefos®, Loron®) - 10
- Tiludronate (Skelid®) - 10

Nitrogenous

*N*-containing bisphosphonates:

- Pamidronate (APD, Aredia®) - 100
- Neridronate - 100
- Olpadronate - 500
- Alendronate (Fosamax®) - 500
- Ibandronate (Bondronat®) - 1000
- Risedronate (Actonel®) - 2000
- Zoldronate (Zometa®) - 10000

## Mechanism of action

Bisphosphonates, when attached to bone tissue, are "ingested" by osteoclasts, the bone cell that breaks down bone tissue. The two types of bisphosphonates kill osteoclast cells.