



Advanced Endodontics

Repairing and restoring function • Preserving and renewing smiles

Informed Consent for Endodontic Surgery for Those Taking Bisphosphonate Medications

Because you are taking a type of drug called a bisphosphonate, you may be at risk for developing osteonecrosis of the jaw and root canal surgery may increase that risk. You should understand that the risk for developing this condition is very small.

What is osteonecrosis of the jaw?

Bone is a living tissue with living cells and a blood supply. Osteonecrosis means death of bone, which can occur from the loss of the blood supply or by a problem with the bone's ability to regrow. Very rarely, osteonecrosis of the jawbone has occurred in individuals taking oral bisphosphonates for treatment of osteoporosis. Dental treatments that involve the bone can make the condition worse.

What is the **risk** for developing osteonecrosis of the jaw?

Your risk for developing osteonecrosis of the jaw, from using oral bisphosphonates, is very small (estimated at less than one person per 100,000 person-years of exposure to the drugs Fosamax, Actonel or Boniva); but, if it does occur, it may be a serious condition with no known treatment so you should be aware of this complication. At this time, there is no way to determine who will develop the disease

What are the symptoms of osteonecrosis?

Feeling of numbness, heaviness or other sensations in your jaw, pain in your jaw, swelling of your jaw, loose teeth, drainage and/or exposed bone.

What risks are associated with not having the procedure?

Your risk for developing osteonecrosis of the jaw is very small. You may be at increased risk for developing other health problems if your dental disease is not treated.

What are my **alternatives** to root canal surgery?

As with all dental procedures, alternatives to root canal surgery include extraction (which still contains the risk of osteonecrosis), non-surgical root canal therapy if possible, or observation only (which will not eliminate the disease and leads to increased risk of other health problems).

If you should have any other concerns or questions, you should consult with your treating physician about any health risks.

I have read this consent form and understand all the risks, benefits and alternatives to this treatment.

Patient: _____ Date: _____

Signature: _____