MARICOPA FAMILY
Dentistry & Orthodontics

Tooth Extraction Consent

I, _____, understand that the extraction of teeth number(s)_____ has been recommended by my dentist. I have had alternative treatment options (if any) explained to me, as well as consequences of doing nothing about my current dental condition(s). I understand that non-treatment may result in but not be limited to: infection, swelling, pain, periodontal disease, malocclusion (damage to the way the teeth hit together) and systemic disease.

I understand that there are risks associated with any surgical dental and anesthetic procedure(s). These include, but are not limited to:

- Post-operative infection
- Delayed healing (dry socket), necessitating frequent post-operative care
- Swelling, bruising, inflammation, and pain
- Stretching of the corners of the mouth resulting in cracking or bruising
- Damage to adjacent teeth and/or fillings and caps
- Bleeding, possibly requiring further treatment
- Drug reactions and side effects
- Sharp ridges or bone splinters may form later at the edge of socket. They usually require another small surgery to smooth or remove.
- Possibility of small fragment of root or bone being left in the jaw when its removal is not appropriate. Such fragments may work their way partially out of the tissue and need treatment at a later date
- Difficulty opening after, or in rare cases fracture or dislocation of the jaw
- Damage to nerves, resulting in temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas.
- Sinus involvement – the roots of the upper back teeth are close to the sinus and sometimes a root or entire tooth can be displaced into the sinus, or leave an opening in the sinus which may require additional care.

Dental Surgery & Risks Associated with History of Bisphosphonate Use

If you are now or have previously been treated by your physician with a class of medication known as bisphosphonates, you may be at risk for developing bisphosphonate related osteonecrosis of the jaw (BRONJ) or medication related osteonecrosis of the jaw (MRONJ).

- **What is bisphosphonate related osteonecrosis of the jaw (BRONJ)?**
  BRONJ is a condition in which the bone of the upper or lower jaw does not heal properly and can remain exposed to the oral cavity. The lack of healing with BRONJ is typically related to impaired blood supply or disruption of the cells that help bone heal.

- **What is the risk for developing BRONJ if I am taking bisphosphonate medications?**
  Current research estimates that the risk of developing BRONJ varies depending on the type of bisphosphonate medication you are taking.

- If you are taking injectable or ***intravenous bisphosphonate medications***, the risk of developing BRONJ in association with certain dental procedures can be as high as 28%.*
- If you are taking ***oral bisphosphonate medications***, the risk of developing BRONJ in association with certain dental procedures is typically less than 0.1%.*

**These risks quoted in this consent form are based on current research, but are not guaranteed to be the most current estimates as numerous and new studies relating to BRONJ are frequently published*.

- **Which dental procedures have been associated with the development of BRONJ?**
  Dental procedures involving exposure of bone or penetration of the gum tissue have been shown to have a high association with the development of BRONJ. The procedure most commonly associated with the development of BRONJ is the removal (extraction) of teeth. Any surgical procedure may increase your risk of developing BRONJ.
- **If I stop taking bisphosphonate medication for a short time prior to my dental procedure, will that reduce my risk of developing BRONJ?**
  The half-life of bisphosphonate medications has been shown to be anywhere from 7 to 10 years. Depending on the type of bisphosphonate medication you are taking (oral, injectable, or intravenous), discontinuation of your bisphosphonate medication may not reduce your risk of developing BRONJ and may actually put you at higher risk for injury to other parts of your body. Changes to your bisphosphonate regimen should not be made without strict consultation with your treating physician.
- **Are there any tests to determine if I may be treated safely?**
  Currently, the only test indicated in medical/dental literature to assist with assessing risk for the development of BRONJ is the serum C-terminal telopeptide (CTX) test. This is a simple blood test that measures markers in the blood that are associated with remodeling of bone. Please note that while CTX blood tests are one potential indicator of risk for BRONJ susceptibility, this test is not currently seen as a foolproof measure to predict BRONJ risk and a this condition may still result even results of this test are satisfactory.
- **What are the signs and symptoms of BRONJ?**
  You should notify your dentist immediately if you have any of the following symptoms now or anytime following your treatment. In some cases, patients have developed BRONJ months or even years after their dental procedure.

Numbness of the jaw	Pain in the jaw	Swelling of the jaw
Loosening teeth	Drainage	Exposed bone

- **How can I reduce my risk of BRONJ?**
  Recent updates provided by the American Academy of Oral and Maxillofacial Surgeons (Oct 2022) indicates that no particular strategy can completely eliminate MRONJ/BRONJ risk, but the following can reduce this risk: 1) quitting smoking; 2) having optimal diabetes control; 3) maintaining good oral hygiene.

I hereby certify that staff have presented this information to aid in my decision-making process. I have been given the opportunity to ask the doctor and/or staff questions I have about the proposed dental treatment and the risks associated with extractions, bisphosphonate use and the development of BRONJ. I have fully disclosed my current or past use of bisphosphonate medications to the doctors and/or their staff. I understand the

recommended treatment, the fee(s) involved, the risks of treatment, any alternatives and risks of those alternatives, including the consequences of doing nothing. I have had all of my questions answered, and have not been offered any guarantees.

Patient Signature_____ Date_____

Witness Signature_____ Date_____

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