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OSTEONECROSIS OF THE JAW: INFORMATION FOR PATIENTS UNDERGOING ELCTIVE DENTAL SURGERY

Osteonecrosis of the Jaw (ONJ) can be described as an area of bone in the jaw that has died and been exposed in the mouth for more than 8 weeks. This condition can occur spontaneously but is usually brought about by surgical trauma such as tooth removal or implant placement. Essentially the area of bone disturbed by dental surgery fails to heal following the procedure. This condition can be painful and progressive. More minor cases can be treated conservatively with repeated antibiotics and ongoing review over months but in worse cases, surgical treatment and reconstruction of the affected jaw may be required.

You have been given this information because you take a medication that increases your risk of developing ONJ following dental surgery. This drug has been prescribed to treat a condition involving your bones, specifically to decrease the rate that 'osteoclasts' – the resorptive bone cells, breakdown your bone. For this reason, these drugs are broadly referred to as 'Anti-resorptives' (AR). Most AR medications are known as bisphosphonates. These include oral medications like Fosamax and Actonel and also injections like Aclasta or Zometa. There are also some other AR drugs which cause ONJ such as Denosumab (Prolia) injections. Although the exact cause is unknown, ONJ is considered to be a side effect of therapy. Symptoms of ONJ include: exposed bone, localized pain, swelling of the gum tissues and inflammation, loosening of previously stable teeth

What do you need to know?

The overall risk of developing ONJ is low for most patients taking these medications. For patients taking oral bisphosphonates for osteoporosis, the risk of developing ONJ is estimated to be 0.1% following dental surgery. For patients taking intravenous AR agents, the risk may be as high as 10%, however this is most prevalent in patients taking frequent, high dose AR's for metastatic bone cancers.

Your general health, the type of dental surgery being carried out, how long you have been taking your medication, or what other medications you take with it may also impact on your risk of developing ONJ. If we consider that you fall into a category of higher risk for ONJ, we may order a blood test called a fasting CTx serum test. This test gives us some indication of how fast your bone is remodelling and so we can predict your risk better, but it is not perfect.

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Dental implants: There have only been a small number of studies looking into success of dental implant treatment for AR users. These refer mostly to women taking bisphosphonate medications for osteoporosis for less than 5 years. So far, the success rates for single implants in these study populations has been similar to that of the general population – 90-95%. It is important to be aware that we are offering you implant treatment based on our best clinical judgement and the available literature, but that there is a limited amount of data we can use in regards to clinical success rates and complications.

Medication risk: _____

Surgical complexity/risk: _____

Other contributing factors: _____

Treatment options:

Our preferred option in cases of risk for ONJ is to select non-surgical treatment for dental procedures such as root canal treatment, bridges and overdentures. We have discussed these options but there are reasons why you have selected a surgical treatment option, these are as follows:

Alternative treatments: _____

Reasons for declining non-surgical options: _____

Pre and Post-operative instructions:

While there is a small risk that ONJ could occur after oral surgery in all patients with a history of AR use, there are some factors that increase the risk:

Based on the procedure being carried out and your provided medical history, we recommend the following measures:

Pre-surgical fasting CTx serum test: This will be requested by your GP – please have this test at least one week prior to scheduled surgery and provide your results for us to review.

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Antibiotic prophylaxis: This will commence prior to your procedure and continue for several days following surgery. Please take the antibiotics as instructed on your script.

Savacol mouth rinses: 30 second rinse, 4 times daily; commencing 5 days prior to procedure and continuing for 4 weeks following procedure as indicated by your clinician.

Post-operative clinical reviews: These may be weekly for up to 6 weeks depending on your risk. It is important that you attend the reviews as scheduled.

Despite taking all due precautions to reduce risk and completing treatment with utmost care, the procedure you have elected carries a small risk of resulting in ONJ. Please sign to indicate you have read this document and been provided the opportunity to enquire further:

All figures and information used in this document are taken from the Therapeutic Guidelines Oral and Dental edition 2012, and the American Dental Association: Managing the care of patients receiving AR therapy for Prevention and Treatment of Osteoporosis (2011)

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