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## **INFORMED CONSENT FOR PERIODONTAL AND DENTAL IMPLANT TREATMENT AND RISKS ASSOCIATED WITH OSTEORADIONECROSIS**

Because you have had previous radiation therapy of the face or neck, you may be at risk of osteoradionecrosis of the upper or lower jaw. The degree of risk for osteoradionecrosis in patients who've had radiation therapy, the degree of risk in patients is uncertain and warrants careful monitoring. Any dental treatment should be done with close association and consultation with your treating doctor, Dr. Christine Gadia or Dr. Robert Busan.

### **WHAT IS OSTEORADIONECROSIS OF THE JAW?**

Bone is a living tissue with living cells and a blood supply. Osteoradionecrosis is the DEATH (necrosis) of the bone (occurring from blood supply loss or the bone's ability to regenerate) due to radiation therapy. Sometimes, dental, periodontal, and or dental implant treatment that involve the bone can make the condition worse.

### **WHAT ARE THE RISKS?**

There is no way to determine what type of incident will occur due to your osteoradionecrosis. Dr. Christine Gadia or Dr. Robert Busan will have to monitor your healing after surgery, to track whether or not you are developing complications from surgery. This monitoring will be over a long period of time. Treatment may be prolonged and difficult. Debridement to remove non-vital bone, surgery to sculpt or reconstruct the area, as well as possible referral to an oral surgeon or physician for further treatment (which may include hyperbaric oxygen therapy) may be necessary.

### **WHAT ARE THE SIGNS OR SYMPTOMS TO LOOK FOR?**

- Feeling of numbness, heaviness or other sensations in your jaw
- Pain in Jaw while at rest (not chewing/talking)
- Swelling of the jaw or face
- Loose teeth
- Exposed bone, recession of tissue
- Drainage
- Possible fracture of the jaw

IT IS IMPORTANT TO THAT DR. CHRISTINE GADIA OR DR. ROBERT BUSAN HAVE THE MOST UP TO DATE AND COMPLETE MEDICAL HISTORY ON FILE FOR YOU. FAILURE TO GIVVE TRUE HEALTH INFORMATION MAY LEAD TO COMPLETE TREAEMENT FAILURE AND FURTHER, MORE COMPLICATED HEALTH ISSUES. THE EXACT DURATION OF ANY COMPLICATIONS CANNOT BE DETERMINED, AND THEY MAY BE IRREVERSIBLE.

THERE IS NO GUARANTEE THAT WITH ALL PRECAUTIONS TAKEN BY DR. CHRISTINE GADIA OR DR. ROBERT BUSAN, THAT THERE WILL BE NO COMPLICATIONS. TREATMENT IS NEVER GUARANTEED TO BE 100% SUCCESSFUL. I ACKNOWLEDGE THAT NO GUARANTEE, WARRANTY OR ASSURANCES HAS BEEN GIVEN TO ME THAT THE PROPOSED TREATMENT WILL BE SUCESSFUL. DUE TO INDIVIDUAL PATIENT DIFFERENCES, A THERAPIST CANNOT PREDICT CERTIANTY OF SCUCESS. THERE STILL EXISTS THE RISK OF OSTEORADIONECROSIS, FAILURE, RELAPSE, ADDITIONAL TREATMENT, OR WORSENING OF PRESENT CONDITION, INCLUDING THE POSSIBLE LOSS OF TEETH, DESPITE THE BEST OF CARE.

### **PATIENT CONSENT**

I have been fully informed of the nature of osteoradionecrosis and of the potential risks and complications from surgery and for the necessity for follow-up and self- care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of surgery, and any other course of treatment, as presented to me during consultation and in the treatment plan presentation as described in the document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist. In those situations, I defer to my periodontists' judgment on the surgical management of the situation.

### **I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT**

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PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE