EASTMAN CRAIGHEAD

PERIODONTICS • IMPLANTS • LASER SURGERY

Informed Consent for Patients with a History of Head and Neck Radiation Therapy

Radiation therapy is commonly used in the treatment of head and neck cancers. While radiation can be an important and necessary part of cancer treatment, it can cause long-term changes to the tissues and blood supply within the treated area. Your periodontist cannot advise you regarding the benefits of radiation therapy, and any questions regarding your cancer treatment should be discussed with your physician or oncology team.

It is important to understand that radiation effects can remain present for many years after treatment has been completed. Radiation can decrease the blood supply and healing capacity of the jawbone and surrounding tissues. Because of these changes, patients who have received radiation therapy to the head and neck region may be at an increased risk for developing **osteoradionecrosis (ORN) of the jaw**.

Osteoradionecrosis is a condition where the jawbone has difficulty healing and may become exposed or damaged due to the reduced ability of the bone and soft tissues to repair themselves. Symptoms and complications may include delayed healing, exposed bone, infection, pain, loss of bone and soft tissue, fracture of the jaw, and/or other complications.

Certain dental procedures can increase this risk. Although the overall risk may be low depending on your radiation history, procedures involving the jawbone such as tooth extractions, dental implant placement, bone grafting, and periodontal surgery may increase the possibility of developing osteoradionecrosis.

Despite all precautions, you may experience delayed healing, osteoradionecrosis, loss of bone or soft tissue, fracture of the jaw, and/or other complications. If osteoradionecrosis or another complication occurs, treatment may be prolonged and more difficult. Treatment may involve ongoing therapy including, but not limited to, additional surgical procedures, antibiotics, debridement, referral to other specialists, and long-term postoperative monitoring.

Your dental team may communicate with your physician or oncology team when needed to better understand your previous radiation treatment, including the location and dose of radiation received, to help evaluate your individual risk.

I have read and understand the possible risks related to my history of radiation therapy and my planned dental procedure.

Patient Signature: _____

Date: _____

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