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## Consent for surgery in irradiated tissues

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please initial each numbered paragraph after reading. If you have any questions, please ask Dr. Cary BEFORE initialing.*

Having been treated previously for cancer with radiation (x-ray therapy to eradicate cancer cells), you have been advised that there is risk of future complications when surgical treatment is planned within radiated tissues. The significance of risk is dependent on variable factors involved in radiation therapy. Therapeutic radiation to jaw and facial regions may adversely affect the blood supply to bone, thereby reducing its ordinary healing capacity. This risk is increased after surgery, especially from dental extraction, implant placement, or other "invasive" procedures that cause even mild trauma to bone. Osteoradionecrosis may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult to eliminate and resolve.

Your medical and dental history is very important. We must know the total amount of radiation you received during cancer therapy, and the exact region(s) where it was applied. An accurate medical history, including names of cancer therapists is required.

If the area of proposed treatment is within the area previously irradiated, it may be advisable or necessary for you to undergo hyperbaric oxygen therapy (HBO) before any invasive procedure. HBO is known to improve blood supply and oxygenation in bone, and thereby reduce the risk of postoperative complications. However, it is not a guarantee that osteoradionecrosis will not develop.

1. \_\_\_\_\_ Antibiotic therapy may be used to help control possible post-operative infection. For some patients, such therapy may cause an allergic reaction or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.
2. \_\_\_\_\_ Despite all precautions, including HBO pretreatment, there may be delayed healing, osteoradionecrosis, loss of bony and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula formation, or other significant complications.

3. \_\_\_\_\_ If osteoradionecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy including hospitalization, further hyperbaric oxygen therapy, long-term antibiotic use, and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafts, metal plates and screws, and/or skin flaps, free flaps, or pedicled muscle/skin flaps.
4. \_\_\_\_\_ Even if there are no immediate complications from the proposed surgery, an irradiated areas is always subject to spontaneous breakdown and infection due to the precarious condition of the bony blood supply. Even minimal trauma from toothbrush, chewing hard foods, or denture sores may trigger the development of a complication such as osteoradionecrosis.
5. \_\_\_\_\_ Long-term post-operative monitoring may be required and cooperative in keeping scheduled appointments is important. Radiation brings about side effects such as decreased saliva flow, "radiation caries" (cavities), and other problems not ordinarily seen with patients who have not received radiation for cancer treatment. Regular and frequent dental check-ups with your dentist are important to monitor such issues and prevent further breakdown in your oral health.
6. \_\_\_\_\_ I have read the above paragraphs and understand the possible risks of undergoing my planned oral surgical treatment. I understand and consent to the following treatment:

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I understand the importance of my health history and affirm that I have given any and all information that my impact my care. I understand that failure to do so may adversely affect my care and lead to unwanted complications. I realize that in spite of all precautions that are taken to avoid surgical and healing complications, there can be no guarantee as to the result of the proposed treatment.

Patient Name: (printed) \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_

(patient is a minor or is legally incompetent to give consent)