

PATIENT INFORMATION

Bisphosphonates and Dental Extractions

What are bisphosphonates?

Bisphosphonate medication is used to increase your bone mineral density by altering how your bone cells (osteoclasts) work.

What are the risks of taking bisphosphonates for your mouth?

The main risk is that an area of your jaw bone may die (necrosis) and the dead bone may show through your gum. This can happen after having mouth surgery such as a tooth extraction. Rarely, it can happen spontaneously, even if you have not had any mouth surgery.

When an area of your jaw bone is affected in this way it is called bisphosphonate-related osteonecrosis of the jaw (BRONJ).

How likely am I to have mouth problems caused by bisphosphonates?

Current studies suggest that problems are not common. Only around 1 in 100 patients, who take bisphosphonate medication in tablet form, for more than 2 years, have complications after surgery.

If you are having intravenous bisphosphonates (injections), you have a higher risk of complications after surgery, ranging from 1 in 7 patients to 1 in 20 patients. This risk varies depending upon your individual condition and treatment.

What happens if I need a tooth out and I take bisphosphonate medication?

To minimise the risk of developing BRONJ we will routinely prescribe antibiotics and an antibacterial mouthwash which you will commence 1 hour before your tooth extraction and take for 5-7 days after your extraction.

We will undertake the extraction very carefully to minimise damage to that area of your jaw. Afterwards we recommend that you avoid damaging the area, such as not wearing your denture if it is in contact with the extraction site.

We will monitor you closely afterwards by arranging to review you between 6 and 8 weeks after your extraction, to ensure complete healing of your jawbone and gums.

How do you treat jaw necrosis if it happens?

You are likely to have an area of exposed, dead bone which will not heal.

If you do not have any associated pain or infection, we usually just give you an antibacterial mouthwash (Corsodyl) to help keep the area clean.

If you show signs of infection e.g. pain, swelling, bad taste, we will prescribe antibiotics for you, which may have to be taken for a long time.

Rarely, you may need surgery to remove a piece of dead bone to ensure that the area can heal properly.

How can jaw necrosis be prevented?

Ideally, your dentist should carry out a dental assessment before you start your bisphosphonate treatment so you can have any dental or surgical treatment beforehand and avoid the possibility of complications.

A recommendation may be made that any teeth with a poor prognosis should be extracted before the bisphosphonate medication is started.

If you are already on bisphosphonates and you need a tooth extracted your dentist will most probably refer you to the Oral & Maxillofacial Surgery Department.

How can I avoid problems long term?

Make sure you have a good dental health regime. We strongly recommend that you see your dentist regularly to prevent gum disease, dental decay and the need for extractions. This includes getting advice about your diet, how to use fluoride toothpaste to prevent tooth decay and how to use your toothbrush correctly.

If you have any questions about this information leaflet please contact the Oral & Maxillofacial Surgery Department.

Tel: 01803 655150

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.