

MRONJ:

Medication Related Osteonecrosis of the Jaw

Patient Information

Oral & Maxillofacial Surgery



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.

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What is MRONJ?

Medication related osteonecrosis of the jaw (MRONJ) is an uncommon condition that can cause the death of bone tissue in the jaw. This may occur following an oral surgery procedure such as tooth extraction, in patients who take certain medications.

Who is at risk?

Some patients taking medication for osteoporosis or other conditions of the bone, or as part of some cancer therapies.

Some examples of medications that we know of include:

- Bisphosphonates, ending in -ronate or -ronic acid e.g.
 - Alendronic acid/ alendronate
 - Zoledronic acid/ zolendronate
 - Risedronic acid/ risedronate
- Denosumab
- Bevacizumab
- Cabozantinib
- Sorafenib
- Aflibercept

This is not an exhaustive list and there may be other medications that can put you at risk. Your oral surgeon will inform you if they feel that this is the case.

How high is the risk?

Generally, the risk is 0.1% for those taking the medications for a non-cancerous condition for under 5 years.

The risk for those taking the medications for over 5 years or as part of cancer therapy is 1%.

The risk is also higher if you are on steroids at the same time, or have been receiving your medication through the vein.

Your oral surgeon will discuss your risk factors with you at more length.

How might this affect me?

MRONJ can cause delayed or impaired healing of the bone, and in some cases may result in exposed bone that may cause episodes of pain or discomfort, and infection.

Symptoms can include:

- Exposed bone
- Numbness/ tingling
- Pain
- Swelling/ infection
- A bad taste
- Loose teeth

There is currently no definite treatment for this condition. Most treatment is aimed at reducing your symptoms. In many cases this condition can be life-long.

What dental treatments can put me at risk?

MRONJ can be caused by procedures that result in injury to the jaw bone, such as dental extractions, dental implants, gum surgery and apicectomy (removing the end of a tooth root).

Routine treatment such as fillings and scaling are considered safe.

How can I avoid it?

It is very important that you see a dentist regularly for routine checks to prevent the need for extraction.

In some cases, an extraction is unavoidable, and your dentist will recommend that you are referred for your treatment.

Should I stop my medication?

It is important that you take your medication as normal, unless you are advised not to do so by the doctor that prescribed it.

The medications stay in your system for a long time, so discontinuing them for a short period is unlikely to have any benefit, and may put your health condition at risk of deteriorating.

Your oral surgeon will advise you if there should be any changes to the way you take your medications.

How will my procedure be carried out?

Your oral surgeon will discuss the risks with you on the day, and check you are happy to proceed. We are offering PRP (platelet-rich plasma) therapy to our patients at risk of MRONJ.

This involves taking some blood from your arm when you arrive, and placing it in a machine which will extract certain components of your blood which can encourage healing. The PRP is stitched into your tooth socket after the extraction.

There is currently no concrete evidence that PRP will reduce the risk of MRONJ; however there are many trials being carried out which some showing promising results.

What happens after my procedure?

You will be given post-operative instructions, and a follow up appointment will be made for you for 8 weeks' time to check whether everything has healed over.

It is very important that you follow the instructions given to you, particularly with regards to keeping the area clean and avoidance of smoking.

What happens if I develop it?

If the surgery site has still not healed after 8 weeks, we will continue to monitor you and offer treatment or therapy as necessary. In many cases, the appropriate course of action is to maintain good oral hygiene and give more time for healing. Further surgery is rarely indicated.

I still have concerns, who can I speak to?

Your oral surgeon will discuss you risks and the procedure with you both during consultation and prior to carrying out treatment, and you will have the opportunity to ask any questions.

Further information on MRONJ can be found on:

www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/

Acknowledgements

<https://www.baos.org.uk/wp-content/uploads/2019/03/MRONJ-website-text.pdf>

<https://www.sdcep.org.uk/media/m0ko0gng/sdcep-oral-health-management-of-patients-at-risk-of-mronj-guidance-full.pdf>

Oral & Maxillofacial Surgery

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Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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