



INFORMED CONSENT FOR ROOT CANAL TREATMENT

I (Patient Name) _____ hereby authorize Dr. _____
(herein called Doctor) to perform root canal treatment of tooth/teeth # _____ on
myself.

Endodontic Therapy (“endodontic” means within the tooth) is the treatment of the pulp chamber and canals that lie in the middle of the tooth and its roots. When completed, root canalled teeth generally function and feel just like your other teeth and have excellent chance of remaining in your mouth for as long as your other teeth. The alternative to root canal treatment is generally extraction of the tooth and then placement of an implant, bridge or partial denture.

The goal of root canal treatment is twofold:

1. To destroy and remove bacteria and diseased nerve tissue within the roots and
2. To seal the resulting empty canals to prevent future bacterial growth and leakage.

This is accomplished using local anesthetic to numb the tooth. Access is gained to the canals by drilling a small hole in the top or back of the tooth. Delicate instruments are then used to remove the blood and nerve supply within the tooth and to shape the canal to receive a filling. The procedure is completed by sealing the canals with an inert filling material. A temporary is then placed in the access opening.

While this therapy is considered safe and effective, there are potential risks and consequences of having root canal treatment. They are:

During Treatment

1. Root canal treatment is more time consuming than most other types of dental work. **Your treatment may take several visits** over a few weeks to complete. During that time, you may experience some soreness and discomfort in and around the tooth being treated. These problems will go away; however, in rare cases the discomfort may become pain which may require additional treatment.
2. During the procedure an average of **two films (occasionally more)** will be taken to determine the length of the files and filling materials within the roots. Endodontic treatment cannot be performed without these x-rays. Many patients express concerns about x-rays. While the desire to keep radiation exposure to a minimum is understandable, please be aware that with modern digital equipment, the exposure from dental x-rays is minimal and poses no health risks.

3. Despite our best efforts and the high success rate this procedure enjoys, there is a chance that the root canal treatment will not resolve your pain/infection. In such instance's other procedures, such as retreatment, root tip surgery or referral to the endodontist or oral surgeon may be necessary to resolve your pain/infection.
4. Occasionally, the canals are calcified or blocked, preventing sealing of the root end. Similarly, instruments tips occasionally break off within the canal preventing sealing of the root end. In such cases, if a good seal cannot be established, root tip surgery or referral for extraction may be required.
5. Occasionally, perforation of the root with instruments or root fracture from the pressure of filling may result in the need for surgical corrective treatment or extraction of the tooth.
6. Additional risks include infection, swelling of the gum or facial area, jaw joint pain, Trismus (temporary restricted jaw opening) and the risks associated with the injection or use of any medication (e.g. injury to blood vessels and nerves, allergic reaction, adverse drug reactions and the medical risks associated with any dental procedure).

After Treatment

After endodontic treatment a permanent restoration or crown should be placed as soon as possible. **Failure to have a permanent restoration placed within 6 weeks following root canal treatment may result in leakage of the temporary restoration and reinfection of the root canals (requiring retreatment of the root canal) or fracture of the tooth (often requiring extraction).**

We use state-of-the-art equipment, materials and techniques in our office. Most root canals are routine and successful. Nonetheless you need to be aware of the potential for any of the above risks.

No warranty or guarantee of success has been, or can be, given in root canal treatment. Although the success rate for endodontic treatment is high (90%-95%) there is also the risk that in the future the tooth could become re-infected and require retreatment or endodontic surgery (at additional cost) or referral for extraction. The reasons for this are beyond our control and include resistant bacteria, extra canals, calcified canals, usually shaped or located canals or root fractures not visible on x-rays.

INFORMED CONSENT:

I have read this entire form and understand everything explained in it. I have been given the opportunity to ask any questions regarding the nature and purpose root canal treatment and have received answers to my satisfaction. I voluntarily assume any and all possibly risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. I accept all financial responsibility and acknowledge there are no refunds. By signing this document, I am freely giving my consent to allow and authorize my Doctor to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

I acknowledge that the Doctor is a general dentist and not a specialist.

I authorize Dr. _____ and whomever they may choose as their assistants to perform the proposed root canal treatment.

Signature of Patient _____ Date _____

Signature of Dentist _____ Date _____