

RECORD OF DISCUSSION AND INFORMED CONSENT FOR ROOT CANAL TREATMENT

TOOTH # _____

The goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, as with all medical and dental procedures, it is a procedure whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally an unapparent, undiagnosed or hidden problem arises. This procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had root canal treatment may require re-treatment, endodontic surgery, or tooth extraction.

I understand that there are certain potential risks and complications in any treatment, and they include but are not limited to:

- **Instrument separation** in the canal: During disinfection of canals, an instrument may separate or break and lodge permanently in the tooth or may perforate the root wall which may contribute to the failure of the root canal and loss of the tooth.
- **Perforations** (extra openings) of the canal with instruments may occur. The perforation may or may not be repairable and may impact the outcome of the root canal treatment.
- **Blocked or calcified root canals** may not allow complete instrumentation and cleaning of the canals and may lead to persistent infection and/or loss of the tooth.
- **Post-operative discomfort or infection** may occur and may require additional treatment or the use of antibiotics
- **Incomplete healing or persistent infection** may require surgical and/or non-surgical retreatment or extraction of the tooth at the patient's expense.
- Successful completion of the root canal procedure does not prevent future decay or fracture.
- Tooth and/or root **fracture** may require extraction of the tooth.
- Some teeth may have fractured roots that are undetectable at the time of treatment
- When making an access through an **existing crown** or placing a rubber dam clamp, damage could occur to existing restorations (fillings or crowns) which may necessitate replacement at the patient's expense.
- A tooth may have a questionable predictability/prognosis for many reasons. The anatomy may be severely curved, there may be significant caries/decay or the canal space may be extremely calcified (diminished, blocked), or the tooth may have resorption (internal or external breakdown). Periodontal involvement (gum disease) may also affect the ability of the tooth to heal from endodontic treatment.
- **Cracked teeth** can be especially difficult to diagnose, and treatment may involve root canal treatment or extraction or both. Sometimes it may be difficult to determine the presence or extent of the crack even with special lighting and high magnification. The position and extent of the crack will determine whether the tooth can be saved. Some cracks may continue to progress, resulting in loss of the tooth. Placement of a crown on a cracked tooth is important because it will reduce the likelihood that the crack will worsen.
- Some complications could result, which include but are not limited to pain, swelling, infection, bleeding, bruising, sinus involvement, allergic reactions, delayed healing, change in the bite or jaw joint difficulty (TMJ problems or TMD), treatment failure, sensitivity to pressure during or after the canal(s) is sealed and temporary or permanent paresthesia (long term numbness).
- It is possible to have additional source of pain (e.g., musculature, other tissues, head/neck/back, other tooth/teeth) other than the tooth being treated with a root canal therapy. Root canal treatment may not decrease the symptoms of pain from another source.

Alternative Treatment Choices:

The following other treatment options might be possible:

- *Extraction followed by a bridge, partial denture or implant to fill the space*
- *Extraction with nothing to fill in the space* - This may result in: shifting of teeth, change in bite, periodontal disease.
- *Waiting for more definitive development of symptoms*
- *No treatment at all* - My present oral condition will probably worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, cyst formation, loss of supporting bone around my teeth, and premature loss of tooth/teeth. Definitive diagnosis can be difficult and waiting until more signs/symptoms develop may be recommended.

Follow-up Requirement:

- I understand that after the completion of the endodontic therapy I will be referred back to my restorative (family) dentist for the permanent restoration (filling, crown, cap, bridge). I realize that should I neglect to return to my restorative dentist for the proper restoration within one month that there is an increased risk of 1) failure of the endodontic therapy, 2) fracture of the tooth and/or, 3) premature loss of the tooth.
- I understand that I am to return to this office periodically for a re-evaluation visit, usually every 6 - 12 months for at least 2 years. The purpose of this visit is to monitor the endodontic treatment for healing and recommend further treatment as may be needed. If I do nothing, pain, severe abscess or disabling infection can result. Teeth treated with endodontic therapy can still decay.

Antibiotics/Medications:

I understand some prescribed medications for discomfort may cause drowsiness and I have been advised against the use of alcohol or operating any vehicle or machinery while taking such medications. I understand that if I am taking Psychiatric medications I must check with my prescriber regarding interactions and medication regimen changes during endodontic treatment. I further understand I am to call the office immediately if any adverse reaction to a prescribed medication occurs. Antibiotics may decrease the effectiveness of birth control medication. Additional methods of birth control should be used while on antibiotics. Antibiotics may also cause stomach upset and severe diarrhea. I must notify the office of any abnormal reaction or feeling associated with the taking of the antibiotic.

Photographic and Video Recording:

I give permission for taking video, x-ray, and photographic images for administrative, teaching and educational purposes.

No guarantee of success or perfect result has been given to me. I understand the proposed treatment may not be curative and/or successful to my complete satisfaction. The doctor has explained to me the diagnosis, method and manner of the proposed procedure(s), the nature and purpose, prognosis, risks of treatment and feasible alternatives. I consent to endodontic (root canal) therapy and the administration of local anesthetic. I may request oral sedation, and/or nitrous oxide analgesia. I fully understand this consent form and it does not encompass the entire discussion regarding the proposed treatment I had with the doctor. I am medically and physically competent to understand this form and have not taken any mood or mind-altering drugs during the twelve hours prior to signing this document. I have had the opportunity to question the doctor concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment.

I have read the above and fully understand the consent that I am signing.

Printed Name: _____ **Signature:** _____ **Date:** _____