

PATIENT INFORMATION AND CONSENT
FOR ENDODONTICS (ROOT CANAL THERAPY)

What is root canal therapy and what are its benefits?

Root canal therapy is the procedure of cleaning out deeply decayed or infected tissue from inside the tooth followed by filling of the "canal(s)" or hollow tube(s) that remains once the tissue is cleaned out. It is the option offered when extracting or pulling the tooth and is oftentimes the only alternative. Root canal therapy allows the tooth to remain in the mouth and contribute to a sound, healthy and functional dentition for many years, if not a lifetime.

What are the possible complications of treatment?

With a success rate that is in the 90-95% range, endodontics is one of the most reliable dental or medical procedures. However, there can be no absolute guarantee regarding treatment success. Some complications can include:

- 1. Possibility of perforations of the tooth's crown or root. This can ultimately lead to surgical treatment by a specialist, or possible loss of the tooth.
2. Damage to existing restorations (fillings or crowns) which may necessitate replacement at the patient's expense.
3. Possibility of the separation or breaking of instruments which may not be removable and which may cause pain, swelling, and/or infection, which may result in the loss of the tooth.
4. Root canal treatment relies heavily on radiographic (x-ray) information. Since radiographs are essentially two dimensional images of a three dimensional object, they provide good but not infallible information about the shape of the tooth, which can lead to endodontic failure, which may necessitate re-treatment or surgical treatment at a specialist's office.
5. Host resistance. In much the same manner that some people catch a lot of colds, some people's immune systems are not as strong as others, which can contribute to endodontic failure due to persistent infection.
6. Some teeth have very calcified (narrow) or curved canals that may not allow for endodontic therapy to be completed to the end of the root. This may necessitate the future need for surgery by a specialist, or loss of the tooth. Sometimes a general dentist will refer a patient to a specialist if he/she finds a that they cannot successfully get instruments to the end of the root. If that occurs, you will be informed by your dentist, and no fee higher than a pulpotomy fee (a procedure where just the top part of the nerve tissue is taken out in emergencies and certain other instances) will be charged to the patient.
7. Some teeth may have fractured roots that are undetectable at the time of treatment. Unfortunately, this usually results in loss of the tooth.

INFORMATIONAL USE ONLY

IN ANY OF THE ABOVE CIRCUMSTANCES WHERE A SPECIALIST'S SERVICES ARE NEEDED, IT IS UNDERSTOOD THAT IT IS THE PATIENT'S RESPONSIBILITY FOR PAYMENT OF FEES AT THAT SPECIALIST.

- 8. Despite all efforts by a general dentist, or a specialist, some complications could result, which include, but are not limited to:
a. allergic reactions to medications, materials, or drugs used;
b. pain;
c. swelling;
d. infection;
e. sensitivity to pressure during or after the canal(s) is sealed;
f. paresthesia or long-term numbness.
9. Successful completion of a root canal does not prevent further decay or fracture. The treated tooth will need subsequent treatment with a permanent filling, or a crown buildup and crown, or a post and crown, depending on the individual tooth. The costs for doing any of these procedures are not included in the fee for performing a root canal.

What alternatives are there?

- 1. You can do nothing. This isn't a very good option for very long, and is not recommended, but choosing not to have a problem dealt with is a patient's right.
2. You can have the tooth extracted. This leaves a space which may be unacceptable due to cosmetics, phonetics (speech) and the possibility of other teeth moving into that space, causing problems with occlusion (your bite) or possibly exacerbating a gum-disease problem. That space can

I have read and understand the above and had all my questions answered to my satisfaction. I agree to proceed with the recommended root canal therapy.

Patient's Name (printed)

Date

Patient's Signature