

Endodontic Information and Consent Form

Please be reassured that we use accepted infection control procedures and universal precautions for the protection of our patients and staff

Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics and Medications

While serious complications associated with root canal therapy are very rare, we would like our patients to be informed about the various procedures involved in endodontic therapy and have their consent before starting treatment.

Endodontic (root canal) therapy is performed in order to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy or, when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment, and other treatment choices.

Risks: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics and injections. These complications include swelling; sensitivity; bleeding; pain; infection; numbness and tingling sensation in the lips, tongue, chin, gums, cheeks and teeth- which is transient but, on infrequent occasions may be permanent; reaction to injection; changes in occlusion (biting); jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck, and head; nausea; vomiting; allergic reactions; delayed healing; sinus perforations; and treatment failure.

Risks more specific to Endo Therapy: The risks include the possibility of instruments broken in the root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns, or porcelain veneers; loss of tooth structure in gaining access to canals; and cracked teeth. During treatment, complications may be discovered which make treatment impossible or which may require dental surgery. These complications may include blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease), and splits or fractures of the teeth.

Medications: Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives and or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects.

Women taking Birth Control: Antibiotics may affect the effectiveness of birth control medication. Please take necessary precautions.

Other Treatment Choices: These include no treatment, waiting for more definite development of symptoms, or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

CONSENT

I, the undersigned, being the patient (parent or guardian of above minor patient), consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the doctor. I also understand that, **upon completion of root canal therapy, I need to return for a permanent restoration**, (such as a crown, cap, jacket, onlay or filling- silver or tooth colored) of the tooth involved.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery or extraction.

Patient, parent or guardian

Date

Tooth

Witness

Doctor