

ENDODONTIC INFORMED CONSENT

I understand root canal treatment/retreatment is a procedure to retain a tooth, which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure, and cannot be guaranteed.

I, the undersigned, have been informed of the alternatives to root canal treatment, including no treatment at all. I understand that if no treatment is provided I may experience:

1. The loss of the tooth.
2. Bone destruction due to an abscess.
3. Possible systemic (affecting the whole body) infection.
4. It is possible to have pain associated with a root canal as well as another source of pain (musculature, other nerves and tissues, head/neck/back/spine). Root canal treatment will not decrease the symptoms of pain from other sources.
5. A certain percentage (5–15%) of root canals fail, and may require retreatment, periapical surgery, or even extraction. It is possible after root canal treatment to trigger an aggravation of symptoms/nerve pain (a worsening of pain) which may not go away (Neuropathic pain)/ deafferentation).

I also understand that if I choose to have root canal treatment on tooth #(s): _____

- **QUESTIONABLE TOOTH:** A tooth may have a questionable predictability/prognosis before treatment is initiated 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) of tooth structure similar to decay. Periodontal involvement (gum disease) may also affect the ability of the tooth to heal from endodontic treatment. In the event that a poor prognosis for retaining the tooth becomes evident, consultation with your general dentist and other specialist may be required. If extraction and restoration with an implant, bridge or partial denture is elected, after the case has been started, the patient will then be responsible for half of the treatment fee, and the full amount for the post removal fee. If the treatment is completed, the full amount of endodontic treatment will be paid by the patient and/or the insurance company.
- **FILE SEPARATION:** During instrumentation of the tooth, 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 the loss of the tooth. There may be an inability to retreat the root canal system, permanent crown dislodgment, porcelain fracture and instrument breakage.
- It is possible to have pain associated with a root canal tooth and also have another source of pain (musculature, other tissues, head/neck/back) root canal treatment will not decrease the symptoms of pain from another source.
- **CRACKED TOOTH:** A root can crack or split which may affect the outcome of the root canal therapy. Some teeth may have fractured roots that are undetectable at the time of treatment. Unfortunately, this may result in loss of the tooth. Cracked teeth can be especially difficult to diagnose, and treatment may involve root canal treatment or extraction or both. That's why you have been referred to an endodontist.
Early diagnosis is extremely important. Like cracks in a windshield, cracks in teeth often start small and progress slowly. The sooner a crack is detected and treated, the better the chance of saving your tooth. The endodontists' special training and experience can be valuable when a cracked tooth is suspected.
Eventually, the pulp will become damaged to the point that it can no longer heal itself. The tooth will not only hurt when chewing but may also become sensitive to temperature. In time, a cracked tooth may begin to hurt all by itself. Extensive cracks can lead to infection of the pulp tissue, which can spread to the bone and gum tissue surrounding the tooth. There are many types of cracked teeth even with special lighting and high magnification it may be difficult to determine the presences or extent of the crack. The position and extent of the crack, however will determine whether any portion of the tooth can be saved. Endodontic treatment and a crown or other restoration by your dentist may be used to save a portion of the tooth. Unlike a broken bone, the fracture in a cracked tooth will never heal. In spite of treatment, some cracks may continue to progress and separate, 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. Once treated and evaluated microscopically many cracked teeth continue to function and provide years of comfortable chewing.
- When making an access (opening) 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.
- Successful completion of the root canal procedure does not prevent future decay or fracture.
- Temporary fillings are usually placed in the tooth immediately after the root canal treatment. **Teeth which have had root canal treatment will require a definitive restoration (inside or outside the tooth) by your general dentist within 30 days, at additional expense.** This may involve a filling or more extensive restorative work (pins, post, core buildup, crown) depending on the clinical status of the tooth.
- Host resistance. In much the same manner that some people catch colds, some people's immune systems are not as strong as others, which can contribute to endodontic failure due to persistent infection.
- Some complications could result, which include but are not limited to pain, swelling, infection, bleeding, bruising, sinus involvement, allergic reactions, delayed healing, treatment failure, sensitivity to pressure during or after the canal(s) is sealed and paresthesia (long term numbness).

- **RETREATMENT:** Retreatment may involve **REMOVING A POST** that was put into the root. Complications involving post removal include but are not limited to tooth fracture, or inability to remove the post and crown dislodgment. Different modalities are used for post removals. Ultrasonic energy and other devices are used which may cause tissue and bone necrosis by heat generation (burn). There is a possibility of gingival sloughing after post removal, which may require grafting and reconstruction (soft tissue and bone).
- Occasionally, your doctor may elect to not remove the post.
- During retreatment a less than predictable or unfavorable treatment outcome may become evident and I will be advised of this. Retreatment usually has a high degree of clinical success if the root canal anatomy has not been compromised. These procedures may fail, with resulting tooth loss or possible apical surgery if applicable.
- It is important to contact our office and schedule a follow up appointment if you experience sensitivity within one week of your endodontic treatment.

Local Anesthesia:

There are risks of anesthesia that may affect your body, such as dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or various types of allergic reactions. Any or all of these may require additional medical management or hospitalization. Injury to nerves that can result in pain, numbness, tingling or other sensory disturbances can persist for weeks, months, or rarely, be permanent. Muscle soreness at the injection site may result in restricted mouth opening. On occasion, intraosseous (administered by entering the bone) anesthesia (X-tip, Intraflow, Stabident) may be required for a very sensitive tooth. Gingival irritation and localized (at site) bone infection may occur.

Separate Fees:

There will be separate fees for an intraosseous anesthesia (Stabident) and/or BC Sealer filler, BC root repair or MTA fill (special root filling material/procedures different from standard gutta percha +sealer root filling) At the recommendation of the Centers for Disease Control (C.D.C.) our office has chosen to subscribe to and implement useful, scientifically-proven and effective infection control procedures. A non-covered, separate fee will be charged each office visit to help defray a portion of the extra costs incurred for infection control materials, procedures, equipment and techniques. Currently, this fee is noted as an office visit fee or infection control fee per office visit and is payable at each appointment.

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.

I have **read all of the above and have been given the opportunity to ask any questions** regarding the nature and purpose of root canal treatment **and have received answers from the Doctor** to my satisfaction. This consent form does not encompass the entire discussion I had with the doctor regarding the proposed treatment. I voluntarily assume any and all possible risks which may be associated with any phase of this treatment. No guarantees or promises have been made to me concerning my recovery and results of treatment to be rendered to me. By signing this form I am freely giving my consent to allow and authorize Dr. Mitchell to render any treatment necessary or advisable to my dental condition, including anesthetics and /or medication. I have been advised of treatment alternatives, including but not limited to doing nothing or extraction and implant placement. I understand my options and elect to proceed with endodontic treatment. I understand I must notify the office (doctor) with any abnormal reaction or feelings dentally or otherwise immediately.

If there is anything that you do not understand about the endodontic procedure, or any statements in this form, or if you still have any questions after reading this form and talking to the doctor, please write your questions below. If you have no questions, please check box.

I HAVE NO QUESTIONS:

Patient Name

Patient (or Guardian) Signature

Dr. Signature

Date

Front Office

Assistant