

Consent for Pulpotomy (Permanent Teeth)

What is a pulpotomy and what are its benefits?

A pulpotomy is a temporary measure taken to relieve pressure and inflammation within a tooth. Pressure and inflammation are the usual causes of a toothache. During a pulpotomy tissue is removed from the pulp chamber but tissue contained in the root canals of a tooth remains. Complete removal of this tissue, cleansing and filling of the root canal system is called endodontic therapy or "root canal therapy." Once a tooth has had a pulpotomy, it will require a root canal procedure within a few weeks.

What are the risks?

1. Numbness: There is the possibility of injury to the nerves of the face or tissues of the oral cavity during the administration of anesthetics or during the treatment procedures which may cause a numbness of the lips, tongue, tissues of the mouth, and/or facial tissues. This numbness is usually temporary, but may be permanent.
2. Fracture: Because of the extensive nature of the procedure or the tooth's original injury or disease, the tooth will be weaker than a healthy tooth. As such, the tooth may fracture or break.
3. Temporary crown: Should the tooth structure which is remaining appear to be excessively fragile, it may be necessary to place a temporary crown on the tooth in order to preserve it.
4. Extraction: Should the tooth not heal, fracture extensively, or be unacceptable for having a complete root canal treatment performed, extraction of the tooth may be necessary.
5. Pain: In most cases, once the pulpotomy has been performed and the initial pain has subsided, the tooth is no longer painful. However, in some cases, severe pain or extreme sensitivity will persist. If so, it is the patient's responsibility to notify the dentist immediately.

What are my alternatives?

Since the tooth is heavily diseased, extraction is an option. Proceeding to root canal therapy is another option. Medicating the tooth with pain relievers and anti-inflammatory agents will rarely yield satisfying results. As with all dental procedures, choosing no treatment is an option. However, this most often leads to more pain and eventual infection.

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Anesthetic: The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.
Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Patient's name (please print) _____

Signature of patient/legal guardian _____

Date _____