

Consent For Root Canal Therapy

What is a 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 canals or hollow tubes 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 its risks?

1. **The teeth treated may remain tender or even quite painful for a period of time**, both during and after completion of treatment. If pain is severe or swelling occurs, please call our office immediately. There is also a possibility of numbness occurring and/or persisting in the tongue, lips, teeth, jaws and/or facial tissues which maybe a result of the anesthetic administration or from treatment procedures. The numbness is usually temporary, but, rarely, could be permanent.
2. **In some teeth, conventional root canal therapy may not be sufficient.** If the canals are calcified, roots are excessively curved or inaccessible, inadvertent pulp chamber or root perforation may occur, requiring referral to a specialist. If there is infection in the bone surrounding the tooth, referral to a specialist for extraction or a surgical (apicoectomy) may be necessary. If a referral to a specialist is required, it is understood that it is the patient's responsibility for payment and fees at that specialist.
3. **Root canal treated teeth must be protected.** During and after treatment, your tooth in most instances will have only a temporary filling. Should this come out, please call us for a replacement. It is advisable to crown or cap a tooth as soon as possible after root canal treatment. A root canal treated tooth may become brittle and leave it subject to cracking or fracturing. Crowning or capping the treated tooth is the best precautionary measure to help avoid this from occurring. Please keep in mind that a tooth has been treated with a root canal and restoration (filling or crown) can still decay, crack or fracture.
4. **Root canal therapy is not always successful.** Many factors influence success: adequate gum tissue attachment and bone support; oral hygiene; previous and present dental care; general health; trauma; pre-existing, undetected root fractures, accessory or lateral canals, etc. Even though a tooth may have appeared to be successfully treated, there is always the possibility of failure making additional root surgery (apicoectomy) or extraction necessary. If a bridge abutment or crowned tooth requires endodontic therapy, the chance of perforation is enhanced due to obscured anatomy.
5. **A bridge abutment or crown (cap) may be damaged or destroyed** during rubber dam application, access preparation, or other procedures as part of endodontic therapy. Porcelain is particularly susceptible to fracture or cracking and an existing porcelain cap may have to be remade, particularly if the pre-existing cap is all porcelain in design.
6. **Root fracture is one of the primary reasons for root canal failure.** Unfortunately "hairline" cracks are almost always undetectable. Causes of root fracture are trauma, inadequately protected teeth, cracking of the tooth, large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
7. **Instrument separation (breakage)** can occur and may not be detected at time of treatment. This can happen due to the fragility and small diameter of root canal instruments used in root canal treatment.
8. **Limited information used during the procedure.** 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.
9. **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.
10. **Side effects from treatment.** Despite all efforts by a general dentist, or specialist, some complications could result, which include, but are not limited to: allergic reactions to medications, materials, or drugs used; pain; swelling; infection; sensitivity to pressure during or after the canal(s) is sealed; paresthesia or long-term numbness..
11. **Medications.** Analgesics and/or antibiotics may need to be prescribed depending on systems and/or findings. Prescription drugs must be taken according to instructions. Women on oral contraceptives must be aware that antibiotics cause these contraceptives to be ineffective. Other methods of contraception must be utilized during the treatment period.

12. Completion of treatment. Once treatment is begun, it is absolutely necessary that the root canal treatment must be completed. One or more appointments may be required to complete treatment. It is the patient's responsibility to seek attention should any unanticipated or undue circumstances occur. Also, the patient must diligently follow any and all preoperative and/or postoperative instructions given by the dentist and/or staff.

What other alternatives are there?

There are alternatives to root canal treatment. These alternatives include: no treatment; extraction; extraction followed by bridge or partial denture placement; and/or extraction followed by implant and crown placement.

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, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. The fee(s) 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 involved in rendering any services they deem necessary or advisable to treatment of 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 _____