



Informed Consent for Root Canal Therapy

I UNDERSTAND that ROOT CANAL THERAPY includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected:

The teeth treated may remain tender or even quite painful for a period of time, both during and after completion of treatment. There is also a possibility of numbness occurring and/or persisting in the tongue, lips, teeth, jaws and/or facial tissues, which may be a result of the anesthetic administration or from treatment procedures. This numbness is usually temporary but, rarely, could be permanent.

In some teeth, conventional root canal therapy may not be sufficient. If the canals are calcified, roots 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 become necessary.

Root canal treated teeth must be protected. It is advisable to crown or cap a tooth as soon as possible after root canal treatment. Root canal treated teeth may become brittle and, due to undermined or reduced tooth structure leave the teeth subject to cracking or fracturing. Crowning or capping the treated tooth or teeth is the best precautionary measure to help avoid this from occurring.

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 for perforation is enhanced due to obscured anatomy.

A crown abutment or crown (cap) may be damaged or destroyed during rubber dam application, access preparations, 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 preexisting cap is all-porcelain in design.

Root fracture is one of the primary reasons for root canal failure. Unfortunately, "hairline" cracks are almost always invisible and undetectable. Causes of root fracture are trauma, inadequately protected with 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.

There are alternatives to root canal treatment. These alternatives (though not of choice) include: no treatment, extraction, extraction followed by bridge or partial denture placement, and/or extraction followed by implant and crown placement. Because of the fragility and small diameter of root canal instruments used in root canal treatment, there exists the possibility of instrument separation (breakage), which may or may not be detected at time of treatment.

ONCE TREATMENT IS BEGUN, it is absolutely necessary that the root canal treatment 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 the staff.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of root canal treatment and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist. I do voluntarily assume any and all possible risks including, but not related to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow Mason and Mason Dentistry to render any treatment necessary for my dental condition(s), including prescribing and administering any and all anesthetics and/or medications.

Patient's name (please print)

Signature of patient, legal guardian or authorized representative Date

Tooth No.(s) _____

Witness to signature

Date