

Root Canal Therapy Consent

What is the procedure?

Root canal therapy or root canal retreatment is a non-surgical procedure to save a tooth which would otherwise be extracted. During the procedure the area of treatment will receive conventional local anesthesia and rubber dam isolation. There will be minimal drilling through the top of the tooth to gain access to the canals. There will be irrigation and cleaning of the root canals and then the roots are filled with a filling material. A temporary filling will be placed in the access cavity created on the top of your tooth upon completion.

What is the success rate?

Although these procedures have a high rate of success, 95% for root canals and 85% for retreated root canals, it is a biological procedure and its results cannot be guaranteed. Five to fifteen percent of all root canal teeth will fail requiring additional procedures with additional costs, while 1-5% of root canal teeth fail resulting in tooth loss.

What are my Alternatives?

My alternatives to the proposed treatment are to have no treatment done or to have the tooth extracted. If no treatment is done, there is the risk of infection, pain and/or loss of the tooth. If the tooth is extracted, then some form of an artificial tooth replacement, including a bridge, partial denture, or implant may be constructed.

What are the possible risks and complications?

The doctor has explained to me that there are certain rare, inherent and potential risks in any treatment plan or procedure. I understand that the following may be inherent or potential risks for the treatment I will receive:

Swelling; sensitivity; bleeding; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on infrequent occasions may be permanent; reactions to injections medications, or anesthetics; jaw muscle cramps and spasms; temporomandibular joint difficulty; loosening of teeth, crowns or bridges; delayed healing; sinus perforations; treatment failure; complications resulting from the use of dental instruments (broken instruments - perforations of tooth, root, sinus); extruded gutta-percha and/or sealer; extrusion and/or ingestion of sodium hypochlorite; fracture of a porcelain crown, if present, during drilling; and discoloration of teeth.

After root canal therapy?

It is my responsibility to see my restorative dentist for final restoration of the involved tooth **within 2 months**, which is normally a full crown to protect my tooth from further decaying or fracturing. Failure to see my restorative dentist after completing my treatment may result in the failure of the root canal, additional decay, loss of the tooth, or fracture. Whether the fracture occurs before or after the root canal, it may require extraction of the tooth.

The tooth may be sensitive following appointments and even remain tender for several days or weeks after treatment is completed.

Unfortunately, not all teeth will respond favorably to the treatment mainly due to factors such as the patient's general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape, and condition of the root. Consequently, it is possible that in the future, my tooth may require additional treatment such as another endodontic procedure, surgery, or even extraction due to a substantial or longstanding infection in the bone around the root, if a metal file remains within the canal, or if the tooth remains sensitive after primary treatment.

Medications may be given for pain or infection. If given pain medication, I should not drive an automobile nor operate equipment that may be hazardous to me or others. If I am a female who is taking birth control pills, it is possible that I could become pregnant while taking an antibiotic. Consequently, an alternative form of contraception may be appropriate while taking the antibiotic.

Consent for Treatment

I have read the above and I understand that no treatment is without some measure of risk; and the risks of the proposed treatment have been explained to me. I prefer to undergo the ENDODONTIC (root canal) procedure in order to attempt to postpone the loss of my tooth. I hereby authorize the doctors and their assistants to perform the necessary endodontic procedures which have been described to me. I further request and authorize them to do whatever they deem advisable and necessary as a result of unforeseen circumstances. Once treatment has begun, I understand it is absolutely necessary that the root canal is finished as one or more appointments may be required to complete treatment. I understand it is my responsibility to seek attention should any undue circumstances occur, and I must diligently follow any and all pre-op and/or post-op instructions given to me. It has been explained to me and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted. I have been given the opportunity to question the doctor concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment. I confirm that I have provided the most accurate and complete report of my physical and mental health history.

Financial Agreement: I understand that this office has not contracted with any insurance company and will file my insurance as a courtesy. I understand that insurance benefits given at the time of service are only estimates and that I am responsible for the payment of this account. If the use of a third party becomes necessary to secure payment, I am also responsible for all collection/attorney fees and court costs. I understand that as soon as my insurance carrier issues a payment, or after thirty days, any unpaid portion of my claim will be charged to the credit card given, which I authorize to remain on file, without any interest or penalty from this practice. I authorize my insurance carrier to issue benefits directly to this office and also the release of any information necessary to process the dental insurance.