



Surgical Root Canal Therapy Consent

What is the procedure?

Root canal surgery, or “apicoectomy”, is a surgical procedure that involves conventional local anesthesia with or without sedation by mouth, small incisions in the gum area, removal or some bone around the root, sectioning a small part of the root end and plugging it with a permanent filling material. A few sutures are placed which will require removal in approximately 1 week in our office.

What is the success rate?

Although this procedure has a high rate of success, approximately 90%, it is a biological procedure and its results cannot be guaranteed. Ten percent of all surgical root canal procedures on teeth will fail requiring additional procedures with additional costs. I understand that there is no method to accurately predict the gum and bone healing capabilities in each patient and no guarantee or assurances have been made as to the results that may be obtained.

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; and complications resulting from the use of dental instruments (broken instruments - perforations of teeth, roots, sinus)

I fully understand that during and following the surgical procedure, conditions may become apparent which warrant, in the judgment of the doctor, additional and/or alternative treatment, which is pertinent to the success of the treatment. These include, but are not limited to: bone grafts, tissue biopsies, removal of fractured roots, or the removal of the entire tooth and treatment of other teeth. I also approve any modifications in the design, materials, and/or care during surgery, if it is determined that this is in my best interest. These additional procedures will incur additional costs.

After surgical root canal therapy?

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 an extraction due to a substantial or longstanding infection in the bone around the root or if the tooth remains sensitive after surgical 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 SURGICAL ENDODONTIC 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 and the appropriate disposal of any tissue removed during the surgery.. I further request and authorize them to do whatever they deem advisable and necessary as a result of unforeseen circumstances. 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.