



CONSENT FOR ENDODONTIC/ROOT CANAL THERAPY

Patient's name _____ Tooth # _____

- 1. Root Canal Therapy is about 95% successful.** Many factors influence the treatment outcome: the patient's general health, bone support and gum health around the tooth, strength of the tooth including, possible fracture lines, shape and condition of the root and nerve canal(s), etc.
- 2. The treatment sequence for a Root Canal Therapy usually requires one to three appointments.** The sequence of steps will include removing the infected nerve or dental pulp, filing and shaping the canals in the root and filling and sealing the root canal. An emergency treatment to remove only the infected nerve and eliminate pain/pressure within the tooth (pulpectomy) may be required and is considered a separate procedure.
- 3. Teeth treated with Root Canal Therapy must be protected during treatment.** Between appointments, your tooth will have a temporary filling. The filling is placed to seal medication in the pulp chamber between appointments to help eliminate bacteria and prevent infection. This filling is soft enough to enable easy removal between steps and therefore it will wear down easily.
- 4. The tooth may normally be sensitive following appointments and even remain tender for a time after treatment is completed.** If sensitivity persists, and does not seem to be getting better, even several weeks after the root canal is finished, please let the doctor know. Other complications of Root Canal Therapy may include severe pain, swelling, infection, bleeding, sinus involvement and numbness of the lip, gum or tongue which is rarely permanent.
- 5. Fractures are one of the main reasons why Root Canal Therapy fails.** Unfortunately, some cracks that extend from the crown down into the root are invisible and hard to detect. They can occur on crowned teeth from traumatic injury, biting, on hard objects, habitual clenching or grinding, or even just normal wear and tear. Whether the fracture occurs before or after the root canal, it may require extraction of the tooth.
- 6. The Root Canal Therapy is part of a three step process to save the tooth.** After the root canal a separate, permanent filling called a core or buildup is placed within the crown of the tooth and a post or pins in the top half of the root canal for reinforcement. Eventually a crown/cap should be placed to reinforce the external portion of the crown of the tooth. **THE ROOT CANAL, POST/CORE BUILDUP AND CROWN/CAP ARE 3 SEPARATE PROCEDURES WITH SEPARATE FEES AND REQUIRE ADDITIONAL APPOINTMENTS.** Since teeth with root canals are more brittle than other teeth, this is why the doctor will recommend a crown/cap as the final restoration to prevent future damage, this is especially important with molar and bicuspid teeth. Note: (if your tooth already has a crown/cap the root canal and post and core may be done through the existing crown/cap).
- 7. Teeth treated with Root Canal Therapy can still decay, but since the nerve is gone there will be no pain.** As with other teeth the proper care of these teeth consists of good home care, a sensible diet and periodic dental checkups.
- 8. With some teeth, conventional Root Canal Therapy may not be sufficient.** For example, if the canal(s) are severely bent or calcified, if there is substantial or long standing infection in the bone around the roots, or if a metal file becomes separated within a canal, the tooth may remain sensitive and a surgical procedure (apicoectomy) may be necessary to resolve the problem. Occasionally, a tooth which has Root Canal Therapy may require re-treatment or extraction.
- 9. There are alternatives to Root Canal Therapy.** They include: extraction with nothing to fill the space or extraction followed by a bridge, partial denture or implant.

THE NATURE OF ROOT CANAL THERAPY HAS BEEN EXPLAINED TO ME AND I HAVE HAD A CHANCE TO HAVE MY QUESTIONS ANSWERED. I REALIZE THE TREATMENT COULD REQUIRE POST & CORE, BUILDUP AND CROWN AS WELL AS MY ROOT CANAL TREATMENT. IN ADDITION, I UNDERSTAND THAT DENTISTRY IS NOT AN EXACT SCIENCE AND SUCCESS WITH ROOT CANAL THERAPY CANNOT BE GUARANTEED. IN LIGHT OF THE ABOVE INFORMATION, I AUTHORIZE THE DOCTOR TO PROCEED WITH TREATMENT.

SIGNATURE _____ Date _____
Patient/Parent/Guardian

SIGNATURE _____ Date _____
Dentist