

INFORMED CONSENT DISCUSSION FOR ROOT CANAL TREATMENT

Patient name: _____

Patient SSN: _____

DIAGNOSIS: _____

Facts for Consideration

Patient's initials
required

_____ Root canal treatment, also called *endodontic treatment* involves removing the nerve tissue (called *pulp*) located in the center of the tooth and its root or roots (called the *root canal*). Treatment involves creating an opening through the biting surface of the tooth to expose the remnants of the pulp, which then are removed. Medications may be used to sterilize the interior of the tooth to prevent further infection. Root canal treatment may relieve symptoms such as pain and discomfort. If any unexpected difficulties occur during treatment, I may refer you to an endodontist, who is a specialist in root canal treatment.

_____ Each empty root canal that can be located is filled. Occasionally, a post is also inserted into the canal to help restore the tooth. The opening in the tooth is closed with a temporary filling.
Approximate Cost: _____. At a later appointment, a *crown* may be placed. It is a separate dental procedure not included in this discussion.

_____ Twisted, curved, accessory, or blocked canals may prevent removal of all inflamed or infected pulp. Since leaving any pulp in the root canal may cause your symptoms to continue or worsen, this might require an additional procedure called an *apicoectomy*. Through a small opening cut in the gums and surrounding bone, any infected tissue is removed and the root canal is sealed. An apicoectomy may also be required if your symptoms continue and the tooth does not heal. Approximate Cost: _____.

_____ Once the root canal treatment is completed, it is essential to return promptly to begin the next step in treatment. Because a temporary seal is designed to last only a short time, failing to return as directed to have the tooth sealed permanently with a crown or filling can lead to other problems such as deterioration of the seal, resulting in decay, infection, gum disease, fracture, and the possible premature loss of the tooth.

Benefits of Root Canal Treatment, Not Limited to the Following:

_____ Root canal treatment is intended to allow you to keep your tooth for a longer time, which will help to maintain your natural bite and the healthy functioning of your jaws. This treatment has been recommended to relieve the symptoms of the diagnosis described above.

Risks of Root Canal Treatment, Not Limited to the Following:

_____ I understand that following treatment I may experience **bleeding, pain, swelling, and discomfort** for several days, which may be treated with pain medication. It is possible **infection** may accompany root canal treatment and must be treated with antibiotics. I will immediately contact the office if conditions worsen or if I experience fever, chills, sweats, or numbness.

_____ I understand that I may receive a **local anesthetic and/or other medication**. In rare instances patients have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a **designated driver to take me home**. Rarely, temporary or permanent nerve injury can result from an injection.

_____ I understand that all **medications** have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking, which are: _____

