

## INFORMED CONSENT (IT DOES NOT COMMIT YOU TO TREATMENT) ROOT CANAL THERAPY

**I UNDERSTAND** the nature of the problem causing the need for treatment: that the nerve tissue within the tooth is dead or dying and causing acute or potential risk of infection in the bone surrounding the tooth.

**I UNDERSTAND** the reasons for treatment: the removal of the nerve tissue to relieve or prevent infection.

**I UNDERSTAND that ROOT CANAL THERAPY** requires removing the nerve tissue from inside the tooth and its root(s) by first making an opening through the chewing surface of the tooth. The contents of the canals are removed and the canals cleaned and shaped. The canals are then filled and sealed with an inert, rubbery material. Following root canal treatment, the tooth will need a final restoration, usually a crown, to return it to proper function. The final restoration is not part of this discussion and consent.

**I UNDERSTAND** there are alternatives to root canal therapy. Depending on my diagnosis, there may or may not be alternatives to root canal treatment that involve other types of dental care. They include but may not be limited to:

- **Extraction:** I may choose to have tooth removed. The extracted tooth usually requires replacement by an artificial tooth by means of a fixed bridge, dental implant, or removable partial denture.
- **No treatment:** I may choose to not have any treatment performed at all. If I choose no treatment, my condition may worsen and I may risk serious personal injury, including severe pain; localized infection; loss of this tooth and possibly other teeth; severe swelling; and/or severe infection that may be potentially fatal. I also understand the possible risks of not completing this treatment once it has begun.

**I UNDERSTAND that ROOT CANAL THERAPY** includes possible inherent risks such as, but not limited to, the following: (I understand that no promises or guarantees of results have been made nor are implied)

- **The treated tooth may remain tender or even quite painful** for a period of time, both during and after completion of therapy. If pain is severe or swelling occurs, it is imperative to call our office immediately. 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 anaesthetic 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 healing may be prolonged and/or referral, extraction or a surgical apicectomy may become necessary. In unusual cases, hospitalization or I.V. antibiotics may be necessary to treat the infection.
- **Root canal treated teeth must be protected.** During and after treatment, your tooth in most instances, will have only a temporary filling. Should this come out during or after treatment, you must contact our office immediately to arrange for replacement. Root canal treated teeth will be more

brittle, may discolour (requiring bleaching, veneering, or crowning), and will require restorative treatment (final filling, post, build-up, and/or crown), and I have been given an estimate of fees for the completion of this work. Failure to complete this restorative treatment may result in the loss of the tooth due to fracture.

- **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. It may be difficult to place filling material to the end of the tooth (underfill) or some filling material may extrude from the tooth (overfill), which can, in some cases cause inflammation, nerve damage resulting in temporary or in rare cases, permanent numbness of the lip. Surgery may be required to remove excess filling material or residual infection. Even though a tooth may have appeared to be successfully treated, there is always the possibility of failure making additional root surgery (apicectomy) or extraction necessary. If a bridge abutment or crowned tooth requires root canal therapy, the chance for perforation is enhanced due to obscured anatomy.
- **A crown abutment or crown (cap) may be damaged or destroyed** access preparation or other procedures as part of root canal therapy. Porcelain is particularly susceptible to fracture or cracking and an existing porcelain crown may have to be remade at additional expense.
- **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, pre-existing large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
- **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. Although it is often possible to bypass or incorporate separated instruments within the filling material, instrument separation may result in the need for retreatment, surgical retrieval, referral to a specialist or extraction of the tooth.
- **Irrigants.** During root canal therapy, irrigants are used to enhance tissue removal and to disinfect the tooth. Occasionally these irrigants may enter the surrounding tissue or bone and can cause pain, swelling, inflammation and in rare cases, tissue necrosis.
- **Long and multiple appointments.** There is the potential for long appointments to complete the procedures, and jaw muscles may be sore following the procedure. Multiple appointments may be required to complete the treatment.

**INFORMED CONSENT:** I will read the "Root Canal Treatment" brochure provided to me. 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 limited 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 and authorize Dr Stephen Wong and/or his/her associates to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering any and all anaesthetics and/or medications.

Tooth No(s):

Estimated cost:

Signature of Patient/Parent/Guardian/other

Mr Stephen Wong

Signature of dentist

Dr Stephen Wong