

Land of Lakes Endodontics, PA

Consent of Endodontic Treatment

All patients are required to sign this form prior to initiation of the indicated treatment; however, **it does not commit you to treatment.** Endodontic therapy involves removal of the softer center portion of the tooth called the Pulp with small metal instruments through an access created in the top portion of the tooth (crown). The resulting space inside the center portion of your tooth is filled with a rubber-like material and cement to seal the canals of the root. The root(s) of the tooth remain to anchor the tooth in your jaw. Endodontic therapy requires 1 to 3 appointments depending on the degree of infection/inflammation and the degree of treatment difficulty. It is important that you maintain scheduled appointments otherwise complications may arise. The purpose of this treatment is to treat and maintain my diseased tooth and/or tissues in my mouth that would have been otherwise extracted or lost.

I understand there are **alternatives to endodontic (root canal) therapy.** They include but not limited to:

No treatment at all. My present oral condition may worsen with time, and the risks to my health may include but are not limited to pain, swelling, infection, cyst formation, loss of supporting bone and premature loss of the tooth / teeth.

Extraction with nothing to fill the space. This may result in shifting of the teeth, change in bite or periodontal disease.

Extraction followed by a bridge, partial denture, or implant to fill the space.

Endodontic surgery. In case of the retreatment (for a previously unsuccessful endodontic therapy), endodontic surgery may also be an option.

I understand that there are certain **potential risks and complications** in any treatment. They include but are not limited to:

Post-operative discomfort or sensitivity lasting a few hours to several days, which may last longer and radiate to other areas, with intensity from slight to extreme. Most commonly the tooth is temporarily sensitive to biting following each appointment along with mild to moderate localized discomfort in the area. Sometimes healing is delayed.

Postoperative swelling, infection in the vicinity of the treated tooth, facial swelling, and/or discoloration of tissues which may persist for several days or longer. A small incision may be required to drain swelling.

Restrictive mouth opening, jaw muscle spasm, jaw muscle cramps, temporomandibular joint difficulty, or change in bite, which occurs infrequently and usually lasts for several days but may last longer.

Failure rate of 5-10% under optimal conditions. If failure occurs, additional treatment will be required such as: retreatment, endodontic surgery, or extraction of the affected tooth. Retreatment (of previously unsuccessful endodontic therapy) failure rates are higher but vary because of the reason of the failure.

Additional therapy. For some teeth, conventional endodontic (root canal) therapy alone may be not sufficient and additional treatment may be required. For example

- If the canal(s) are severely bent, calcified/blocked, or split such that the tooth cannot be treated.
- If an endodontic instrument separates (breaks) in the tooth during treatment.
- Periodontal (gum) disease or problems in which periodontal treatment is needed.
- Pre-existing fractures /cracks, or perforation of the tooth.

In some cases, follow-up visits may be recommended while in others an endodontic surgical procedure, extraction or other treatment may be required to resolve the problem. The doctor will explain the options available.

Restoration (crown) damage. If your tooth has a crown, damage such as porcelain fracture may occur while preparing an access opening. If damage occurs or another problem is discovered such as cavity, it may require replacement of the restoration. Rarely a restoration may be loosened.

Altered sensation of the lip, chin, cheek and/or gums can result from the use of instruments, materials, medications, anesthetics, and injections. This is rare and usually temporary, but maybe permanent.

I understand that after endodontic therapy, my tooth may require an additional restoration (filling, onlay, crown or bridge). I realize that should I neglect to return to my restorative (family) dentist for the proper restoration within one month that there is an increased risk of

1) Failure of the endodontic therapy, 2) fracture of the tooth and/or, 3) premature loss of the tooth.

I understand that I can return to this office for an optional re-evaluation visit, usually 6 months after treatment or as needed. The purpose of this visit is to monitor the endodontic treatment area for healing and recommend any additional treatments that may be needed. Teeth treated with endodontic therapy can still decay. As with other teeth, the proper care for these teeth consists of good home care, sensible diet, and periodic check-ups.

No guarantee of success or perfect result has been given to me. I understand the proposed treatment may not be curative and/or successful to my complete satisfaction.

The doctor has or will explain to me the diagnosis, method and manner of the proposed procedure(s), the nature and purpose, prognosis, risks of treatment and feasible alternatives.

I consent to endodontic (root canal) therapy and the administration of local anesthetic.

I may request oral sedation, and / or nitrous oxide analgesia.

I understand this consent form and it does not encompass the entire discussion regarding the proposed treatment I will have with the doctor. I have or will have the opportunity to question the doctor concerning the nature of treatment, the inherited risks of treatment, and the alternatives to this treatment. I understand, being the patient, parent, or guardian, acknowledge that I have read this form and have or will discuss all my questions with the doctor prior to proceeding with any treatment.