



Endodontic (Root Canal) Treatment: **Informed Consent**

Diagnosis: A tooth has been damaged and requires treatment.

Recommended Treatment: Endodontic treatment to save a tooth which otherwise need to be removed.

Expected Benefits: The endodontic treatment will allow repairs to the tooth without the need for extraction.

Risks Associated with Endodontic Treatment: Included, but not limited to, are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include: swelling; sensitivity; bleeding; pain; infection; numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient (temporary) but on infrequent occasions may be permanent; reactions to injections; changes to occlusion (biting); jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; Trismus (restrictive jaw opening) which may last a few days or longer, loosening of teeth; referred pain to ear, neck, and head; vomiting; allergic reactions; delayed healing; sinus perforations; and treatment failure. During endodontic treatment there is the possibility of additional complications, which can include, but are not limited to: Instrument fracture within root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns or porcelain veneers; possibility of one or more undetected (missed) canals which can necessitate future endodontic re-treatment of tooth; loss of tooth structure while gaining access to canals and/or during removal of decay; fractures (breaking or cracking) of the root or crown of the tooth, during or after treatment; post-operative swelling of the gum area in the vicinity of the treated tooth or facial swelling, either of which may persist for a few days longer. If the swelling remains persistent and healing does not occur, endodontic (root canal) surgery or extraction of the tooth may be required; overflow of the gutta percha or cement which is used to permanently seal the root canal(s) of the tooth. In the majority of cases, this overfill is gradually reabsorbed or stays inactive. If this occurs, the healing process of the tooth will be monitored. There are times when a minor surgical procedure may be indicated afterward, or when the tooth may not be amenable to endodontic treatment at all. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of teeth. **Sometimes an existing fracture is not detected during the course of the root canal treatment, but can still contribute to a future failed root canal.**



Alternative Treatments: Other treatment choices include (1) no treatment, (2) waiting for more definite development of symptoms, or (3) tooth extraction. Risks involved in the choices might include pain, infection, swelling, loss of teeth, and infection of other areas.

Necessary Follow-Up Care and Self-Care: I understand that it is important for me to continue to see my regular dentist. I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I also understand that failure to follow daily care instructions or report for follow-up appointments as needed may lead to further risks or complications.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the Endodontic Treatment will be successful in treating my condition. There is a risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Supplemental Records and Their Use: I consent to the use of photography, video recording, and/or X-rays of my oral structures for both the above procedure(s) and educational use in lectures or publications, provided my identity is not revealed in compliance with HIPAA.

I, _____, understand the risks involved with Endodontic Treatment and I release Dental TLC and any Dental TLC employees, agents or independent contractors from any liability related to the Endodontic Treatment.

Signature

Date: _____