



INFORMATIONAL INFORMED CONSENT

ROOT CANAL THERAPY

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)

1. 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 anesthetic administration or from treatment procedures. This numbness is usually temporary, but, rarely, could be permanent.
2. 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 to a specialist for retreatment, extraction or a surgical apicoectomy may become necessary. In unusual cases, hospitalization or I.V. antibiotics may be necessary to treat an endodontic infection.
3. 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 may become brittle and, due to undermined or reduced tooth structure, may be subject to cracking or fracturing. Crowning or capping the treated tooth is the best precautionary measure to help avoid this from occurring; this procedure should be performed as soon as possible after treatment.
4. 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 (apicoectomy) or extraction necessary. If a bridge abutment or crowned tooth requires endodontic therapy, the chance for perforation is enhanced due to obscured anatomy.
5. A crown abutment or crown (cap) may be damaged or destroyed during rubber dam application, access preparation, or other procedures as part of endodontic therapy. Porcelain is particularly susceptible to fracture or cracking, and an existing porcelain crown may have to be remade, particularly if the pre-existing crown is all-porcelain in design.
6. 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, inadequately protected teeth, initial cracking of the coronal portion of the tooth, pre-existing large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
7. There are alternatives to root canal treatment. These alternatives (though not of choice) include: no treatment; extraction; extraction followed by bridge or partial denture placement; and/or extraction followed by implant and crown placement.

