

# INFORMATIONAL INFORMED CONSENT

## ROOT CANAL THERAPY

I UNDERSTAND that ROOT CANAL THERAPY includes possible risks such as, but not limited to, the following: (I understand that no promises or guarantee 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 tissue 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 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 (under fill) 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.
8. **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 or extraction of the tooth.
9. **Medications** Analgesics and/or antibiotics may need to be prescribed depending on symptoms and/or treatment findings. Prescription drugs must be taken according to instructions. Women on oral contraceptives must be aware that antibiotics cause contraceptives to become ineffective. Other methods of contraceptives must be utilized during the treatment period.
10. **Irrigants.** During root canal therapy irrigants such as sodium hypochlorite 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, discomfort, swelling, bruising, inflammation, and in rare cases, tissue necrosis.
11. **Long appointments** there is the potential for long appointments to complete the procedures, and jaw muscles may be sore following the procedure. A pre-existing jaw problem(TMJ)may be aggravated by endodontic retreatment due to extended opening.
12. **Once treatment is begun, it is absolutely necessary that the root canal treatment must be completed.** One or more appointments may be required to complete treatment. It is the patient's responsibility to seek attention should any unanticipated or undue circumstances occur. Also, the patient must diligently follow any and all preoperative and/or postoperative instructions given by the dentist and/or the staff.

**INFORMED CONSENT:** 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. **AMIRA HASSAN** and/or his/her associates or agents to render any treatment necessary and/or advisable to my dental condition(S), including prescribing and administering and all anesthetics and/or medications.

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Patient's Signature(please print)

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Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tooth No(s) -

\_\_\_\_\_  
Witness To Signature

\_\_\_\_\_  
Date