



## Informed Consent for Root Canal Treatment

The goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, as with all medical and dental procedures, it is a procedure whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally an unapparent, undiagnosed or hidden problem arises. This procedure will not be preventive for future tooth decay, tooth fracture or gum disease.

I understand that there are certain potential risks and complications which could be

### **Postoperative Discomfort**

Sensitivity or pain, lasting a few hours to several days, which may 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.

### **Restrictive mouth opening**

(Trismus), jaw muscle spasm, jaw muscle cramps, 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.

With some teeth, conventional endodontic (root canal) therapy alone may not be sufficient and **additional treatment** may be required. Examples are: surgical crown lengthening, post and core etc.

I understand there are other treatment alternatives

- a) No treatment at all
- b) Wait for more definitive symptoms to develop
- c) Extraction with nothing to fill the space or extraction followed by an implant, bridge or partial denture.

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

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

I understand this consent form and the staff have answered all of my questions related to this procedure. In give permission to the consultant to do this procedure.

### **Who should I call for questions?**

Orofacial Professionals

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