Endodontic Information and Consent Form

Please be reassured that we use accepted infection control procedures and universal precautions for the protection of our patients and staff.

Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics and Medications

While serious complications associated with root canal therapy are very rare, we would like our patients to be informed about the various procedures in endodontic therapy and have their consent before starting treatment. Endodontic (root canal) therapy is performed in order to save a tooth which might otherwise need to be removed. Root canal therapy is completed in one or more appointments. This is accomplished by conservative root canal therapy or, when needed, endodontic surgery. The objectives of this treatment are: to relieve pain and infection, if present, remove the diseased pulp tissue, and clean, disinfect and fill the root canals. Radiographs and local anesthetics will be required during the treatment. Antibiotics and analgesics may also be needed. The following possible risks may occur at any time during endodontic treatment:

Risks: Complications resulting from, but not limited to, the use of dental instruments, drugs, sedation, medicines, anesthetics, and injections. These complications include: swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensations in the lip, tongue, chin, gum, cheeks and teeth, which is transient but on occasions may be permanent reactions to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) joint difficulty, referred pain to ear, neck and head, nausea, vomiting, allergic reactions, delayed healing, sinus perforations, and treatment failure.

Risks More Specific to Endodontic Therapy: The risks include the possibility of instruments broken within the canals, perforations (extra openings) of the crown or root of the tooth, damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to the canals and cracked teeth. During treatment complications may be discovered which make treatment impossible or which may require dental surgery. Such complications may include blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal (gum) disease, and splits or fractures of the teeth. Cases started in other offices or re-treatment cases are usually more difficult and may have a different outcome than expected under normal conditions.

Medications: Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives, or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects.

Women Taking Birth Control: Antibiotics such as penicillin, tetracycline, or others, may diminish the effectiveness of birth control medication. For this reason, **additional contraceptive measures are recommended during the time in which any antibiotics are being used.**

Other Treatment Choices: These include no treatment, waiting for more definite development of symptoms, or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infections to other areas.

CONSENT

I, the undersigned, being the patient (parent or guardian of above minor patient), acknowledge that I have read this form and consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the doctor. I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally, a tooth that has had root canal therapy may require re-treatment, surgery or extraction at an additional fee.

If health care workers are accidentally exposed to my blood or other bodily fluids in the course of providing treatment to me, I agree to have my blood tested for any infectious diseases which might be transmitted to them through this exposure, including HIV/AIDS and hepatitis.

I also understand that, upon completion of root canal therapy in this office, I should return to my general family dentist for a permanent restoration of the tooth involved.

Patient, parent or guardian	Date
Witness	Doctor