



**INFORMED CONSENT
ROOT CANAL THERAPY**

I UNDERSTAND that ROOT CANAL THERAPY includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees or 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 of 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 re-treatment, extraction or a surgical apicoectomy may become necessary.
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 (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. Even though a tooth may have appeared to be successfully treated, there is always the possibility of failure making re-treatment, additional root surgery (apicoectomy) or extraction necessary. If a bridge abutment or crowned tooth requires endodontic therapy, the chance of 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 fractures 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, ect. Root fracture after or prior to treatment usually necessitates extraction.
7. There are alternatives to root canal treatment. These alternatives 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 retirement, surgical retrieval or extraction of the tooth.
9. Medication. 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 these contraceptives to be ineffective. Other methods of contraception must be utilized during the treatment period.
10. Irrigants. During the root canal therapy, irrigants 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, swelling, inflammation and in rare cases, tissue necrosis.
11. **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 instruction given by the dentists and/or staff.

INFORMED CONSENT: I have been given the opportunity to ask any question regarding the nature and purpose of root canal treatment from a specialist. I do voluntarily assume any and all possible risks including but not limited to, those listed above, including risk or substantial harm, if any, which may be associated with a phase of this treatment in hopes of obtaining the desires potential results, which may not be achieved. No promise 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. David P. Gordon and his associates or agents to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering all anesthetics and/or medications.

Patient's Name (please print)	Signature or patient, legal guardian Or authorized representative	Date
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Tooth #(s)	Witness to Signature	Date
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