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Endodontic

Consent Form

Tooth # _____

We would like our patients to be informed about the various procedures involved in endodontic therapy and have their consent before starting treatment. Endodontic (root canal) therapy is performed in order to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment, and other treatment choices.

General Risks

Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include: swelling; sensitivity; bleeding; pain; infection; nerve injury resulting in numbness, pain and tingling sensation in the lip, tongue, chin, gums, cheek, and teeth, which is transient (temporary) but on infrequent occasions may be permanent; reactions to injections; changes in occlusion (biting); jaw muscles cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck and head; nausea; vomiting; allergic reactions; delayed healing; sinus perforations and treatment failure.

Risks More Specific to Endodontic (ROOT CANAL) Therapy

The risks include the possibility of instrument breakage or separation within the root canals (this remains the most likely risk of modern RCT); 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 canals and cracked teeth. During treatment, complications may include: blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease) splints or fractures of the teeth.

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.

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 infection in other areas.

Consent

I, the undersigned, being the patient (parent or guardian of minor patient) consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the doctor. I also understand that upon completion of root canal therapy, I shall return for a permanent restoration (crown) of the tooth involved. The risks, benefits, and alternative for treatment have been explained to me and I accept the proposed endodontic procedure recommended by my dentist.

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 which has had root canal therapy may require retreatment, surgery or even extraction..

I, the patient (parent or guardian of minor patient) have fully read and understand this consent for treatment. I have been given time to read this document and ask any questions that I deem necessary. All questions have been answered to my satisfaction.

Signature of patient/guardian_____

Doctors Signature_____

Date_____