Deborah Ann Conner, DDS, PLLC

practice limited to endodontics

Endodontic Consent

While serious complications associated with root canal therapy (RCT) are very rare, 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 extracted. The following outlines possible risks that may occur from endodontic treatment, and other treatment choices:

Risks: Included, but not limited to, are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics, anesthetics, and injections. These complications include swelling; sensitivity; bleeding; pain; infection; numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth - which is transient but, on infrequent occasions, may be permanent; reaction to injections; changes in occlusion (biting); jaw muscle 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 therapy: The risks include the possibility of instruments broken within the root canal; perforation (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 be discovered which make treatment impossible or which may require dental surgery. These complications may include blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease), and splits 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.

Women taking birth control: Antibiotics may alter/impair the effectiveness of oral contraceptives. Please take additional precautions.

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 spread of infection to other areas.

***Consent**: I, the undersigned, being the patient/parent/legal guardian of a minor, consent to treatment. I also understand that, **upon completion of RCT in this office, I should return to my general dentist for definitive restoration (such as a filling or crown) of this tooth.** I understand that RCT is an attempt to save a tooth that may otherwise require extraction. Although RCT 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.*

Signature _____ Date _____

Patient/parent/legal guardian

Witness _____ Doctor _____

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