

## INFORMED CONSENT FOR ENDODONTIC (ROOT CANAL) THERAPY

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*Review the following consent.* You will be required to sign it prior to initiation of the indicated treatment, however, ***it does NOT commit you to treatment.*** Endodontic therapy involves removal of the softer center portion of the tooth called the pulp with small metal instruments through an access created in the top portion of the tooth (crown). The resulting space inside the center portion of your tooth is filled with a rubber like material (gutta percha) and cement (zinc oxide + eugenol) to seal the root canals. If a filling is placed to restore an area, it will NOT contain amalgam but composite/glass/resin ionomer (glass and organic acid +/- plastic resin), MTA (Portland cement), +/- zinc oxide/eugenol. The root(s) of the tooth remain to anchor the tooth in your jawbone. Pulp tissue is a remnant from the formation of the tooth and is commonly called the "nerve". The dental pulp consists of many components that include blood vessels together with nerve tissue. It is usually protected by enamel and dentin but cavities, cracks, dental restorations, periodontal disease, and trauma can damage the pulp thus causing it to degenerate. Endodontic therapy requires from 1 to 3 appointments depending on degree of infection/inflammation and degree of treatment difficulty. It is important that you maintain scheduled appointments otherwise complications may arise. The purpose of this treatment is to treat and possibly maintain my diseased tooth and/or tissues in my mouth that would have been otherwise extracted or lost.

I understand there are **alternatives to endodontic (root canal) therapy.** They include but may not be limited to:

- 1) No treatment at all. My present oral condition will probably worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, cyst formation, loss of supporting bone around my teeth, and premature loss of tooth/teeth. Definitive diagnosis can be difficult and waiting until more signs/symptoms develop may be recommended.
- 2) Extraction with nothing to fill the space. This may result in: shifting of teeth, change in bite, periodontal disease.
- 3) Extraction followed by a bridge, partial denture, or implant to fill the space.
- 4) In the case of Retreatment (of previous unsuccessful endodontic therapy), endodontic surgery may also be an option.

I understand that there are certain **potential risks and complications** in any treatment they include but are not limited to:

- 1) Postoperative discomfort or sensitivity lasting a few hours to several days, which may last longer and 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.

2) 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. Occasionally a small incision to drain the swelling is required.

3) Restrictive mouth opening (trismus), jaw muscle spasm, jaw muscle cramps, temporomandibular joint difficulty, or change in bite, which occurs infrequently and usually lasts for several days but may last longer.

4) 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. Retreatment (of previous unsuccessful endodontic therapy) failure rates are higher, but vary due to suspected reason for failure.

5) With some teeth, conventional endodontic (root canal) therapy alone may not be sufficient and additional treatment may be required. Examples are: a) Significant overfills or underfills of the filling materials.

b) If the canal(s) are severely bent, calcified/blocked, split or other condition which prevents complete treatment

**c) If an endodontic instrument separates (breaks) in the tooth during treatment.**

d) Periodontal (gum) disease or problem in which periodontal treatment may be needed.

e) Pre-existing fractures/cracks, Substantial infection in the bone, or Perforation of the root, tooth or sinus.

In some cases, follow-up visits may be recommended while in others an endodontic surgical procedure, extraction, or other treatment may be required to resolve the problem. The doctor will explain the options available.

6) Restoration Damage such as Porcelain Fracture while preparing an opening in the restoration or removing restoration for access to the root canals. If damage occurs or another problem found such as a cavity, many can be "patched" while others may require replacement of the restoration. Rarely, a restoration may be loosened.

7) Premature tooth loss due to progressive periodontal (gum) disease and/or loosening of the tooth.

8) Complications resulting from use of instruments, materials, medications, anesthetics, and injections, including altered sensation (tingling or numbness) of the tongue, lip, chin, cheek, gums, which is very rare and usually temporary, but may be permanent.

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 (family) 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 that I am to **return to this office periodically for a re-evaluation visit, usually every 6 - 12 months for at least 2 years.** The purpose of this visit is to monitor the endodontic treatment for healing and recommend further treatment as may be needed. If I do nothing, pain, severe abscess or disabling infection can result. Teeth treated with endodontic therapy can still decay. As with other teeth, the proper care of these teeth consists of good home care, sensible diet, and periodic check-ups.

**No guarantee of success or perfect result** has been given to me. I understand the proposed treatment may not be curative and/or successful to my complete satisfaction. Dr. Dovgan has explained to me the diagnosis, method and manner of the proposed procedure(s), the nature and purpose, prognosis, risks of treatment and feasible alternatives. I consent to endodontic (root canal) therapy and the administration of local anesthetic. I may request oral sedation, and/or nitrous oxide analgesia. I fully understand this consent form and it does not encompass the entire discussion regarding the proposed treatment I had with the doctor. I have had the opportunity to question the doctor concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment.

Patient (or Legal Guardian)

Date \_\_\_\_\_