

**PATIENT INFORMATION & CONSENT**

1. **The teeth treated may remain tender or even quite painful for a period of time**, both during and after completion of treatment. If pain is severe or swelling occurs, please call our office immediately. There is also a possibility of numbness or pain occurring and/or persisting in the tongue, lips, teeth, jaws and/or facial tissues which may be a result of the anesthetic administration or from treatment procedures. This numbness or pain is usually temporary, but, rarely, could be permanent. If the tooth remains sensitive to temperature for an extended period after the root canal, an additional tooth may be involved.
2. **In some teeth, conventional root canal therapy may not be sufficient.** If the canals are calcified, roots are excessively curved or inaccessible, inadvertent pulp chamber or root perforation may occur. If there is infection in the bone surrounding the tooth, 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. It is advisable to crown or cap a tooth as soon as possible after root canal treatment. Root canal treated teeth may become brittle and, due to undermined or reduced tooth structure, leave the teeth subject to cracking or fracturing. Crowning or capping the treated tooth or teeth is the best precautionary measure to help keep this from occurring. It is your responsibility to make an appointment with your regular dentist for a permanent restoration.
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. Even though a tooth may have appeared to be successfully treated, there is always the possibility of failure making 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 cap may have to be remade, particularly if the pre-existing cap is all porcelain in design. Successful completion of a root canal does not prevent further decay or fractures.
6. **Root fracture is one of the primary reasons for root canal failure.** Unfortunately, “hairline” cracks are often invisible and undetectable. Causes of root fracture are trauma, inadequately protected teeth, cracking of the tooth, large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
7. **There are alternatives to root canal treatment.** These alternatives (though not of choice) 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. This may be left in the canal if in the judgement of the doctor it does not present a high potential for failure or it may necessitate surgical removal.
9. **Medications.** Analgesics and/or antibiotics may need to be prescribed depending on symptoms and/or findings. Prescription drugs must be taken according to instructions. Women on oral contraceptives must be aware that antibiotics may cause these contraceptives to be ineffective. Other methods of contraception must be utilized during the treatment period.
10. **In rare circumstances, hospitalization may become necessary** to more effectively manage your care.
11. **ONCE TREATMENT IS BEGUN, it is absolutely necessary that the root canal treatment 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 instructions given by the endodontist and/or staff.**

*I understand that root canal therapy includes possible inherent risks such as, but not limited to the above, including the understanding that no promises or guarantees of results have been made nor are expected.*

*I have read the above form and have been given the opportunity to ask questions. I hereby authorize Dr. Burquest, Dr. Carnes, Dr. Deal, Dr. Hubble or Dr. Hoelscher to perform examination, diagnostic procedures, and indicated treatment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (if patient is younger than age 18) \_\_\_\_\_