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Practice Limited to Endodontics

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## Informed Consent for Non-Surgical Endodontic Treatment

We would like our patients to be informed about the various procedures involved in Endodontic therapy and to 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. Conservative root canal therapy, or when needed, Endodontic surgery accomplishes this. Treatment will require a series of diagnostic radiographs and may require multiple visits. It is important that you maintain scheduled appointments or the infection can reoccur possibly resulting in tooth loss. The following discusses possible risks that may occur from Endodontic treatment, and other treatment choices.

**RISKS:** Root canal therapy is an attempt to save a tooth which otherwise may require removal. There are certain risks inherent in any treatment plan or procedure. Risks include, but are not limited to: complications resulting from the use of dental instruments, drugs, medicines, analgesics (pain killers), anesthetics and injections. The complications include, but are not limited to: swelling, sensitivity, bleeding, pain, infection, cold sores, numbness and tingling sensation (parasthesia) in the lip, tongue, chin, gums, cheeks and teeth which are transient in most cases but on infrequent occasions may be permanent; reactions to injections, changes in occlusion (biting); jaw muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of the teeth, crowns or bridges; referred pain to ear, neck and head; nausea, vomiting, allergic reactions, delayed healing, sinus perforations, discoloration of the face and treatment failure. Fractures of the tooth (teeth) or crown(s) may occur during or after treatment.

Specific to non-surgical root canal therapy, risks include, but are not limited to, the risks stated in paragraph one (1) above. However, additional risks are possibility of instruments broken within the root canals; 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 be discovered which make treatment impossible and which may require dental surgery. These complications may include, but are not limited to, blocked canals due to filling or prior treatment, natural calcification, broken instruments, curved roots, periodontal (gum) disease and 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 fully recovered from the effects of the drugs. In most cases, there is mild discomfort lasting three to five days after each treatment. This is usually controlled with aspirin, Acetaminophen, Ibuprofen, or prescribed medications.

**OTHER TREATMENT CHOICES:** These include no treatment (waiting for more definitive symptoms to develop) or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection of other areas. Teeth with previous root canal treatment tend to have a lower success rate.

**CONSENT:** I, the undersigned, being the patient (parent or guardian of a minor patient) consent to the performance of procedures determined to be necessary or advisable in the opinion of the doctor. I also understand that upon completion of root canal therapy in this office, I shall return to my general dentist for permanent restoration of the tooth involved, such as a crown (cap), onlay or filling.

**I understand** that root canal treatment is a procedure to retain a tooth which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure requiring the healing by the body, and so it cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery, or even extraction.

**“I have read and understand the above information, and hereby consent to treatment”**

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

