

INFORMED CONSENT FOR ENDODONTICS (ROOT CANAL)

I have been made aware of the condition of my tooth/teeth requiring endodontic (root canal) treatment in the opinion of my dentist.

Tooth / Teeth #'s: _____

Procedure

Endodontic treatment (root canal) is necessary when the pulp (the soft tissue inside the root canal) becomes inflamed or infected. The inflammation or infection can have a variety of causes including, but not limited to: deep decay, repeated dental procedures on the tooth, trauma or injury to a tooth, and/or a crack or chip in the tooth. Root canal treatment works by removing bacteria from the hollow space inside the tooth, and by sealing off the inside of the tooth to help prevent re-infection. This procedure may be completed in a single visit, but sometimes requires multiple visits based upon the condition of the tooth.

Alternative Treatment Options

I understand the alternatives to root canal treatment are extraction of the involved tooth or no treatment at this time. I realize that postponement of treatment may result in future pain, infection, bone loss, and/or loss of the tooth.

Risks

I understand that possible risks of root canal therapy, although rare, do exist. They include (but are not limited to) pain, infection, swelling, bruising, fever, changes in occlusion (bite), reaction to chemicals, medications or anesthetics, nerve injury following local anesthesia that may result in temporary or permanent numbness, temporal mandibular (jaw) joint pain, and difficulty opening and closing. I understand the possible complications of root canal therapy, although rare, do exist. They include (but are not limited to) instrument breakage in the root canal, inability to negotiate canals due to blockage or calcification, perforation to the outside of the tooth, irreparable damage to the existing crown or restoration, and cracking or fracturing of the root or crown of the tooth which may result in extraction of the tooth. I understand that a root canal is not a final restoration and that the tooth will often require further restorative treatment. I understand that successful completion of the root canal procedure does not prevent future decay or fracture. To help protect my tooth from decaying and fracturing, I must return for a permanent filling or crown within a maximum of 6 weeks after the completion of the root canal therapy. The fee for the final restoration is a separate fee, and is not included in the root canal fee. Failure to follow up for the final restoration in a timely manner may result in the failure of the root canal treatment. A fee will be charged if re-treatment is required due to the lack of a final restoration.

INFORMED CONSENT: I understand English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I have been informed of and am fully aware of all alternative treatment options. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. I understand that the practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Advanced Dental Concepts will take every action to provide the highest level of care, but have made no guarantees of a successful outcome. If a problem develops, it is my responsibility to notify the doctors and/or staff of Advanced Dental Concepts. Through this notification, Advanced Dental Concepts will be able to act on my behalf. Attempts to correct a problem may occur at this office or a referral to another health care practitioner may be warranted. Any medications dispensed or prescribed are my responsibility to understand before taking. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects. I understand that antibiotics may interfere with birth control medication, and further measures to prevent pregnancy may be necessary. The fees for proposed services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Advanced Dental Concepts in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient Name (Printed) **Date of Birth**

Patient (Parent/Guardian) Signature **Date**

Doctor/Staff Signature **Date**



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POST-OPERATIVE INSTRUCTIONS FOR ENDODONTICS (ROOT CANAL)

It is normal to feel some tenderness in the area for a few days after your root canal treatment as your body undergoes the natural healing process. You may also feel some tenderness in your jaw from keeping it open for an extended period of time. These symptoms are temporary and usually respond very well to over-the-counter pain medications. It is important for you to follow the instructions on how to take these medications. Remember that narcotic medications, if prescribed, may make you drowsy, and caution should be exercised in operating dangerous machinery or driving a car after taking them.

Your tooth may continue to feel slightly different from your other teeth for some time after your root canal treatment has been completed. However, if you have severe pain or pressure that lasts more than a few days, contact your endodontist.

Guidelines for Post-Treatment Care

- *Take any prescribed or recommended medications as directed by your dentist.*
- *Do not eat anything until the numbness in your mouth wears off. This will prevent you from biting your cheek or tongue.*
- *Do not chew or bite on the treated tooth until you have had it restored by your dentist.*
- *Be sure to brush and floss your teeth as you normally would.*
- *If the opening in your tooth was restored with a temporary filling material, it is not unusual for a thin layer to wear off in-between appointments. However, if you think the entire filling has come out, contact your dentist.*
- **Contact your dentist right away if you develop any of the following:**
 - *a visible swelling inside or outside of your mouth*
 - *an allergic reaction to medication, including rash, hives or itching (nausea is not an allergic reaction)*
 - *a return of original symptoms*
 - *your bite feels uneven*

Taking Care of Your Tooth

Root canal treatment is only one step in returning your tooth to full function. A proper final restoration of the tooth is extremely important in ensuring long-term success. If your root canal requires more than one visit, do not schedule for the final restoration until the root canal treatment is completed. Once the root canal is complete, a permanent filling or post and core should be placed as soon as possible. A crown, which is often recommended, should be placed within 6 weeks of completion of the root canal

What the Future Holds

The tooth that has had appropriate endodontic treatment followed by a proper restoration can last as long as your other natural teeth. After the tooth has been restored, you need only practice good oral hygiene, including brushing, flossing, regular checkups and cleanings.

Your dentist may periodically x-ray the tooth to ensure that healing has occurred. Occasionally, a tooth that has undergone endodontic treatment does not heal or pain continues. At times, the tooth may become painful or diseased months, or even years, after successful treatment. Often when this occurs, repeating the endodontic procedure can save the tooth.

