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Informed Consent for Endodontic Treatment

We would like our patients to be informed about the various procedures involved in endodontic "problem-focused" examination/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 removed. This is accomplished by conservative root canal therapy (the procedure of opening, cleaning, shaping, and sealing the root canal portion of your tooth) or when needed, endodontic surgery. The following discusses possible risks that can occur from conservative endodontic therapy and other treatment choices.

RISKS: There are certain inherent and potential risks to the patient any time "problem-focused" examination/treatment is received through: the diagnosis process, the mechanics of instrument usage, the use of drugs (antibiotics, medicines, analgesics or pain killers,) injections and/or sedation. The following is a list of inherent or potential risks: continuation of unrelated problems/pain; swelling; sensitivity; bleeding; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient, 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 teeth, crowns or bridges; referred pain to ear, neck and head; delayed healing; sinus perforations; treatment failure; medications, anesthetics and injections; discoloration of the face; reactions to medications causing drowsiness and lack of coordination; and antibiotics may inhibit the effectiveness of birth control pills.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: The risks include the possibility of instruments broken within the root canals; perforations (extra openings) of the crown or root of the tooth; damage, possibly irreparable, to bridges, existing fillings, crowns or porcelain veneers (all may require the need for new restoration by your restorative/family dentist, at patient's expense;) loss of tooth structure in gaining access to canals; infection which does not respond to conservative endodontic therapy; possibility of the tooth being cracked and/or fracturing after treatment; and infrequent cases where the canal is over or under filled. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include, but are not limited to: blocked canals due to fillings or prior treatment; natural calcifications; broken instruments; curved roots; periodontal disease (gum disease); splits or fractures of teeth; extra canal(s) or canals that cannot be located or accessed through a crown.

Medications: Prescribed medications and drugs can cause allergic reactions, drowsiness and/or a lack of awareness and coordination (which can be influenced by the use of alcohol, tranquilizers, sedatives, or other drugs.)

OTHER TREATMENT CHOICES: These include no treatment, waiting for more definite development of symptoms prior to initiating endodontic treatment, or tooth extraction. The risks involved in these choices might include pain, infection, swelling, loss of teeth and infection to other areas.

CONSENT: I, the undersigned, being the patient (parent or guardian if patient is a minor) consent to performing of procedures decided upon 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 family/referring dentist for a permanent restoration of the tooth involved. Questions concerning the nature of treatment, the inherent risks, and the alternatives to this treatment have been addressed and understood.

I understand that root canal treatment is an attempt to save a tooth which might otherwise require extraction. Although root canal therapy has a high degree of success with an excellent prognosis for long term tooth retention, it is a dental-biological procedure whose results cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery or even extraction.

Date	Doctor	Patient or Parent Signature
	Witness	Print Patient's or Parent's Name