

Berkeley Lake Dental
CONSENT FOR ROOT CANAL THERAPY

The tooth (teeth) to be treated with RCT for today is (are): _____

I UNDERSTAND that ROOT CANAL THERAPY includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected:

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 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 is usually temporary, but, rarely, could be permanent.
 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, requiring referral to a specialist. If there is infection in the bone surrounding the tooth, referral to a specialist for 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. Should this come out, please call us for a replacement. 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 avoid this from occurring.
 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.
 6. **Root fracture is one of the primary reasons for root canal failure.** Unfortunately, "hairline" cracks are almost always 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.
 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 cause these contraceptives to be ineffective. Other methods of contraception must be utilized during the treatment period.
 10. **ONCE TREATMENT IS BEGUN, it is absolutely necessary that the root canal treatment must 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 dentist and/or staff.**
- INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of root canal treatment and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorized
Dr. Huynh and his assistants to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Name of patient/legal guardian (please print)

Signature of patient/legal guardian

Date

Witness's Signature

Date