



Consent for Root Canal Treatment

Reasons for Treatment: Endodontic (Root Canal) therapy is a procedure to retain a tooth which would otherwise require extraction. Treatment is generally done by standard, non-surgical root canal therapy.

In all circumstances, for the best result and success rate, a referral to a specialist endodontist is highly recommended – this is especially emphasised in the treatment of molar teeth. Success rates of such teeth treated in general practice are substantially lower.

Root canal treatment is not 100% successful, and as such may fail prematurely.

Other Treatment Choices: These include no treatment at all, waiting for more definitive symptoms to develop, and tooth extraction. The risks involved in these choices may include, but are not limited to pain, infection, swelling, loss of teeth, and spread of infection to other areas of the body, which in rare circumstances, may become life-threatening.

Risks Specific to Endodontic Therapy:

- Pain and tenderness following treatment
- Instrument fracture within the root – which may be irretrievable
- Perforations (extra openings) of the crown or root of the tooth (may mean loss of tooth)
- Damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth.
- Inhalation of a file or bur (though measures to limit risk of this will be taken)
- Leakage of the irrigation material used during the procedure. This is highly irritant and can cause severe pain and bruising which may take weeks/months to resolve. A referral to a hospital specialist would be needed.
- Under or over obturation of the canal, as well as not locating all the canals within a tooth.
- The need for re-root treatment, which would need a private referral to a specialist endodontist and which the patient would be liable to pay for.

During treatment, complications may be discovered which make treatment impossible resulting in the need for extraction) of a tooth/teeth. Such complications may include, but are not limited to:

- blocked canals, natural calcification(s), broken instruments, curved roots, periodontal disease (gum disease), and splits or fracture of the teeth.

Other Risks of Treatment: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, analgesics (pain killers), anaesthetics, and injections. These complications include:

- swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which may be transient, but on rare occasions may be permanent, reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, temporomandibular joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, delayed healing, sinus perforations and treatment failure.

Consent: I, the undersigned, being the patient (parent or legal guardian of a minor patient) consent to the performing of procedures. I also understand that upon completion of root canal therapy I will need a permanent restoration of the tooth which may be a crown, onlay, or filling.

I understand that although root canal therapy is often successful, it cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery, or even extraction. I attest that I have read the above information and fully understand that which the dentist has reviewed with me. Any and all of my questions have been answered and I consent to have this procedure

Name _____ Signed _____ Date _____