



At the Half Moon Dental Centre we aim to provide you with the best possible treatment that is ethically and scientifically justified as economically as possible. Below you will find not only a description of the treatment we plan to undertake for you but also the risks associated with it.

We aim for all our treatments to be completely successful but unfortunately the nature of the oral environment dictates that, over time, most treatments will eventually fail. Also some events that we aim to control may be beyond our control.

This document in no way negates our duty of care to you. Nor is it designed to put you off treatment. Its purpose is to inform you of the most common the adverse events associated with your procedure to form part of your consent. If there is anything raised that concerns you or you do not understand please ask or inform your operator prior to undertaking the procedure. It is your right to refuse treatment at any time.

We understand that dentistry is a stressful and worrying event. If there is anything we can do to make this easier for you please ask.

The longevity of treatment undertaken is directly related to the pre existing condition of your mouth. Its success is also dependent on good oral hygiene maintenance at home and also frequent trips to the hygienist. Smoking, systemic disease, poor diet and clenching and grinding habits can also adversely effect your treatment and your other teeth and structures within the mouth.

## Root Canal Treatment Consent

Root canal treatment has been recommended for me on the following tooth (teeth):

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Root canal treatment (also called *endodontic* treatment) requires removing the nerve and other tissues (called the *pulp*) from inside the tooth and its root(s). It is done by first making an opening through the chewing surface of the tooth to gain access to the tooth's pulp. The contents of the canals are removed and the canals cleaned and shaped. The canals are then filled and sealed with an inert, rubbery material called gutta percha. Following root canal treatment, the tooth will need a final restoration, usually a crown, to return it to proper function. The final restoration is not part of this discussion and consent.

This recommendation is based on visual examination(s), on any x-rays, models, photos and other diagnostic tests taken, and on my dentists knowledge of my medical and dental history. My needs and wants have also been taken into consideration. Root canal treatment is necessary because of:

\_Pain  \_Infection  \_Decay  \_Broken Tooth/Teeth  \_Other \_\_\_\_\_

The intended **benefit** of root canal treatment is to relieve my current symptoms and/or to permit me to continue with any additional treatment my dentist has proposed. Root canal treatment also retains the tooth root in my mouth, permitting the tooth to be restored to proper function.

The prognosis, or chance of success, of this root canal treatment is

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### Alternatives to Endodontic Treatment

Depending on my diagnosis, there may or may not be alternatives to root canal treatment that involve other types of dental care. I understand the two most common alternatives to root canal treatment are:

- \_Extraction. I may choose to have tooth # \_\_\_\_\_ removed. The extracted tooth usually requires replacement by an artificial tooth by means of a fixed bridge, dental implant, or removable partial denture.
- \_No treatment. I may choose to not have any treatment performed at all. If I choose no treatment, my condition may worsen and I may risk serious personal injury, including severe pain; localized infection; loss of this tooth and possibly other teeth; severe swelling; and/or severe infection that may be potentially fatal.

I have had an opportunity to ask questions about these alternatives and any other treatments I have heard or thought about.

## Specialist Endodontist

Specialists in root canal treatment are available on referral. They treat more complicated cases and are sought where your dentist feels the case is beyond their capability. Endodontists are available to perform root canal treatment in any situation but commonly cost £500-£800 depending on which tooth is treated. Should you wish a specialist to treat you please inform your dentist from the outset.

## Risks of Endodontic Treatment

During and after treatment you may experience pain or discomfort, swelling, bleeding, changes in my bite, and loosening or loss of dental restorations. It is possible for an infection to occur or an existing infection to worsen in the tooth being treated and/or in the area around the tooth. Antibiotics may be required following the treatment.

Root canal instruments sometimes separate (break) inside the canal. This is more likely when canals are curved and/or narrowed. If the separated fragment cannot be retrieved, it may need to be sealed inside the root canal. It may also be necessary to have oral surgery performed on the tooth root (apicectomy) to address the problem. Separated instrument often decreases the likelihood of clinical success.

Other risks include: perforation of the tooth or tooth root by an instrument; injury to soft tissues adjacent to the tooth; sinus perforation; and nerve disturbances such as temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth, and/or mouth tissues.

Many factors contribute to the success of root canal treatment and not all factors can be determined in advance, if ever. Some of the factors are resistance to infection; the specific bacteria causing the infection; the size, shape, and location of the canals; the force with which you bite. Your case may be more difficult if the tooth has blocked canals, curved canals, or very narrow canals. If this is the case we may decide to refer you to a specialist.

Root canal treatment may not relieve my symptoms, and treatment can fail during or after completion of treatment; and may fail for unexplainable reasons. If treatment fails, other procedures (including root canal retreatment and/or oral surgery) may be necessary to attempt to retain the tooth, or it may have to be extracted.

A local anesthetic injection will be administered and in rare instances patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. The injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from holding my mouth open during treatment.

Once root canal treatment is completed a crown will be required in back teeth. If you fail to return to have the tooth restored, you risk a failure of the root canal treatment, decay, infection, and tooth fracture and loss of the tooth.

**It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments.**

## INFORMED CONSENT

I have been given the opportunity to ask any questions regarding the nature, purpose and risks of crown root canal treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks including those as listed above and including 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 the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize my Dentist to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

Patient Name

Patient Signature

Date

Treating Dentist

Signature

Date