VIVA DENTAL

Consent for Root Canal Therapy

Patient Name: _____

Tooth number to receive RCT: _____

I have been made aware of my condition requiring endodontic (root canal) therapy in the opinion of my dentists. Long term success of root canal therapy is not guaranteed. Re-treatment and/or root therapy might be necessary in the future. In fact, with some teeth conventional root canal therapy alone may not be sufficient. For example, if the canal(s) is severely bent or calcified; if there is a substantial or long standing infection in the bone around the roots; if a metal file becomes separated within a canal, the tooth may remain sensitive and a surgical procedure may be necessary to resolve the problem. If root canal surgery is later anticipated, you should understand the possible sequels of surgical treatment, which include possible pain and immobility for a few days, bleeding, swelling, bruising, minor infection, temporary or permanent anesthesia of the lip, chin or tongue, as well as possible sinus perforation. File breakage is a known risk of root canal therapy. Some complications of root canal therapy may be, but are not limited;

- Failure of the procedure necessitating re-treatment, root surgery, or extraction
- Post-operative pain, swelling, bruising, and/or restricted jaw opening that may persist for several days or longer
- Breakage of an instrument inside the canal during treatment, which may be left as is, or may require surgery for removal
- Perforation of the canal with instruments, which may require additional surgical treatment or result in the loss of the tooth

Successful completion of the root canal procedure does not prevent future decay or fracture. A tooth treated with root canal therapy will become more brittle and may discolour. In most cases a full crown is recommended after treatment to lessen the chance of fracture.

By providing my signature, I certify that I understand the recommended treatment, the risks of such treatment, any alternatives and the risks of these alternatives including the consequences of doing nothing. I have had a chance to have all of my questions answered.

Patient Signature: _____ **Date:** _____