TRUSMILE DENTAL

Patient Information and Informed Consent for Root Canal Treatment

Nature of Endodontic Treatment:

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 cleaned and sealed with a material called gutta percha. A tooth can darken and be fragile as a result of a root canal treatment. Following root canal treatment, the tooth will need a final restoration, usually a crown, to return to its proper function.

I have been informed and fully understand that the treatment of dental conditions requiring a root canal treatment (RCT) includes certain inherent and potential risks and possible unsuccessful results, including the possibility of failure. Sometimes symptoms will not settle with an RCT and further treatment or a re-treatment may be required. If root treatment is not successful in resolving the symptoms, then the tooth may need to be removed. Your dentist should be able to discuss the prospect of success with you and whether there are reasons why an individual tooth may have a higher risk of failure. Nevertheless, I agree to assume the risks, possible unsuccessful results and/or failure associated with, but not limited to, the following:

Risks of Endodontic Treatment:

I understand that during and after treatment I may experience pain or discomfort, bleeding, swelling, changes in my bite, loosening or loss of dental restorations, restrictive mouth opening, jaw muscle spasm and jaw muscle cramps that can last for several days but may last longer. I understand that 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, and that I might need antibiotics and/or other procedures to treat the infection. I understand that root canal instruments sometimes fracture inside the canal. This is more likely when canals are curved and/or narrowed. If the fractured 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 (apicoectomy) to address the problem. I understand that a fractured instrument often decreases the likelihood of clinical success. I understand that other risks may be but are not limited to perforation of the tooth or the root by an instrument, injury to soft tissues adjacent to the tooth, sinus perforation, nerve disturbances such as temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth and/or mouth tissues, reaction to medications / anaesthetic, recurrent decay, change of tooth colour (become darker than adjacent teeth), root fracture / crown fracture and the need to extract the tooth.

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 that the two most common alternatives to root canal treatment are to have the tooth removed or to do nothing. If I have the tooth removed then it usually requires replacement by an artificial tooth by means of a dental implant, fixed bridge, or removable partial denture. If I choose no treatment, my condition may worsen and I may risk

serious personal injury, including but not limited to severe pain, severe swelling, cyst formation, severe infection that may be potentially fatal, loss of this tooth and possibly other teeth.

Acknowledgement:
I have provided as accurate and complete a medical and personal history as possible including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including x-rays. I realise that despite the possible complications and risks, my recommended root canal treatment is necessary.

Injury to the nerves:
Surgical procedures or local anaesthesia may possibly result in injury to the nerves of the lips, tongue, or other oral tissues. Numbness could occur which may be either temporary or permanent.

Hypochlorite accident:
We use a mild bleach to sterilise the bacteria in your root canal treatment and prevent infection. Sometimes this solution may pass through the tooth and cause pain/ discomfort as well as reversible or irreversible damage to the surrounding tissues.

Patient responsibility:
It is the patient's responsibility to seek attention should any undue or unexpected problems occur and to diligently follow any instructions, including the scheduling and attending of all appointments.

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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.
No guarantees or promises have been made or implied to me concerning the results. 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 authorise Dr. Sheraz and/or one of the associates to render any treatment deemed necessary, desirable and/or advisable to my dental conditions.

Patient's Name: ….....

Patient's Signature..... Date ….....

I attest that I have discussed the risks, benefits, consequences, and alternatives to root canal with the above named patient who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature..... Date ….....