



Root Canal Treatment

We want to inform our patients about the various procedures involved in root canal therapy and have their consent before starting treatment. Root Canal treatment (Endodontic) is performed to save a tooth which might otherwise need to be removed. The alternatives to this treatment include tooth extraction or no treatment. Risks involved in these alternatives may include pain, infection, swelling, and loss of tooth.

Our recommendation that one or more of your teeth receive Root Canal treatment is based upon your symptoms, examination of your mouth and the treatment plan we have discussed. Ultimately this will be your choice.

Root Canal treatment is the treatment of the canal or pulp (nerve) chamber that lies within the tooth and its root. When completed, root canalled teeth generally act and feel just like your other teeth and may have an excellent chance of remaining in your mouth for as long as your other teeth.

This treatment is accomplished by using a local anaesthetic to numb the tooth involved and x-rays will be taken as indicated. (x-rays are included as part of your evaluation and/or treatment).

Please advise the dentist or staff if you are pregnant or could be pregnant at the time of treatment.

Access to the nerve chamber is gained by using a drill to open a hole through the top of your tooth. Small hand-held and rotary instruments are used to remove the tissues inside the tooth and gain access to the canals in the roots. Delicate files are then used to clean and shape the canals. The canals will be disinfected with medications and then filled completely with an inert material prior to placement of a final filling.

This therapy is considered very safe and effective. Nevertheless, we want you to be aware of the risks and consequences of having a Root Canal treatment performed.

Your treatment may take several visits (usually 2-3) over a few weeks to complete. During that time, you may experience some discomfort in and around the tooth being treated. Usually this discomfort resolves within a few weeks however, despite the high success rate of this procedure, there is a chance that the root canal treatment will not resolve your pain. In such cases additional treatment may be necessary including but not limited to referral to a specialist Endodontist, resulting in additional charges to you. Examples of other treatment that may be necessary include re-treatment, root tip surgery or even extraction.

Once a tooth has received root canal treatment, it tends to be more brittle and weak. For this reason, we usually recommend placing a crown on the tooth for its protection. Without this protection, there is a significant chance of the tooth fracturing which may require its extraction. Please discuss with the dentist if you require a crown. The cost of the crown is separate from that of the Root Canal treatment.

Occasionally, one of the delicate instruments used for this procedure might break off inside the tooth. This might reduce the success rate of the treatment and thus would in most instances, need a referral to a specialist resulting in additional charges to you. If the broken piece of instrument is close enough to the end of the root, then we may elect to leave it in place and fill the canal behind the obstruction.

Patient Consent

I understand that there are certain potential risks in the Root Canal Procedure. These include:

1. Inability to completely fill the root canal because the canal is calcified or has a unique curvature. This may require endodontic surgery or extraction of the tooth.
2. Infection that may occur and may continue, requiring further endodontic surgery or extraction.
3. Fracture or breakage of the root or crown portion during or after treatment.
4. Inadvertent breakage of files or instruments within the root canal system that is unable to be retrieved.
5. Perforation of the tooth during treatment.
6. Damage to existing fillings, crown or porcelain veneers.

We invite your questions concerning this or related procedures and their risks. By signing below, you acknowledge that you have read this document and understand the information presented.

Patient Name: _____

Patient Signature: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Dentists' Name: _____

Dentists' Name: _____

Procedure Details: _____