

ENDODONTIC TREATMENT CONSENT

What is the purpose of root canal treatment (endodontic treatment)?

When bacteria find a way to get inside of the tooth, they infect the vital tissue that is enclosed within. This tissue is called the "dental pulp". Infection through the pulp gradually grows deeper into the root, and will eventually lead to infection of its surrounding supportive structures (bone & gums). Untreated infection may cause local swelling, pain, and eventual loss of the tooth and damage to its supportive structures. In very rare occasions, spread of dental infection beyond its local parameters may lead to life-threatening conditions which will require urgent medical attention.

Root canal treatment is performed in an attempt to retain an infected natural tooth. The goal of root canal treatment is to create the biological conditions which are conducive to natural healing. By disinfecting the root canal spaces, and preventing its reinfection by a well-fitting restoration that is made and placed by your restorative dentist, damage to supporting tissues may be prevented, slowed down, or reversed in most cases. Our aim is to keep your tooth in good function as long as we possibly can.

What is the prognosis of root canal treatment?

The over-all prognosis always depends on many contributing factors. This means that the prognosis of your treatment will depend on factors other than only the root canal treatment itself. Factors like bone loss, gum disease, root canal anatomy, types of bacteria, stage of disease, previous root canal treatment, quality of restoration, and your body's natural healing capacity are only a few among many. However, under most ideal and predictable conditions, most root canal treatments have close to 90% success rates. This is a favorable outcome. In cases where natural factors undermine the expected success of treatment, prognosis may range from "questionable" to "un-favorable". In such cases, close follow-up, and/or possible need for future intervention- which may include possible surgical or non-surgical treatment or extraction of a tooth in very few non-healing cases- may be indicated. True success is meeting projected expectations considering all factors involved.

What other options may I have?

Of course, root canal treatment may be one of your options. If you choose to decline the attempt at keeping your tooth, extraction and prosthetic replacement of the tooth may be possible. You also have the option not to accept any advised treatment, in which case risks related to progression of disease (including infection pain, loss of tooth, damage to supporting tissues, and in rare cases, life threatening medical emergencies among others) should be factored in and considered in your decision not to accept treatment. Emergency procedures performed to address your immediate pain or infection, including prescribed antibiotics or pain medications, will not provide long-term success. Definitive treatment will be necessary to address the cause of disease.

What are some of the risks associated with root canal treatment procedures?

We approach every case with careful planning. However, when confronting biological systems, treatment is not without its inherent risks. A review of your general health is needed to reduce your medically related

risks. These may include interaction of medications, allergic reaction to medications, or existing health conditions which may delay healing, or alter the planned course of treatment.

Procedural risks may include those related to delivery of anesthesia and your response to anesthetic medications. These may include, but are not limited to, transient heart palpitation, light-headed, discomfort, and prolonged (hours, days, months)- in very rare cases may be permanent- feeling of anesthesia (numbness) or residual anesthetic effects, among other possible systemic effects that may be encountered. Bruising of soft tissues, transient tightening of jaw muscles, transient optical effects (double vision), and fatigue may result. Inadvertent trauma to soft tissues (lips, inside of cheek, tongue, etc.) may result due to biting and chewing the soft tissues throughout the duration of local anesthesia.

Other procedural risks may include, but are not limited to, damage to existing restorations which may require repair or total replacement of the restoration (i.e. getting a new crown) by your restorative dentist, with their additional fees. Perforations through tooth or root structure, separation of fine-tipped sterile shaping instruments inside of canals, root fractures, or inability to completely disinfect all root canal spaces due to anatomic limitations or other obstructions in the canals, may affect the clinical outcome, prognosis, and course of treatment. Despite our best intended and diligent planning and effort, we still cannot provide 100% guarantee of success in every case. In few cases, further non-surgical or surgical procedures and periodic follow-ups may be required to address the more persistent residual infections. In rare cases, where a positive response through endodontic treatment could not be gained, loss of tooth by extraction to address a non-healing infection may be necessary and advised. Any sequential treatment presents its own set of risks, benefits, and alternative options. Unforeseen prognostic factors may alter the recommended course of treatment. The decision to make any further attempts to retain your tooth, whenever possible, will always be yours. Fees related to each additional procedure(s) may be separate from the others.

Other surgical and biological risks may include, but are not limited to, damage to surrounding tissues and structures such as other roots, teeth, restorations, surrounding bones, and gums. In very rare cases, perforation of the sinus cavity, or physical or chemical damage to local nerves, or blood supplies, may require further monitoring or possible medical or surgical intervention.

As a partner in care, what expectations do you have from me (the patient) to help us get the best results?

You are a partner in care. We expect you to consider your options, think critically and ask questions, and get involved in the process of selecting the course of treatment that you think would best suite your needs and overall expectations. If you choose to make an attempt at keeping your tooth through root canal treatment, you should know and understand that without a proper final and permanent restoration which your restorative dentist (general dentist) is responsible for placing, your root canal treatment will most likely fail over time. Failed root canals due to reinfection will either have to be re-treated by non-surgical or surgical endodontic procedures, or extracted ("pulled") if saving the tooth would no longer be possible. You must contact your general dentist (family dentist) within a week of completion of your root canal treatment (unless otherwise advised) to schedule the restorative phase of your tooth's treatment. We

also expect you to keep up with your free follow-up appointments which may be necessary to follow the healing progress of your tooth and its surrounding tissues. Most importantly, we ask you to follow a sound regimen of home-care oral hygiene along with regularly appointed exam and cleaning visits to your dentist.

I have read and understand the above statements. I have been given the opportunity to ask and clarify any point that I may not have understood or had questions about. My questions have been answered to my understanding and satisfaction. Given the risks, benefits, and alternative options provided to me, based on my clear understanding of the expected outcomes in light of the present facts, and the knowledge of my personal and financial investment in this treatment, I give my consent to IES, Dr. Azizi, and its/his supportive affiliates and associates to perform my endodontic treatment.