

INFORMATIONAL INFORMED CONSENT

ROOT CANAL RETREATMENT

I UNDERSTAND THAT ROOT CANAL RE-TREATMENT includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of successful results have been made. A retreated tooth may remain tender or painful for a period of time, both during and after completion of therapy. If pain is severe or swelling occurs, it is imperative to call our office immediately. There is also the possibility of numbness occurring and/or persisting in the tongue, lips, teeth, jaws and/or facial tissues which may be a result of the anesthetic administration or from treatment procedures. This numbness is usually temporary, but, rarely, could become permanent.

- 1. Extensive complicated treatment may be necessary. When retreatment is necessary, the removal of the previous root canal filling material may involve difficulties such as pulp chamber or root perforation, root fracture, or other complications. This may possibly necessitate referral to a specialist or may even require extraction of the tooth.
2. Instrument separation may occur. Because of the small diameter and fragility of root canal instruments, there is a possibility of an instrument separating or breaking. Many times the separated part of the instrument can be removed or even retained within the tooth structure without causing problems. No matter how carefully instruments are manipulated the possibility of separation exists.
3. Root canal re-treatment is not always successful. Many factors influence success: degree of residual infection; adequate gum tissue attachments and bone support; oral hygiene; previous and present dental care; general health; trauma; pre-existing undetected root fractures; accessory or lateral canals; etc. It may be difficult to place filling material to the end of the tooth (underfill) or some filling material may extrude from the tooth (overfill), which can, in some cases cause inflammation, nerve damage resulting in temporary, or in rare cases, permanent numbness of the lip. Surgery may be required to remove excess filling material. Even though a tooth may have appeared to be successfully retreated, there is always the possibility of failure making additional retreatment, additional root surgery (apicoectomy) or extraction necessary. If a bridge abutment or crowned tooth requires endodontic retreatment, the change for perforation is enhanced due to obscured anatomy. It is more difficult to achieve success following retreatment than after initial.
4. A previously treated tooth may subsequently become infected. Should this occur, it may be difficult to control the infection with retreatment only of the root canal and/or administration of antibiotics. The tooth may require a procedure called an apicoectomy and retrofill that entails surgical removal of the end of the root and placement of filling material. In most instances, this treatment will take care of the problem. However, at times this procedure may not produce the desired result and preservation of tooth may not be possible. Infections can sometimes be hard to control and hospitalization may become necessary.
5. A crown abutment or crown (cap) may be damaged or destroyed during rubber dam application, access preparation, or other procedures as part of endodontic therapy. Porcelain is particularly susceptible to fracture or cracking, and an existing porcelain crown may have to be remade, particularly if the pre-existing crown is all-porcelain in design. If no cap is in place, after treatment the tooth will remain brittle and will need to be preserved with a crown build-up and crown to prevent fracture loss.
6. Root fracture is one of the primary reasons for root canal retreatment failure. Unfortunately, "hairline" cracks are almost always invisible and undetectable. Causes of root fracture trauma, inadequately protected teeth, initial cracking of the coronal portion of the tooth, pre-existing large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
7. There are alternatives to root canal retreatment. These alternative (though not of choice) include: no treatment, extraction, extraction followed by a bridge or partial denture placement, and/or extraction followed by implant and crown placement.
8. Medications. Analgesics and/or antibiotics may need to be prescribed depending on symptoms and/or treatment findings. Prescription drugs must be taken according to instructions. Women on oral contraceptives must be aware that antibiotics cause these contraceptives to become ineffective. Other methods of contraception must be utilized during the treatment period.
9. Irrigants. During root canal therapy, irrigants are used to enhance tissue removal and to disinfect the tooth. Occasionally these irrigants may enter the surrounding tissue or bone and can cause pain, swelling, inflammation and in rare cases, tissue necrosis.
10. Long appointments. There is the potential for long appointments to complete the procedure, and jaw muscles may be sore following the procedure. A pre-existing jaw problem (TMD) may be aggravated by endodontic retreatment due to extended opening.
11. ONCE TREATMENT HAS BEGUN, it is absolutely necessary that the root canal retreatment must be completed. One or more appointments may be required to complete retreatment. It is the patient's responsibility to seek attention should any unanticipated or undue circumstances occur. Also, the patient must diligently follow any and all preoperative and/or postoperative instructions given by the dentist and/or the staff.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of root canal retreatment and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist. I do voluntarily assume any and all possible risks including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment is hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to be concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. _____ and/or his/her associates or agents to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering any and all anesthetics and/or medications.

Patient's Name (please print)

Signature of patient, legal guardian, or authorized representative

Date

Tooth No(s)

Witness to Signature

Date