



885 Canarios Court, Suite 208 • Chula Vista, CA 91910
Phone: (619) 421-3374 • Fax: (619) 421-3410

Informed Consent for Root Canal (Endodontic) Therapy

Root canal therapy is a procedure to retain a tooth which otherwise might require extraction. Treatment may take several visits, and is usually performed through an opening in the crown of the tooth. Occasionally, a tooth which has had root canal therapy may require retreatment, surgical endodontic therapy, or even extraction.

The alternative option to root canal therapy includes no treatment waiting for definitive symptoms to develop, or extractions with nothing to fill the space, or extraction followed by a bridge, partial denture or implant to fill the space. Risks involved in no treatment option might include pain, swelling, abscess, cyst formation, loss of teeth, loss of supporting bone around the tooth and infection to other areas.

Risks of root canal therapy include but are not limited to restoration damage such as porcelain fracture while preparing an opening in the restoration for access to the root canals. Occasionally, restoration may become loosened during or after treatment.

Complications of root canal therapy include but are not limited to metal instruments separated within the root canals; Perforations (extra openings) of the crown or root of the tooth; Over extension of root canal filling material beyond the root end; Adverse reactions resulting from use of instruments, materials, medications, anesthetics, and injections. During treatment, complications may be discovered which make treatment impossible, or which may require surgical endodontic therapy. These complications include blocked canals due to fillings or prior treatment, natural calcifications, separated instruments, curved roots, periodontal (gum) disease, and fractures of the tooth.

Postoperative discomfort and/or swelling, bruising may last a few hours to several days. Discomfort is usually alleviated with over-the-counter pain medications and should subside in several days. Occasionally, a small incision to drain the swelling is required.

Restrictive mouth opening, jaw muscle spasm, jaw muscle cramps, temporomandibular joint difficulty, or change in bite, which occurs infrequently and usually last for several days but may last longer.

I understand that upon completion of root canal therapy, I shall return to my dentist for an appropriated permanent restoration for the treated tooth. This should be done as soon as possible after treatment in order to protect the tooth from subsequent fracture and/or decay. I also understand that periodic recall examination usually every 6-12 months is strongly recommended to assess long term healing.

I understand that although root canal therapy has a very high degree of success, no guarantee of treatment success has been given to me. All of my questions have been answered to my satisfaction by the doctor and I fully understand the above statements. I hereby give my consent to be examined and treated as necessary. All signatures must be by a parent or guardian if patient is under the age of 18.

Signature of Patients: _____ Date: _____