

HBDC

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Root Canal Consent Form

Dear

This is your consent form for Root canal treatment. Please read it carefully and sign it if all your questions are answered and you are happy to progress with treatment.

Root canal treatment is a complex dental procedure designed to attempt to salvage a tooth or the root of a tooth. Root canal treatment may be indicated when:-

- 1) There is irreversible pulpitis as a result of bacterial infection of the tooth.
- 2) Due to Occlusal trauma in function.
- 3) Damage to the tooth as a result of external trauma.
- 4) As elective treatment which may be part of a bigger treatment plan.
- 5) Or maybe required as a re-canal treatment.

The tooth may act as a reservoir of bacteria in the mouth which can result in an abscess and possibly even periapical pathology like cysts if left untreated.

The alternative to treatment is to consider an extraction of the tooth and then replacement with a:-

- 1) **Dental implants.**
- 2) **Denture.**
- 3) **Bridge.**
- 4) **Or even leave this place if you have a stable occlusion.**

As Root canal treatment is a complex dental procedure and there are Specialists available that can carry this treatment out for you. They work on a fully private basis and their charges vary from clinician to clinician. If you wish to have the treatment completed by a Specialist, then your dentist can arrange a referral to a local endodontist as soon as possible.

Procedure:

After administering local anaesthetic to the problematic tooth, access is gained to the root canal system of the tooth. Once all the canals are visibly located (the number of canals may vary from tooth to tooth), then all the canals will be prepared with special endodontic files with a dentist progressively working his way down to the tip of the tooth.

The apical length of the tooth would be measured by a digital apex locator, or verified using a working length radiograph.

The dentist may need to use several different sized files to prepare each canal and when at the apex, the canal will be disinfected with sodium hypochlorite and/or chlorhexidine. (If you have any known allergies to the above products then please inform the dentist prior to the treatment being started).

Long-standing infections or very inflamed pulps may be completed over **two or more** appointments, with antibacterial medication placed inside canal systems between appointments.

Post operative:

During the treatment or immediately after treatment you may experience one or more of the following:-

- a) Some pain and discomfort around the tooth that has been treated as soon as the anaesthetic wears off. This can normally be controlled with pain killers. Also Restrictive mouth opening (trismus) or jaw muscle spasm which occurs infrequently and usually lasts for several days but may last longer.
- b) In a few number of patients, you may get of swelling on the side of the tooth or face which normally appears within the first 24 hours after treatment. This is known as a **Phoenix abscess** and is a recognised side-effect of treatment. If this happens please return to the surgery to get a course of antibiotics.
- c) Occasionally, one of the instruments used for this procedure will break off inside the tooth. If we are unable to remove the broken piece of instrument, it may be close enough to the end of the root that we may elect to leave it in place and fill the canal behind the obstruction. If, however, this is not an option or if it is attempted without success, you may require other treatment at additional charges to you and a referral to an endodontist.

It is important that you understand there are so limitations to root canal treatment. Some of these include:-

- 1) There is a variable internal anatomy within the root canal system. This means that they may be more canals in the tooth than expected, and sometimes all of these are not visible. They may harbour bacteria which may cause a reinfection future. Your dentist will make every effort to locate all the canals and prepare them fully.
- 2) Accessory canals at the furcation or at the tip of the tooth cannot be physically cleaned and prepared. The longer the infections has been inside the tooth the harder these canals become to clean and disinfect as bacteria infiltrates further into the tooth. These teeth tend to have a guarded prognosis.
- 3) Furthermore after root canal treatment is completed, there sometimes is not enough tooth structure left to support a permanent restoration. In this case the dentist will recommend from the offset, that you consider having the tooth taken out and not wasting your time with a root canal procedure.

Any tooth that has had root canal treatment is now susceptible to fracture and therefore the recommended treatment after root canal is to have some sort of cuspal protection put on the tooth. This may be in the form of a **Crown or Onlay**, and this should be done as soon as possible after the treatment.

However, sometimes your dentist may wait for some time to be sure that the root canal treatment is stable before a permanent restoration is placed. During this interim period, a filling can be placed in the tooth and the cusps can be taken out of occlusion to reduce the risk of tooth fracture.

If you have any further question regarding this treatment then please speak to your dentist immediately.

Patient declaration

Root canal procedure has been explained to me fully and I have had the opportunity to think about all the risks and benefits of treatment. I have read this consent form in my own time and I am happy to progress with the treatment.

Patient Signature.....

Patient Name (please print).....

Date.....