# SILVAGGIO ENDODONTICS EASTON ENDODONTICS, LLC

**INFORMED CONSENT FOR ENDODONTIC TREATMENT**

*PA STATE and our INSURANCE CARRIERS STRONGLY RECOMMEND A CONSENT FORM PRIOR TO ENDODONTIC TREATMENT*

Before starting endodontic treatment (root canal therapy, retreatment, apicoectomy, etc.), you need to be informed of **all risks** and **alternatives** to endodontic treatment. You are required to sign this consent prior to the initiation of treatment. However, it does **not** commit you to treatment. **This consent serves to acknowledge that you have been informed and understand the following.**

**Endodontic Treatment is an attempt to retain a tooth,** which may otherwise require extraction. It is a process involving removal of tissues in the center of the tooth, the canals within the root(s), and the sealing of the space that is created during the process of removal and cleansing of the root canal system. The root canal treatment may fail, if proper restoration of the tooth is not completed after the root canal treatment is done. That restoration is a separate and distinct procedure with an additional fee. **Endodontic Surgery, most commonly apicoectomy,** involves an incision into the gingival tissues (gums). The apicoectomy also involves the removal of the root tip of the tooth/teeth and, in some cases, the removal of infected bone tissue.
***Although root canal therapy has a high degree of success, it cannot be guaranteed. The doctor will exact their professional training to achieve success and avoid or minimize complications listed below. Initial root canal therapy success rate can be as high as 90%. Occasionally, a tooth which has previously had root canal therapy may require retreatment, microsurgery, or extraction. Retreatment and surgical success rates are approximately 70%.***

**The alternatives** to endodontic treatment include: no treatment, waiting for more definitive development of symptoms, and extraction of the tooth. The risks of no treatment include, but are not limited to, infection, swelling, cyst formation, pain, loss of the tooth/teeth, and/or systemic disease. Risks of endodontic treatment are of two kinds; those **risks associated with general dental procedures**, as in any dental office, and those **risks specific to endodontic treatment**, as in this office.

**Risks of General Dental Procedures include, but are not limited to:** complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include pain, infections, swelling, bleeding, sensitivity, numbness, and tingling sensation, temporary or permanent, in the lips, tongue, chin, gums, cheek, and teeth, thrombophlebitis (inflammation to the vein), reaction to injections, including a temporary rapid heartbeat, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restorations in or on teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruises, delayed healing, sinus complications, and further surgery. Prescribed medication and drugs may cause drowsiness and lack of awareness and coordination, which may be influenced by the use of alcohol and other drugs. Therefore, it is advisable not to operate any vehicle or hazardous device, or to work for 24 hours, or until recovered from their effects. Antibiotics may interfere with oral contraceptives and caution should be used during antibiotic use.

**Risks specific to Endodontic Treatment include, but are not limited to:** instruments broken within the root canal(s), perforations (extra openings) of the crown or root of the tooth, damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to canals, fracture of tooth structure, and change in tooth color (becoming darker than adjacent teeth). During treatment, complications may be discovered which make treatment impossible, or may require microsurgery or extraction. These complications may include blocked or obstructed canals resulting from fillings, prior treatment, natural calcification, broken instruments, curved roots, periodontal disease (gum disease), and cracks or fractures of the teeth. **If you are scheduled for surgery,** the risks specific to it involve an incision into the gingival tissue (gums). Any incision into the gums carries inherent risks. Apicoectomy surgical procedure may also involve the removal of infected bone tissue and root tip of the tooth/teeth.
**Risks specific to Endodontic Surgery include, but are not limited to:** swelling, scar formation from the incision, infection, recession of the gum line, bleeding, post-operative pain, bruising of the gums and face, temporary or permanent numbness or tingling of the lip, chin, tongue or other areas, damage to adjacent teeth, and perforation into the sinuses.

**I HAVE READ AND UNDERSTAND THE ABOVE RISKS AND ALTERNATIVES TO ENDODONTIC SERVICES AND HAVE DISCUSSED THEM WITH MY ENDODONTIST. BY MY SIGNATURE BELOW, I CONSENT TO THE ENDODONTIC EVALUATION AND/OR TREATMENT REQUIRED.**

**PATIENT'S SIGNATURE: _____ DATE: _____**
**(Parent/Guardian must sign if patient is a minor)**

**PRINT NAME PLEASE:_____**

**ENDODONTIST'S SIGNATURE: _____ DATE:_____**

**If Patient is a Minor, Please Print Their Name:_____**
**Relationship of Patient to the Adult Signing: _____**