**Menlo Park Dental Excellence-ChauLong Nguyen Dental Corporation**

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# Discussion and Informed Consent for Root Canal Re-Treatment

**Patient Name: _____ Date:_____**

## Diagnosis:

**Dr. Nguyen's initial required:**

_____Severe deep cavity causing large pulp exposure during filling in tooth #_____
_____Irreversible pulpitis in tooth#_____
_____Previous root canal tharapy with re-infection/abscess in tooth#_____
_____Previous root canal tharapy with missed canal and continous pain in tooth#_____

_____Acute Apical Abscess with symptoms in tooth #_____
_____Chronic Apical Abscess with/without symptoms (Sinus tract- Yes____ or No____) in tooth #_____
_____Chronic Apical Periodontitis with/without symptoms in tooth #_____

_____Internal/External resorption in tooth #_____
_____Herpercementosis in tooth #_____
_____ Condensing osteitis in tooth #_____

## Treatment:

1. Root Canal Therapy for tooth #_____
2. Build up with composite and post in tooth #_____
3. Extraction of tooth # _____
4. Treatment started somewhere else in tooth # _____on date_____
5. Difficult orifice location in tooth #_____
6. Severe canal curvature of tooth #_____
7. C-shaped Canal in tooth #_____
8. Narrow canal in root of tooth #_____
9. Rotation, tilted tooth # _____
10. Limited mouth opening of mm_____

## Prognosis:

_____Favorable _____Poor_____Questionable

**Facts for Consideration**

***Patient's initials required***

_____*Root canal retreatment, also called endodontic retreatment involves treating a tooth with a previous root canal* which did not respond successfully to the initial treatment, or has developed a new problem. This happens at times, as no medical or dental treatment has 100% success rate. Retreatment involves creating an opening through the biting surface of the tooth to expose the previous root canal filling, which then is removed.

Medications may be used to sterilize the interior of the tooth to prevent further infection. Root canal retreatment may relieve symptoms such as pain and discomfort.

_____Each previously treated root canal that can be located is refilled. Sometimes an additional canal is present but cannot be located. Occasionally, a post is also inserted into the canal to help restore the tooth. The opening in the tooth is closed with a temporary filling. At a later appointment, a new, (or initial) *crown* or filling may be placed. It is a separate dental procedure not included in this discussion.

_____Root canal treatment, also called *endodontic treatment* involves removing the nerve tissue (called *pulp*) located in the center of the tooth and its root or roots (called the *root canal*). Treatment involves creating an opening through the biting surface of the tooth to expose the remnants of the pulp, which then are removed. Medications may be used to sterilize the interior of the tooth to prevent further infection. Root canal treatment may relieve symptoms such as pain and discomfort. If any unexpected difficulties occur during treatment, Dr. Nguyen may refer you to an endodontist, who is a specialist in root canal treatment. You may stop here to request for a referral to see an specialist if you have any concern.

_____Twisted, curved, accessory, or blocked canal(s) may prevent removal of all of the inflamed or infected pulp. The presence of any residual pulp in the canal(s) may cause your symptoms to continue or worsen. This might require an additional procedure called an *apicoectomy*. A small opening is cut in the gums and surrounding bone; any infected tissue is removed and the canal(s) is sealed. An apicoectomy may also be required if your symptoms continue and the tooth does not heal.

***Patient's initials required:***

_____Each empty canal(s) that can be located is filled with a material designed specifically for root canal therapy. Sometimes a canal is present but cannot be located. Occasionally, a post is also inserted into the canal to help restore the tooth. After filling the opening in the tooth, the tooth is closed with a temporary or permanent filling and or a crown. In the same appointment or at a later appointment, a permanent filling or *crown* may be placed. This is a separate dental procedure not included in this discussion.

_____Once the root canal treatment is completed, it is essential to return promptly to begin the next step in treatment.Because a temporary seal is designed to last only a short time, failing to return as directed to have the tooth sealed permanently with a crown or filling can lead to other problems such as the need to repeat the treatment at an additional cost, deterioration of the seal, resulting in decay, infection, gum disease, fracture, and the possible loss of the tooth.

_____Even in cases with no complications, where a crown or filling is placed right away, this procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had root canal treatment may require endodontic re-treatment, endodontic surgery, or tooth extraction.

**Benefits of Root Canal Re-Treatment, Not Limited to the Following:**

_____Root canal retreatment is intended to correct a condition, which developed after the initial root canal treatment or did not resolve after your initial root canal treatment, to allow you to keep your tooth for a longer time, which will help to maintain your natural bite and the healthy functioning of your jaws. This treatment may also be recommended to relieve the symptoms of the diagnosis described above.

**Risks of Root Canal Re-Treatment, Not Limited to the Following:**

_____I understand that following treatment I may experience bleeding, pain, swelling, and discomfort for several days, which may be treated with pain medication. It is possible infection may accompany root canal treatment and may require treatment with antibiotics. I will immediately contact the office if conditions worsen or if I experience fever, chills, sweats, numbness, sinus problems, severe pain or swelling.

_____I understand that I may receive a local anesthetic by injection and/or other medication. In rare instances, patients may have a reaction to the anesthetic such that it reduces one's ability to control swallowing. which may require emergency medical attention., This increases the chance of swallowing foreign objects during treatment. **Depending on the anesthesia and medications administered, you may need a**

**designated driver to take you home.** Rarely, temporary or permanent nerve injury can result from an injection resulting in numbness of the lip, chin, gums, teeth cheek, and possibly loss of the sense of taste.

_____I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications and supplements I am currently taking, which are:

_____I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

_____I understand that occasionally a root canal instrument, may separate or breaks in a root canal that is twisted, curved, or blocked with calcium deposits. Depending on its location, the fragment may be retrieved or it may be necessary to seal it in the root canal (these instruments are made of sterile, non-toxic surgical stainless steel, and typically causes no harm). It may also be necessary to perform an apicoectomy as described above, to seal the end or lower part of the root canal.

_____I understand that during treatment the root canal filling material may extrude out the root canal into the surrounding bone and tissue. Occasionally, an apicoectomy may be necessary for retrieving the filling material and sealing the root canal.

_____I understand that other complications which may occur include, but are not limited to: perforations (extra openings) of the canal made by an instrument, blocked root canals that cannot be completely cleaned and filled, fracture, chipping, or loosening of existing adjacent tooth or crown, requiring replacement at an additional cost, temporary or permanent numbness or painful nerve sensations.

_____I understand teeth that have received root canal treatments may become brittle and be more prone to cracking and breaking over time, which may require removal and replacement with a bridge, partial denture or implant. In some cases, root canal treatment may not relieve all symptoms. The presence of gum disease (*periodontal disease*) can increase the chance of losing a tooth even though root canal treatment was successful.

_____I understand that root canal re-treatment may not relieve my symptoms, and I may need my tooth extracted.

**Consequences if No Root Canal Re-Treatment is Administered, Not Limited to the Following:**

_____I understand that if I do not have root canal re-treatment, my discomfort may continue and I may face the risk of a serious, potentially life-threatening infection, abscesses in the tissue and bone surrounding my teeth and eventually, the loss of my tooth and/or adjacent teeth.

**Alternative Treatments if Root Canal Treatment is Not the Only Solution, Not Limited to the Following:**

_____I understand that depending on my diagnosis, alternatives to root canal treatment may exist which involve other disciplines in dentistry. Extracting my tooth is the most common alternative to root canal treatment. It may require replacing the extracted tooth with a removable or fixed bridge or an artificial tooth called an *implant*. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures, its risks, benefits, alternatives and cost.

**Alternatives discussed**: extraction, bridgework, denture, bone graft, implant, abutment, crown or doing nothing.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

**Check only one of the boxes below that applies to you:**

□ I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

**Or**

☐ I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

_____ _____

**Patient's Signature** **Date**

I attest that I have discussed the risks, benefits, consequences, and alternatives to bone and gingival grafting with Mr., Mrs., Ms., _____ who has had the opportunity to ask questions, and I believe my patient understand what has been explained and willingly consents to the treatments noted herein.

As part of this consent agreement, I give my personal pledge as a healthcare professional dedicated to the well-being of my patient to make every reasonable effort to assure this patient receives the best possible care with the least possible risk.

**Dr. ChauLong Nguyen, DDS, MAGD_____ Date:_____**

**Witness' Signature:_____Date:_____**