

# Root Canal Treatment

At The Practice we pride ourselves on ensuring our patients are well informed on their dental health and treatment options. This information sheet is aimed to give you general information and risks involved with procedures. Your dentist will be able to identify your specific risks and benefits. As always our providers will endeavour to manage any undesired outcomes for you and perform procedures with the highest level of safety and care for you.

Your dentist has explained that you need to have a root canal treatment. This form is aimed at giving you more information that you can read at your leisure. Your dentist will be able to answer your questions that you do have.

#### WHAT IS ROOT CANAL TREATMENT?

The nerve of a tooth can die of an insult or injury that is too damaging for the tooth to survive. Some common reasons include decay, trauma, grinding or periodontal disease. There are other reasons teeth can die, but once this has happened, you're at risk of developing a dental abscess.

To minimise this risk of developing an infection or in order to treat the infection, your dentist needs to remove the dead or infected nerve from within the tooth root. Once the nerve has been removed, the nerve canal is carefully cleaned, prepared and sterilised so that a filling material can be put into the canal spaces. In the past, your tooth would have needed to be removed. However, root canal treatment can now help you to retain your natural teeth.

### AM I A CANDIDATE FOR ROOT CANAL TREATMENT?

If the nerve in your tooth has died, you may experience severe pain and swelling. Sometimes, the tooth nerve may die more slowly and you may have few symptoms. If you're unable to bite down on a tooth, have lengthy sensitivity to hot and cold or have a discoloured tooth, this may indicate nerve death.

Your dentist will have assessed your situation carefully to determine whether you are a good candidate for root canal treatment. You will need to provide details of any general health issues you may have and/or medications you are taking. You will have dental x-rays, other tests and a complete examination to assess your suitability, this includes whether or not the tooth can be removed.

### WHAT DOES ROOT CANAL TREATMENT INVOLVE?

Root canal treatment is likely to take several appointments to complete, depending on the difficulty of the procedure and may require a referral to a specialist.

Your dentist will remove the nerve from the tooth and then use a series of instruments to prepare the tooth for the root filling. Your dentist will use x-rays or other instruments to determine the length of each root before and during the treatment.

During treatment, your dentist will need to isolate the tooth and use a 'rubber dam'. This is a sheet of plastic that creates a clean area around the tooth so that the root is not contaminated by your saliva and bacteria.

### CAN EVERY TOOTH HAVE ROOT CANAL TREATMENT?

There is no guarantee that any medical or dental procedure will be successful. However, your dentist will have assessed the rate of success based on your situation. You should ask your dentist to explain this to you before you consent to treatment.



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If you look after your teeth and gums, your treated tooth may last a long time. Because root treated teeth can become brittle and can fracture more easily, your dentist will often suggest you have a crown placed on the tooth to protect the tooth from fracture and make it stronger to chew with. Sometimes posts are put into the filled canals to help give the crown more stability and retention.

### ARE THERE ANY RISKS TO THE PROCEDURE?

Any invasive procedure carries risk, and root canal treatment is no different. Possible risks and complications include:

- If the root canal treatment fails, you may have to have the tooth removed.
- Tooth fracture: due to reduced strength and durability of the tooth.
- Mild temporary pain due to inflammation of the tissues surrounding the tooth.
- Occasionally, despite the very best of efforts, the root canal can become infected during and/or after treatment. Sometimes, this can happen months or years after the original root canal treatment. If infection occurs, you may need to have the tooth retreated, often with a specialist or removed.
- In some cases, the files can penetrate through the sides or base of the tooth which is called perforation. Often if this happens the tooth may need removal.
- Once the nerve is removed, the tooth can slowly discolour. This can be treated in a range of different ways and your dentist can explain these options to you.
- The instruments which are used in root canal treatment are very fine and can occasionally • break during the treatment. If this happens, your dentist will explain what has happened. Sometimes the fractured instrument can be left in place. On other occasions, it may need to be removed and may require special techniques or referrals.
- Your root-treated tooth will become increasingly brittle over time. You should avoid eating hard food on the tooth to minimise the risk of the tooth fracturing and generally place a crown over the tooth to prevent fractures.
- Occasionally, the local anaesthetic used in your dental injection can cause irritation to the nerve. If this is the case, the numbness can last much longer. However, on rare occurrences the numbness can be permanent.

### DO I NEED TO SEE A SPECIALIST?

Your dentist will carefully assess you and will give you the opportunity to consult with a specialist endodontist if you wish.

consent to root canal treatment on tooth Ι,

I understand that dentist \_\_\_\_\_\_ will be providing my care.

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I have read/or had read the content of this consent form including benefits, risks, limitations and inconveniences.

I am aware of the general risks of treatment as listed in the information sheet. I have also been informed of the specific risks to me, these include:



## **Root Canal Treatment**

I have had the opportunity to ask my dentist questions and discuss my concerns. I understand the expected outcomes. My dentist has discussed other treatment options and I have received a quotation estimate for the cost of my treatment.

I consent to the taking of photographs, study models, and x-rays (before, during and after treatment) to assist in the planning and treatment (if required).

Patient Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Legal Guardian Name (if applicable):\_\_\_\_\_ Date:\_\_\_\_\_

Dentist Signature:\_\_\_\_\_\_ Date: