Nosehill Dental Centre
Family Dentistry
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ROOT CANAL INFORMATION SHEET

I understand that while 95% of root canals are completed successfully, a small percentage of patients may not respond to treatment and could experience procedural failure and ultimate tooth loss.

Your general and oral health, the amount of calcification in the roots, the shape of the tooth root, the size and duration of the infection, the presence of existing or subsequent root fractures as well as unforeseen circumstances can affect the outcome of therapy. In some instances compromised teeth will be referred to a specialist for treatment.

I understand that we would only proceed with treatment if there is a reasonable chance of success.

I understand that there are potential risks in any treatment plan or procedure, and that in this specific instance such risks may include, but are not limited to the following:

- Infection and the possible need for antibiotics or pain medication, or surgical treatment
- Instrument separation within the root, which MAY require additional treatment
- Damage to the tooth requiring extraction
- Damage to crowns or fillings on the tooth being treated
- Pain or soreness on the tooth which may persist for a few days to several weeks
- Sinus Injury
- Tingling or numbness of surrounding skin and tissues. The duration of such numbness is in most cases temporary, but in rare instances it can be permanent.
- Soreness of the jaw from the injection and from being open for an extended period
- Reaction to the disinfecting wash used in the procedure.

Other treatment options (including no treatment) and their consequences have been explained to me. They include extraction followed by tooth replacement.

I understand that once root canal treatment is completed, the tooth is weakened and is still susceptible to fracture or decay. In order to preserve the tooth for normal function and strength a crown is recommended. If I fail to return to have the tooth properly restored, I risk tooth fracture. Rarely the tooth may fracture even after crowning.

I understand the above and agree to the procedure.

Patient Signature: _____

Patient Name: _____

Witness: _____

Date: _____