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Root Canal Treatment – Consent

I have recommended that one or more of your teeth need root canal treatment based upon your symptoms, my examination of your mouth, the treatment plan I have discussed with you and your choice.

Root canal therapy is the treatment of the canal or pulp chamber that lies in the middle of the tooth and the root. When completed, root canal treated teeth generally act and feel just like your other teeth and have an excellent chance of remaining in your mouth as long as your other teeth.

I believe this treatment option is very safe and effective; nonetheless, I want you to know about the risks and consequences of having a root canal performed.

They are:

Your treatment may take several visits over a few weeks to complete. During that time you may experience some soreness and discomfort in and around the tooth being treated. This irritation will go away, however, in rare cases the discomfort may become pain which then may require additional treatment.

Despite the very high success rate this procedure enjoys, there is a chance that the root canal treatment will not resolve your pain. In such instances other procedures such as retreatment, root tip surgery, even extraction may be necessary to resolve your pain. These other procedures may result in additional charges to you.

Once a tooth has been root canal treated it tends to be more brittle than a tooth which still has its internal nerve and blood supply. For this reason, I will recommend that you have a crown, cap or other restoration placed on the tooth for its protection. Without this protection, there is a greater chance of the tooth fracturing, which may require extraction.

Occasionally, one of the delicate instruments used to remove the internal nerve and blood supply will break off inside the tooth. If I am unable to remove the broken piece of instrument it may be close enough to the end of the root that I elect to leave it in and fill the canal.

Other risks are involved with this procedure, which may necessitate extraction of the tooth. These include: **infection** (during or after completion of the procedure) which may be uncontrollable, **tooth fracture** (before, during or after completion of the procedure), tooth **root perforation** by a treatment instrument, and **nerve numbness** (very rare).

I invite your questions concerning the risks discussed and contained in this document. By signing below you acknowledge that you have read and understand the information presented, and have had all your questions answered satisfactorily.

Additional comments: _____

Date: _____

Patient: _____
