

Root Canal (Endodontic) Treatment

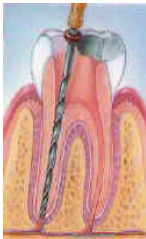
Root canal treatment is performed in an attempt to save a tooth that might otherwise need to be removed. It is necessary when the pulp of the tooth becomes infected or injured. The pulp, located in the interior structure of a tooth, houses the nerves and blood vessels of the tooth. It extends from the crown of the tooth down through one or more root canals, to the end of the root.

Stages of Root Canal Therapy:



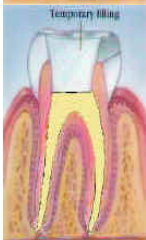
Step 1:

An abscess has formed at the tip of the tooth's root. An opening is made into the tooth, and the decay is removed to expose the pulpal tissue (the tooth's soft core, your tooth's nerve center) and allow access to the diseased pulp and infection.



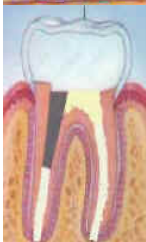
Step 2:

The canals are cleaned and shaped with very fine metal files. This may be completed in a single visit or require several visits depending on the health of the tooth and the access to the tip of the root.



Step 3:

The canals are cleaned out and a temporary filling may be placed to protect the tooth between appointments. The pulp chamber and root canal is permanently filled and sealed to prevent bacteria from entering. Occasionally a metal pin (called a *post*) is also inserted into the canal to help restore the tooth.



Step 4:

The missing tooth structure is replaced with a filling and the tooth is returned to function with a crown to restore the tooth to its natural structure and appearance in hopes of preventing fracture.

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Conventional root canal treatment has a success rate in the range of 70 - 90%. In the percentage of root canal treatments that fail, the primary reason is inoperable anatomy in the roots. This can result in an incomplete seal of the canal and subsequent infection. Others fail due to an ongoing infection around the root (requiring an apicoectomy) or small fractures in the root (requiring extraction). An unsuccessful root canal does not necessarily indicate the treatment was performed improperly.

After your treatment you can expect mild to moderate discomfort. This discomfort is due to inflammation around the root of the tooth and is a normal part of the healing process. The symptoms will usually be a dull ache and sensitivity to chewing, biting, or touch, which may intensify during the first 3-4 days after treatment but should gradually decrease soon

after. The symptoms can be minimized by taking an anti-inflammatory medication soon after completion of the root canal treatment. The key is to take the medication regularly, as prescribed. Pain medication will probably be necessary and can be taken as needed. Your bite may feel "off" for a few days, but should return to normal after the inflammation subsides.

If you have a tendency to grind your teeth habitually, the duration and degree of the discomfort may be intensified and last longer as the inflammation does not have an opportunity to subside due to the constant trauma on the tooth. Should the discomfort continue to intensify after one

week, or not subside, it is important to call our office so further evaluation can be done. Complications of treatment include, but are not limited to the following:

- ✓ irretrievable broken instruments in the canal
- ✓ inaccessible canals
- ✓ fracture of the root
- ✓ infection or chronic irritation of the bone
- ✓ damage to existing restorations
- ✓ non-healing lesions in the bone around the end of the tooth
- ✓ perforation of canal walls
- ✓ loss of existing tooth structure

It is important that teeth with root canal treatments have crowns placed upon them. Endodontically treated teeth are more prone to fracture than untreated teeth, and may also experience additional complications, including extraction and a higher risk of infection, if not sealed with a crown.

Should your symptoms continue or worsen, an *apicoectomy*, may be required. This is a surgical procedure in which the end of the root is sealed via a small opening in the gum and bone overlying the root tip.



Consent for Root Canal Treatment

I, _____, hereby authorize Dr. _____ and staff to perform upon me the following treatment and procedures:

Root Canal treatment on tooth number(s): _____

I understand that my doctor may discover conditions requiring different treatment from that which was planned. I give my permission for those additional procedures that are advisable in the exercise of professional judgment, which would include extraction of the tooth if the prognosis was very poor.

Certain risks and complications are associated with Root Canal treatment that include, but are not limited to:

- ✓ Post-operative bleeding, swelling, and discomfort that may require at-home recuperation for a few days.
- ✓ Bruising of mouth tissues or skin of face or lips in areas sometimes distant from the surgery site.
- ✓ Injury to adjacent teeth or soft tissues, including existing restorations.
- ✓ Numbness of the lip, chin, gums, cheek or tongue (including possible loss of taste sensation), usually temporary but sometimes permanent.
- ✓ Perforations into the sinus (a chamber in the upper jaw) that may require additional treatment.
- ✓ Loosening of or loss of dental fillings.
- ✓ Swallowing or inhaling of instruments or fillings.
- ✓ Restricted mouth opening for several days sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
- ✓ Injured oral tissues, including lip or tongue.
- ✓ Separated instruments or inoperable root canal anatomy (i.e. calcified canals) causing shortened fill or an excessive length of filling material (incomplete Endodontic seal).
- ✓ Irretrievable broken instruments in the canal.
- ✓ Inaccessible canals.
- ✓ Fracture of the root requiring extraction.
- ✓ Infection or chronic irritation of the bone or surrounding tissues.
- ✓ Non-healing lesions in the bone around the end of the tooth.
- ✓ Perforation of canal walls or out the end of the root.
- ✓ Loss of existing tooth structure.

Dental anesthetics used for these procedures, although considered safe, have certain associated risks and side effects that include: adverse drug responses or allergic reactions, heart irregularities, dizziness and nausea. The use of other drugs and medicines such as sedatives and antibiotics may also cause adverse or unexpected responses.

I have given a complete and accurate medical history, including all medicines and drug use. I also agree to fully comply with instructions given to me during the course of my treatment.

No guarantees concerning the result of the planned treatment have been given me, and I have been given the opportunity to have all questions answered to my satisfaction. I understand that the need for additional treatment to save my tooth might result in additional cost.

I hereby authorize Wendel Family Dental Center to perform the treatment indicated above.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date