

CONSENT FOR ROOT CANAL RETREATMENT

Tooth # _____

This consent form explains the risks, benefits, and alternatives to root canal retreatment, ensuring that you are fully informed. Your doctor has diagnosed your tooth condition and recommends retreatment of the root canal. Although retreatment aims to save your tooth when previous treatment has failed, it is more complex and carries specific risks. Root canal retreatment is generally less predictable than initial treatment due to factors like pre-existing fractures, residual infections, or intricate anatomy.

Treatment Alternatives and No Treatment Consequences

Alternatives to retreatment include:

- **Extraction** of the tooth with or without replacement (implant, bridge, or partial denture).
- **Apicoectomy** (surgical removal of the root tip and placement of a filling).
- **No treatment**, which may lead to worsening conditions, such as pain, swelling, bone loss, and loss of teeth.

Potential Risks and Complications

Root canal retreatment carries inherent risks, including but not limited to:

- **Instrument separation:** The small instruments used during treatment may break. Sometimes the separated part can remain without issue or may require further intervention
- **Root perforation:** Removal of the filling material may lead to perforation, requiring surgical repair or extraction
- **Infection control challenges:** Persistent or recurrent infections may require additional procedures like apicoectomy
- **Crown or restoration damage:** Existing crowns or fillings may be damaged or destroyed during treatment
- **Tooth fractures:** Retreated teeth are more prone to fractures, often requiring a crown to protect the tooth
- **Irrigants:** Irrigants used for disinfection, in rare cases, may cause pain, swelling, inflammation, or tissue damage.
- **Jaw discomfort:** Long appointments may result in jaw muscle soreness, particularly if you have pre-existing TMD
- **Other risks:** Temporary or permanent numbness of the tongue, lips, or face due to anesthetic or treatment
- **Antibiotics:** May interfere with birth control effectiveness. Notify the office of any side effects
- **Pain medications:** May cause drowsiness. Avoid operating vehicles or machinery while taking them

Post-Treatment Care

After retreatment, a permanent restoration (crown) is essential to prevent fractures or reinfection. Visit your general dentist promptly and **within 4 weeks** for this restoration.

Periodic evaluations (every 6–12 months for at least two years) are necessary to monitor healing. Neglecting follow-up care increases the risk of severe complications.

Acknowledgment and Consent

I understand the proposed procedure, its risks, benefits, and alternatives. I acknowledge that no guarantees have been made regarding the outcome. By signing this form, I acknowledge and accept the risks and give my consent for Dr. _____ and their team to perform the recommended root canal retreatment and administer necessary anesthetics.

I also give permission for photography, video, and x-rays for administrative, teaching, and educational purposes.

Patient Name: _____ Date: _____

Signature of Patient or Legal Guardian: _____