

INFORMATIONAL PURPOSES ONLY
ROOT CANAL RETREATMENT

I UNDERSTAND THAT ROOT CANAL RETREATMENT includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of successful results have been made.

1. **A tooth which has had root canal treatment previously** may possibly become excessively tender or painful at some time following the initial root canal treatment for various reasons. Should this occur the tooth may require additional procedures, including retreatment, apical surgery, or extraction.
2. Should anesthesia be necessary there is a possibility of numbness occurring in the tongue, lips, teeth, jaws and/or facial tissues resulting from either the anesthetic administration or treatment procedures. Numbness is usually temporary but may be permanent.
3. **Extensive complicated treatment may be necessary.** When retreatment is necessary, the removal of the previous root canal filling material may involve difficulties such as pulp chamber or root perforation, root fracture, or other complications. This may possibly necessitate referral to a specialist or may even require extraction of the tooth.
4. **Instrument separation may occur.** Because of the small diameter and fragility of root canal instruments, there is a possibility of an instrument separating. Many times the separated part of the instrument can be removed or even retained without causing problems. No matter how carefully instruments are manipulated the possibility of separation exists.
5. **A previously root canal treated tooth may subsequently become infected.** Should this occur, it may be difficult to control the infection with retreatment only of the root canal and/or administration of antibiotics. The tooth may require a procedure called an apicoectomy that entails surgical removal of the end of the root and placement of filling material. In most instances, this treatment will take care of the problem. However, at times this procedure may not produce the desired result and preservation of the tooth.
6. **A retreated tooth may become brittle.** Because of the loss of vital tissue in the pulp chamber and root canal, a tooth may become excessively brittle and break (fracture). At times, this could occur subsequent to retreatment. In such cases, the tooth may be preserved with a crown buildup and a crown to restore the tooth unless the fracture is too severe or too extensive. Should the fracture be too extensive for a crown buildup or extend below the level of supporting bone, the tooth may need extraction.
7. **Should extraction be required,** replacement could be made with some type of prosthesis such as a fixed bridge, a removable bridge, or an implant.
8. **Alternatives to root canal retreatment.** Should it be determined to not retreat a tooth previously treated with a root canal procedure, alternatives such as extraction followed by fixed or removable bridgework, or implants may be considered.
9. **Medications.** Should infection and/or pain be present, it may be necessary to prescribe medication. Drugs prescribed must be taken strictly according to instructions. Patients on oral contraception must be aware that antibiotics may render these contraceptives ineffective. Other methods of contraception should be utilized during the treatment period if antibiotics are used.
10. **TREATMENT MUST BE COMPLETED.** It is absolutely necessary to complete the root canal retreatment procedure once it is begun, otherwise serious problems may develop. It is the patient's responsibility to schedule and keep the necessary appointments and also to notify this office should unanticipated problems occur concerning the treatment. Also, the patient must diligently follow all preoperative and postoperative instructions and keep all scheduled appointments.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of root canal retreatment and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist. I do voluntarily assume any and all possible risks including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. _____ and/or his/her associates or agents to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering any and all anesthetics and/or medications.

Patient's Name (please print)

Signature of patient, legal guardian, or
authorized representative

Date

Tooth No.(s) _____

Witness signature

Date