**Consent for Root Canal Treatment**

Root canal treatment (RCT) is a dental procedure during which the nerve is removed from a tooth normally because the nerve is dying or has died. The intended benefits of the procedure include removal of pain and/or infection at the base of the tooth.

As with all medical procedures there are risks and potential complications which you must be aware of before you can give your consent to proceed.

**Expected complications**

* Numbness lasting a few hours.
* Soreness of the gums lasting a few days.
* Mild to moderate pain (sometimes severe) for a couple of days

**Common risks and complications**

* Trauma to other parts of the mouth including adjacent teeth, gums, cheeks, tongue etc.
* Weakening of the tooth being treated meaning it might require further work in the future to restore it to decent strength. Crown or posts/crown may be needed
* Darkening of the tooth.
* Inability to locate, clean and seal all parts of the root canal resulting in failure to remove all pain and/or infection.

**Rare risks and complications**

* Fracture of the tooth resulting in extraction being required.
* Separation (fracture) of an instrument within the tooth.
* Perforation of the floor or root of the tooth by an instrument.
* Trauma to tissues underneath the tooth including bone, sinus, nerves supplying other teeth etc.
* Allergic reaction to something used during the procedure (hypochlorite accident)

Root canal treatment is not successful 100% of the time even if all parts of the procedure go as planned. Therefore some teeth that have undergone this procedure will require the RCT to be re-done or might require extraction.

**Alternative options**

1. Referral to a specialist in this field who may be able treat the tooth better via the use of a microscope and specialist equipment etc.
2. Extraction leading to a gap or further work to replace the tooth such as a bridge, implant or denture.
3. Refusing treatment but this will result in a high risk of further pain and infection from this tooth.

By signing below I acknowledge that this procedure has been explained to me and I have had time to ask questions, consider my options and am happy to proceed. I am also aware that I have the right to seek a second opinion from another dentist at any time.

Signed: Name: Date: