

# **DR. IAN BRAVERMAN DENTAL SURGEON**

10465 Islington Avenue, Kleinburg, Ontario, LOJ 1C0 Phone: 905-893-4500 Fax: 905-893-0556

E-mail: [ibraverman@napavalleydentalcentre.com](mailto:ibraverman@napavalleydentalcentre.com)

## **PATIENT INFORMATION FOR ROOT CANAL THERAPY**

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A. Purpose of treatment:** Root canals may be required for a number of reasons. The pulp or nerve may be irreversibly damaged by decay (past or present) or by trauma. This usually results in the death of the pulp tissue, and the resulting root canal problem is often evident by pain, swelling, discolouration, looseness, etc.

**Treatment planned:** \_\_\_\_\_  
\_\_\_\_\_

**Benefits of treatment:** \_\_\_\_\_  
\_\_\_\_\_

**Alternative treatment:** \_\_\_\_\_  
\_\_\_\_\_

### **B. Prognosis of root canal therapy:**

No tooth will be treated unless it is felt there is a good chance of that tooth remaining a healthy member of the dental arch. While there is no certainty concerning healing, we expect this to occur in approximately 95% - 98% of the cases. On rare occasions, the chances of success may fall below this expectancy, or your tooth may not be amenable to root canal treatment at all. If your tooth falls within one of these latter categories, you will be informed of the fact at the time of examination.

There are times when a minor surgical procedure may be indicated to preserve your tooth. This will depend on the nature of the problem existing prior to treatment, as well as the response of the involved tissues after root canal therapy. Should the need for surgery become evident before, during, or after root canal therapy, you will also be informed.

### **C. Course of treatment:**

Treatment of teeth with injured pulps usually consists of an examination to determine the type of therapy needed, removal of the injured pulp, thorough cleaning and shaping of the root canal and complete filing of the root canal. Root canal therapy may take as few as one or two visits, or as many as four or more. Each tooth presents individual problems and must be treated accordingly.

Basically, root canal therapy may involve some minor pain. Whenever necessary, a local anesthetic is used to reduce the possible pain and anxiety. An analgesic and/or anti-inflammatory and/or antibiotic may be prescribed depending on the individual case.

Your comfort throughout all phases of treatment is the major concern of our office. Since root canal therapy is concerned with removing only the injured pulp from the root canal, the tooth should continue to function normally as long as the supporting tissues remain intact.

**D. Why save the tooth:**

While removing a tooth may be a simpler operation than root canal treatment, in the long run it is rarely the best solution. When a tooth is removed, something must be done to fill the space created. The best solution is replacement by an implant or permanent bridge or a denture. This may involve extensive treatment to the adjacent teeth to allow for the attachment of a bridge or denture. In addition, a missing tooth means fewer teeth remain to carry the increased load.

To complicate matters, a tooth extracted from the very back of the mouth must be replaced by an implant-supported bridge or denture or a non-implant-supported denture. A regular permanent bridge can only be inserted if there are teeth on each side of the missing tooth to anchor the false tooth. It is generally agreed that a removable denture is not as satisfactory a restoration in terms of function, esthetics and patient satisfaction as a permanent bridge.

**E. Does the tooth discolour:**

Sometimes the tooth discolours when the pulp has been injured. Discolouration may be treated by bleaching the root canal tooth and possibly other teeth.

**F. After treatment:**

When your root canal therapy has been completed, it is vital that a permanent restoration be placed on the root canal tooth. A post and core and crown (cap) are generally indicated, however, the need for a post and core and crown will be determined on an individual case basis.

**G. Consent:**

1. I have had explained to me, by the dentist, the purpose, reasonable risks, benefits of and alternatives, if any, to the procedures recommended for my dental treatment. In respect of the above treatment services, I have carefully read the explanatory material and have been given copies. Such questions as I have posed have been answered to my satisfaction.
2. I consent to the administration of such local anesthesia as is required for the said dental treatment.
3. I certify that no guarantee has been made or assurance given as to the results that may be obtained.
4. I read and understand English Yes \_\_\_\_\_ No \_\_\_\_\_  
(if the response to the above is "no")

This consent form and attached documents were interpreted and explained for me. Yes \_\_\_\_\_

DATED at Woodbridge, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_ (Patient, Parent, Guardian)