

ROOT CANAL TREATMENT

What is Root Canal Treatment and what are its benefits?

Root canal treatment is the procedure of cleaning diseased or infected tissue from the inside of the tooth followed by the placement of a hermetic seal in the space (root canal) formerly occupied by this tissue. Using local anaesthetic, there is rarely discomfort to the procedure. When swelling is present, root canal treatment may also involve incision of the gum for drainage and the use of antibiotics. The primary benefit of root canal treatment is saving a tooth, which would otherwise require extraction. This enables the tooth to continue to contribute to a sound, healthy and functional dentition for many years, if not a lifetime.

What alternatives do I have?

Extraction of the tooth is the alternative. If the tooth is removed and not replaced, the empty space may create problems in tooth alignment because of shifting by the adjacent teeth. This often results in periodontal disease and you could lose more teeth. The missing tooth on the other hand, may be replaced by a bridge, implant or partial denture. The cost for this is more expensive than root canal treatment and may involve dental work on adjacent teeth. Bridges and partial dentures are also harder to keep clean and may contribute to the development of periodontal disease unless meticulous care is rendered. The option of no treatment results in the persistence or recurrence of pain and infection with the end result being the loss of the tooth. If you have any reservation, you are encouraged to seek a second opinion.

What are the complications of treatment?

With a success rate of over 90%, endodontic therapy is a very reliable dental procedure. Dr Anthony Vinci only uses state of the art techniques and materials. However, because endodontic therapy is a biological procedure, there can be no absolute guarantee regarding treatment success. You need to understand that the following may be inherent or potential risks for the treatment you will receive: Swelling; sensitivity; bleeding; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient but on frequent occasions may be permanent; reactions to injections; changes in occlusion (biting); jaw muscle cramps and spasm; temporomandibular joint difficulty; loosening of teeth, crowns or bridges; referred pain to ear, neck, and head; delayed healing; sinus perforations; complications resulting in the use of dental instruments (broken instruments that may remain in the tooth - perforation of the tooth, root, sinus), medications, anaesthetics and injections; discoloration of the face; reactions to medications causing drowsiness and lack of coordination; and that antibiotics may inhibit the effectiveness of birth control pills. Any of these complications can result in failure of the procedure requiring possible retreatment, surgery, and or extraction at an additional fee. While it is important to advise you of possible complications, most teeth are treated and saved with no complications or side effects at all.



What are my responsibilities?

It is very important to provide Adelaide Dental Solutions with a complete and accurate medical history and health status on your health questionnaire including any prior allergic or unusual reactions to drugs, food, insect bites, anaesthetics, pollens, dust, latex or other products, abnormal bleeding, or any other medical conditions. We also need to know if you are taking birth control pills, or any other prescription or over-the-counter medications, including aspirin or ibuprofen (Nurofen, Motrin, Advil, Nurprin, etc.), as well as any nutritional supplements or herbal products. After your root canal therapy is performed you will require a permanent restoration (filling, crown, etc.). As your appointment time is reserved for you exclusively, it is important that you give us 48 hours' notice if you must reschedule, otherwise a \$50 fee may be charged.

Signing below I acknowledge:

- 1) I have read this form in its entirety and have been given the opportunity to ask questions regarding treatment, alternatives and risks associated with the proposed root canal therapy for the tooth.
- 2) I hereby authorise Dr Anthony Vinci, and his assistants to perform examinations, diagnostic procedures, and indicated treatment.
- 3) I authorise the use of my dental radiographs, photographs, and case history for publications by Adelaide Dental Solutions.
- 4) I acknowledge and agree to the financial responsibility for this dental treatment with Adelaide Dental Solutions.

Patient's Signature: _____

Patient's Name (printed): _____ Date: _____