HAVRE DENTAIRE

Informed Consent – Root Canal Treatment

1. What is Root Canal Treatment?

Root canal treatment is a **common and effective dental procedure** designed to:

- Preserve your **natural tooth**
- Prevent the need for **implants or prosthetics**
- Relieve pain caused by **infections or inflammation of the pulp**

More than **1.5 million teeth** are saved every year in Canada thanks to root canal procedures. The success rate is **very high** when the treatment is performed under proper conditions.

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2. Why Do I Need a Root Canal?

The **pulp** inside each tooth contains nerves, blood vessels, and connective tissue. It may become damaged or infected due to:

- Trauma (e.g., blow to the tooth)
- Deep decay
- Repeated dental procedures

Common symptoms include:

- Sharp or persistent sensitivity to heat or cold
- Tooth discoloration
- Pain or swelling in the gums

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3. Steps of the Procedure

1. Clinical and radiographic examination
2. Local anesthesia
3. Access to the pulp chamber
4. Cleaning, shaping, and disinfecting the canals
5. Filling (obturation) of the root canal system
6. Temporary or permanent closure
7. Final restoration, often with a **crown**, to ensure strength and long-term protection

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4. Potential Risks and Complications

During Access:

- Damage to existing restorations (e.g., fillings, crowns)
- Tooth perforation (side wall or floor)
- Fracture of the tooth due to weakened structure
- Undetected or accessory canals, possibly leading to treatment failure

During Instrumentation:

- Root perforation (lateral, apical, or furcal)
- Instrument fracture inside the canal
- Canal blockage due to compacted debris
- Apical deviation or "zip" caused by root curvature

During Filling:

- **Underfilling**: leaving part of the canal unsealed, risking reinfection
- **Overfilling**: excess material beyond the root tip, possibly causing irritation or pain

Other Potential Issues:

- Post-operative pain (usually managed with medication and resolving within 72 hours)
- Swelling (especially in already infected teeth)
- Persistent or recurring infection that may require:
    - Retreatment of the canal
    - Apical surgery
    - Tooth extraction and prosthetic replacement

5. Factors That May Complicate Treatment

- Narrow or curved roots
- Canal calcification
- Difficult access to the tooth
- Presence of double or accessory canals
- Internal or external root resorption
- Pre-existing infection or bone lesions
- General health conditions of the patient

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6. Prognosis

Tooth number: _____
☐ Good ☐ Fair ☐ Poor

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7. Patient Acknowledgement

I confirm that I have received and understood all the information provided regarding:

- The nature, purpose, and process of root canal treatment
- The associated risks and possible complications
- The importance of avoiding chewing on the treated tooth before final restoration
- The need for timely restoration (such as a crown) to protect the tooth

I have had the opportunity to ask questions, and all answers were satisfactory.
I hereby give my **informed consent** to proceed with the proposed treatment.

Patient signature: _____ Date: _____

Dentist signature: _____ Date: _____