



Cambridge Dental Hub



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INFORMED CONSENT FOR REDOING ENDODONTIC THERAPY

Signing this consent form means that I hereby authorize the dentist or whomever they may designate as their assistant(s) to perform **A Redoing of existing endodontic therapy** as needed to treat my dental problem and/or condition.

I further authorize the administration of medications and anaesthetics, performance of diagnostic procedures (including x-rays), and such additional services that may be deemed and necessary, understanding that risks are involved.

Signing this consent form is an acknowledgement:

That the dentist has explained the likely outcomes and possible complications of each alternative option; that the dentist has made leaflets and other relevant information available to me to help with my decision making.; that the dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment or seek a second opinion; that the dentist has also explained to me the options and complications related to restoring the gaps created by the extraction of teeth and the complications related each; that the dentist has also explained to me the options and complications related to leaving the gaps created by the extraction of teeth unrestored and the complications related to this option.

I also understand the following:

I understand that I may also choose to decline treatment at this time and understand the risks in not having treatment at this time and understand the risks in not having treatment include, but are not limited to, pain, swelling, infection, increased bone loss, and eventual tooth loss.

When we start the root treatment we may reveal that the root treatment has a poorer prognosis that was expected if this is the case then we will inform you and discuss your options.

In general, over 90% of routine cases are successful, **however the success rate of a re-do is very poor and the patient must assume failure is a very high possibility. Endodontics, as with any branch of medicine or dentistry, is not an exact science. Therefore, no guarantee of treatment success can be given or implied.**

If the case is not successful, the treatment may have to be redone, the patient may need to see a specialist, a surgical procedure maybe required, or the tooth extracted. In each instance, an additional charge will be made.

Cases started in other dental practices or retreatment cases are usually more difficult and may have a different outcome than expected under optimal conditions. It is usually necessary to alter the tooth structure or remove the restoration (e.g. crown or filling) of the tooth being treated.

Proper post-treatment restoration (usually but not always a crown) is a necessity. The cost of this permanent restoration is not included in the cost of the Root Canal Treatment; any delay in having the permanent restoration can result in a failure of the treatment, and the need, perhaps, for an extraction.

Treatment will be performed in accordance with accepted methods of clinical practice. Included in the therapy will be the taking of a minimal number of radiographs (x-rays) as dictated by the requirements of the case. No charge will normally be made for x-rays that are taken at the practice which are part of the Root Canal treatment.

I realize that failure to complete the treatment or failure to keep to a time schedule can reduce the success rate dramatically. This includes the importance of having the permanent restoration placed after the Root Canal Treatment is completed

Periodic recall examination is always recommended to evaluate the healing after treatment and no further charges are made for it. However, compliance is the responsibility of the patient.

Completing the Root Canal Treatment (including the Placing of the Permanent Restoration)

It is essential to follow the treatment plan and keep appointments as **delays can mean failure of the whole treatment**. This applies to **the Root Canal Treatment as well as the placing of the permanent restoration**. As the appointments for Root Canal are generally very long we reserve the right to charge for missed appointments or where at least 72 hours are not given for cancellations.

It is important to understand that the FULL PAYMENT for completing the Root Canal Treatment is due on the first visit, and as the main costs are applied to the first visit then NO REFUND IS GIVEN if the patient fails to, or decides not to, complete the treatment.

A temporary restoration is placed at the end of the Root Canal Treatment. A permanent restoration, usually a crown, is always required, and normally placed a month later and a separate charge will apply for the permanent restoration.

Possible complications of treatment include, but are not limited to the following:

- Procedural difficulties in the course of treatment.
- Swelling, soreness, infection, trismus, paresthesia, or discoloration of the adjacent soft or hard tissues.
- Fractures of the crown or root of the tooth.
- When a root canal is done on a tooth which has an existing crown or is part of a bridge then it is very common for the crown or bridge to be damaged beyond repair, for example the porcelain fracturing off. An assumption should be made that if the tooth has a crown/veneer/inlay already or is part of a bridge then a replacement will be required and that extra charges will apply for the replacement of the crown/bridge/veneer/inlay.
- Fragmentation of the root canal instruments (Files/Reamers) can occur during treatment. This is particularly true where the canals are twisted, blocked or otherwise not completely straight and conical.
- Perforation of the root with instruments.
- Complications following local aesthetic injection: hematoma, paresthesia, allergy, increased heart rate, etc.
- Treatment Failure and loss of the tooth may occur if there is any delay with the placing of the permanent restoration and it is essential that there is no delay. (This is normally done 4 weeks after completion of the Root Canal Treatment)
- Additional unknown or unspecified problems, the explanation for and the responsibility of cannot be given or assumed.
- That the tooth may not be restorable when the Root Canal Treatment is finished.

All the complications above have been discussed with me and they way that may mean my treatment may fail, and/or I may need to be referred to a specialist Endodontist, and or I may need further or alternative treatment including extraction/implants/bridgework and that if failure of the treatment occurs then any extra costs will be explained and be payable by the patient.

Possible alternative methods of treatment may include the following: endodontic surgical procedures, tooth removal, or no treatment, and the advantages or disadvantages of each have been discussed.

A charge may be made for additional appointments resulting from the failure of the patient to follow the prescribed treatment schedule or for failing to show for an appointment without 48 hours notice.

Options for treatment

The dentist has explained the options and choices for current and future treatment needs including crowns, implants, bridges, dentures, and the likely outcomes of each choice if complications occur.

The dentist has also explained the risks of not having the procedure and/or not having/delaying the permanent restoration.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment; seek a second opinion or be referred to a specialist Endodontist.

The dentist has also explained the importance of returning for a review after the endodontic treatment to discuss further treatment and/or management related to my Dental care.

Informed Consent FOR Redoing/Repeating Root Canal Treatment

I certify that I have read fully and understand that this authorization for informed consent and I was free to ask any questions pertinent to my treatment and that these questions have been answered to my complete satisfaction.

I certify that I have been told that the cost of the Root Canal Treatment quoted includes associated x-rays and a temporary restoration (usually a dressing) and that there is an extra charge for a permanent restoration (filling or crown); and I certify that I have been told that the future permanent restoration is essential and any delay in placement can mean failure of the treatment and extraction of the tooth.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment, or that I can decide to discontinue the treatment. Similarly signing this means that I only pay for the Root Canal Treatment once it is started.

Patients Name _____

Patients Date of Birth _____

Signature _____

Date _____