



The Hub Dental Practice



INFORMED CONSENT FOR ROOT CANAL WITH BROKEN FILE

This consent must be read alongside the consent form for root canal treatment and crowns

We have identified a broken file in the canal of the tooth that we are proposing to complete RCT in. This means that the chances of success are diminished and failure of the RCT is more likely, this can result in pain and maybe ultimately extraction or surgery.

We are proposing to try to dislodge the file prior to continuing with the RCT. This may not be successful.

Your treatment options now include

1. Referral to a specialist Endodontist
2. Waiting and deferring a decision.
3. Extraction
2. Continuing with the RCT and but trying to take the file out with the increased risk of perforation and damage to the root canal

Signing this consent form means that I hereby authorize the dentist or whomever they may designate as their assistant(s) to perform **an endodontic therapy in tooth that has a broken file in one of the canals.**

This consent should be read alongside our consent form for RCT.

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. 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.

I also understand the following:

When we start the treatment we may reveal that the 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 first root treatment cases are successful, **however the success rate when there is a broken file is very poor and the patient must assume that 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 again, 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.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

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

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.

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 doing Root Canal Treatment where there is a broken file

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 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. **(CF RCT with broken file)**

Patients Name _____ Patients Date of Birth ____//____//____

Signature _____ Date ____//____//____