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Informed Consent for Laser Root Canal Therapy

Please read the following information and initial each paragraph where indicated. By initialing each paragraph below, you acknowledge that you have received adequate information regarding the proposed treatment that has been prescribed for you.

Root canal treatment, which is also called endodontic treatment, involves relieving pain and discomfort by removing the nerve tissue called “pulp”, located in the center of the tooth and its roots, called the root canals. During treatment a small opening is made through the biting surface of the tooth to expose the pulp. The pulp is then removed with very fine files. Once the pulp has been removed, the canal is rinsed and shaped. The inside of the canal is then decontaminated using the Diode laser. A preservative material is then placed inside the canal, and the canal is sealed. As with any medical or dental treatment, even under the best of circumstances, a 100% success rate cannot be guaranteed, however, root canal therapy has been considered to be a viable treatment option. _____ initial

Even under the best of circumstances, root canal treatment cannot be guaranteed.

I understand that Dr. Rayne uses the Diode laser during her treatments. Utilizing the laser to reduce the number of bacteria inside the canal increases the chance of success. _____ initial

Conventionally, root canal therapy has been performed with a rubbery material called “gutta percha”. Today some believe that gutta percha does not adequately seal all the communications between the tooth and surrounding tissues. In 1994 the FDA gave permission to market a material called ENDOCAL 10, which has been used in France and other countries for over 15 years. _____ initial

ENDOCAL 10 consists of a powder of calcium oxide and zinc oxide, which has been demonstrated to be among the most bio-compatible materials in dentistry. The powder is mixed with a liquid consisting of purified water and ethylene glycol. The resulting compound, (calcium hydroxide), is very effective in destroying bacteria, and expands to effectively fill the canals of the tooth root or roots.

Unlike the traditional method, ENDOCAL 10 has no barium metal salts included, and will have limited radiopacity on x-rays. This does not mean an incomplete canal fill or failure of the root canal treatment, which is judged in all cases by the presence or absence of inflammation around the root tip, along with possible accompanying symptoms. Keep in mind that radiographically visible bone healing following root canal treatment may take months or possibly years. _____ initial

After the laser root canal treatment is completed, it is essential that you return to our office for final restorative treatment. A temporary seal is designed to last only a short time, failing to return as directed, to have the tooth sealed permanently with a crown or filling can lead to other problems. These problems are deterioration of the seal resulting in decay, infection, gum disease, fracture, and possible premature loss of the tooth. The root canal fee does not include the cost of the filling or crown restoration.

____ initial

Benefits and Alternatives

Laser root canal treatment is intended to allow you to keep your tooth for a longer period, which will help to maintain your natural bite and healthy functioning of your jaw. Extraction is the most common alternative to root canal treatment. It may require replacing the extracted tooth with a removable or fixed bridge, or an artificial tooth called and implant. Removing the tooth can also mean a significant reduction in the surface chewing ability as well as altering the relationship between the teeth, as they may shift over time.

Common Risks

1. Soreness and infection: During and after treatment, you may experience some slight bleeding, discomfort or swelling. The laser often leaves the gum looking slightly swollen and white in appearance, it may also feel slightly rough against you tongue, this is a normal part of healing and will subside. It is also possible to experience infection which would need to be treated with antibiotics. You should immediately contact the office if any of these conditions worsen, or if you begin experiencing fever, chills, sweats, or numbness.
2. Reactions to anesthesia: To keep you comfortable during treatment you will receive a local anesthetic. In rare instances patients have allergic reactions to the anesthetic, which may require emergency medical attention. We do keep life saving medication on hand to slow or stop the onset of anaphylaxis.
3. Stiff or sore jaw joint: Holding your mouth open during treatment may temporarily leave your jaw feeling stiff or sore. This may make it difficult to open your mouth widely for a couple of days. You may also experience some irritation at the corners of your mouth.
4. Fragile teeth: Teeth that receive root canal treatment may be more prone to cracking or breaking over time. If this happens, the remainder of the tooth may have to be removed and replaced with a partial, bridge or implant. In some cases root canal treatment may not relieve all symptoms. The presence of gum disease (periodontal disease) can increase the chance of losing a tooth even though root canal treatment was successful.

I understand that if I do not have root canal treatment my discomfort may continue and I may face the risk of infection and/or abscesses in the tissue and bone surrounding my teeth and eventually the loss of my tooth and/or adjacent teeth. No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that the root canal treatment may not relieve my symptoms and I may need to have my tooth extracted. _____ Initial

I understand the information presented to me, as well as the benefits and risks involved. I agree to have root canal treatment done on the tooth or teeth in question. I choose not to have conventional root canal therapy with gutta percha and instead, wish to have this procedure completed with ENDOCAL 10.

Patient Signature

Date

Doctor's Signature

Date

Witness Signature

Date