

University of Southern California School of Dentistry
Endodontic Informed Consent

161459

I MAIKO MATSUURA have been advised by Dr. _____ (my referring dentist) that I require root canal treatment on tooth# #19.

I understand that root canal treatment is an attempt to save my tooth due to loss of vitality from infections, decay, crack or to obtain sufficient retention for restoration. The alternative to root canal treatment is extraction.

I have discussed the root canal procedure with my student/dentist and I understand that the following risks and complications may arise:

1. Root canal treatment requires anesthesia and multiple radiographs (x-rays).
2. Local anesthesia injection sometimes causes trismus (difficulty in jaw opening) or paresthsia (temporary or permanent loss of sensation)
3. Post-operative discomfort or swelling, lasting a few hours to several days, for which medication will be prescribed if deemed necessary by the student/dentist.
4. Allergic reactions to medication or anesthetics.
5. Separation of root canal instruments during treatment which may, in judgment of the student/dentist, be left in the treated root canal or require surgical procedure for removal.
6. Perforation of the root canal due to curved roots or existing conditions. This may require additional surgical treatment or extraction.
7. Premature tooth loss may result from cracks or fractures that can occur during the root canal treatment or from progressive periodontal gum disease.
8. Access through a crown or bridge (existing restorations) may result in damage to restorations, which is not the responsibility of your student/dentist.
9. Treatment may be discontinued due to calcified canals, separation of root canal instruments or reamers, or fractures of root or crown.
10. Success rate of root canal treatment is approximately 93% (If failure occurs the treatment may have to be redone, surgerized, or extracted).
11. Post-surgical complications include: discomfort and pain, swelling, bruises, excessive bleeding, trismus, and injury to the nerve underlying the teeth which may result in numbness or tingling of the lip, chin, gums or tongue on the operated side. This may persist for several weeks, months, or in remote instances permanently. Also, there may be exposure of the sinus in the upper teeth.
12. The crown of the tooth may darken eventually and /or become brittle due to loss of vitality. We recommend placement of the crown or any other proper restoration determined by your referring student/dentist as soon as possible.

I understand that at any time during treatment, common medications may be prescribed that may have side effects such as nausea and diarrhea. If any adverse side effects such as itching, rash or hives occur, I am to stop the medication and call the student/dentist who prescribed them.

I understand that failure to continue with initiated treatment may result in the eventual loss of the tooth through decay, fracture, or extraction, If this occurs, I cannot hold the student/dentist who initiated the treatment responsible.

I understand that doing root canal therapy through crowns may hide existing decay or cracks, that are not visible to the student/dentist, and therefore I cannot hold the student/dentist responsible for missing them.

I understand that after my root canal treatment is completed I should continue my treatment by placing a proper restoration on the tooth.

The undersigned certifies that he/she has read and is willing to comply with the foregoing, and is the patient, *the parent with authority* to give consent or guardian of the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Patient MAIKO MATSUURA Witness (Faculty) [Signature] Date 6/10/15
Student _____ Parent/Guardian Akira Matsura