

**HIGHLAND PARK ENDODONTICS, LTD.  
INFORMED CONSENT FOR ENDODONTIC SURGERY**

**Surgery**

**Surgery**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TREATMENT:**

*Patient's Initials Required Indicating Having Read the Paragraph*

\_\_\_\_\_ Endodontic Surgery, also called apicoectomy, is a form of surgical root canal treatment to promote preservation of teeth that may otherwise be subject to extraction. Apicoectomy treatment is intended to help you keep your tooth, allowing you to maintain your natural teeth and the healthy functioning of your teeth, jaw, and mouth. This treatment is being recommended for you in order to resolve the problems related to the diagnosis made.

\_\_\_\_\_ If your tooth or its surrounding bone does not heal following root canal therapy an apicoectomy may be required. Incomplete removal of inflamed or infected pulp/nerve during root canal treatment or incomplete sealing of the nerve space may cause symptoms to occur, continue or worsen, thus requiring an additional procedure called an apicoectomy. Through a small opening cut in the gums and surrounding bone, any inflamed or infected tissue is removed. The root end may then be sealed with a restorative cement, which is referred to as a retrofilling procedure. In some cases, tissue is removed and may require a biopsy, at an additional cost.

**RISKS:**

\_\_\_\_\_ Following treatment, temporary bruising of facial tissue bleeding, pain, swelling and discomfort may be experienced and last for several days. These sequelae or symptoms may be treated with pain medication. It is possible that infection may accompany treatment and may be treated with antibiotics. You are to contact the office if your condition worsens or if you experience fever, chills, sweats, numbness, sinus problems, or severe pain or swelling.

\_\_\_\_\_ Recession of gums away from the crown exposing more tooth/root can occur as a result from repositioning of the tissue from surgery. Crown margins or roots may become visible when smiling or talking. This may require an additional gum and/or bone surgery to correct.

\_\_\_\_\_ There is a possibility of injury to an adjacent tooth or to roots of adjacent teeth during the surgical procedure. If an adjacent tooth or roots of adjacent teeth are injured or otherwise damaged during the surgical procedure, conventional root canal treatment, endodontic surgery, or extraction may be required.

\_\_\_\_\_ Since a portion of the root end will be removed, the root will be shorter. As a result, in some cases the tooth may become temporarily or permanently loose.

\_\_\_\_\_ Other complications such as sinus opening, infections, displacement of teeth or foreign bodies into the sinuses, tissues, spaces and cavities may occur, requiring additional surgery, at additional costs.

\_\_\_\_\_ Surgery to expose the root can require removal of surrounding bone to gain access. As a result, bone grafting may be required during the surgery, which may incur an additional cost. This also may be necessary if infection has resulted in bone loss.

\_\_\_\_\_ It is possible to experience some discomfort or difficulty in opening your jaw widely after endodontic surgery due to the nature of the dental procedure. Holding your mouth in one position during treatment may temporarily leave your jaw feeling stiff and sore and may make it difficult to open wide for several days (which can be referred to as trismus).

\_\_\_\_\_ Local anesthetics are used during the surgical procedure to assist in comfort during treatment. In rare instances temporary or permanent numbness, or painful nerve conditions, may occur as a result of the dental injection or surgical procedure. Additionally, although rare, patients can have reactions to the anesthetics or medications administered to them, or they can have interactions between medications they are currently taking and those we might prescribe or administer. It is critical that you tell your treating doctor all of the medications that you are currently taking.

**SUCCESS:**

\_\_\_\_\_ Although periapical surgery has a high degree of success in routine cases, it cannot be guaranteed. If post-treatment disease occurs for any reason, the tooth may require an additional surgical procedure or even loss of the tooth (extraction).

\_\_\_\_\_ Apicoectomy treatment may not relieve all symptoms. The presence of gum disease can increase the chance of losing a tooth even though apicoectomy treatment was successful.

\_\_\_\_\_ **A perfect result is neither guaranteed nor warranted and cannot be guaranteed or warranted. No guarantee or assurance has been given to me by anyone at Highland Park Endodontics, Ltd. that the proposed treatment will cure or improve my diagnosed condition.**

**ALTERNATIVES:**

\_\_\_\_\_ Depending on the diagnosis, alternative treatments may exist which involve other disciplines in dentistry. These alternatives include removal of the tooth or no treatment. Although removal of the tooth is the most common alternative to periapical surgery, this may require replacing the missing tooth with a fixed bridge, an artificial tooth implant, or a removable partial denture.

\_\_\_\_\_ If apicoectomy is not performed, discomfort may develop, continue, or recur. Also, the risk of an infection in the bone and tissue surrounding this tooth, eventually causing the loss of this tooth and/or adjacent teeth is possible. In rare cases serious infections can be life threatening.

**AUTHORIZATION:**

I hereby authorize the doctors of Highland Park Endodontics, Ltd. to perform endodontic surgery on tooth #\_\_\_\_\_ to treat my dental problem or condition.

Other: \_\_\_\_\_

I further authorize the administration of medications and anesthetics, performance of diagnostic procedures, and such additional services that may be deemed reasonable and necessary, understanding that risks are involved.

It is acknowledged that this consent form does not encompass the entire discussion regarding the proposed procedure that I had with the doctor.

***I have been given the opportunity to ask the doctor questions concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment.***

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(This is to be signed after discussion with the doctor.)*

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_