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**INFORMED CONSENT FOR NON-SURGICAL ROOT CANAL RE-TREATMENT**

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

Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_

**Facts for Consideration**

Root canal retreatment, may occasionally be required as a tooth may not respond as well as expected to the initial endodontic therapy for numerous reasons, including but not limited to the following:

1. Inadequately/poorly filled root canals.
2. Additional/undiscovered/missed canals.
3. Calcified canals.
4. Failure to permanently restore the tooth with a permanent restoration, allowing recontamination of the root canal system.
5. Root/defective restoration allowing new bacterial contamination.
6. Tooth or root fracture/crack.
7. Associated poor periodontal condition.

Root canal (endodontic) retreatment involves re-opening of a previously endodontically treated tooth. This often requires accessing the tooth through permanent restorations (crowns, inlays, onlays, veneers, bridges, etc.), which can become slightly altered or irreparably damaged. However, great care and caution are taken to avoid unnecessary modifications of restorations. Also, often times other restorative materials inside the tooth (posts/build-ups/pins/cast post) may need to be removed to insure adequate access. Therefore, root canal retreatments usually take longer to complete, may require additional visits and replacement of the restorations, and can be more costly.

I **understand** that **root canal retreatment** includes possible inherent risks, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected:

*Patient's initials  
 Required*

\_\_\_\_\_ **A crown may be damaged or destroyed during the retreatment.** Porcelain is particularly susceptible to fracture or cracking, and an existing porcelain crown may have to be remade. However, the endodontist will do his/her best to preserve your existing crown.

\_\_\_\_\_ **Root canal retreatment is not always successful.** Many factors influence success: adequate periodontal status, oral hygiene, trauma, pre-existing and undetected root fractures, accessory and lateral canals. Therefore, although a tooth may have appeared to be successfully retreated, there is always a possibility of failure, making additional root surgery (apicoectomy) or extraction necessary.

\_\_\_\_\_ **In some teeth, non-surgical root canal retreatment may not be sufficient.** Additional procedures may be necessary following some of the complications which may arise during the retreatment, such as calcified/non-negotiable canals, excessively curved or inaccessible roots or inadvertent previous tooth perforations.

\_\_\_\_\_ **Root fracture is one of the primary reasons for root canal retreatment failure.** Unfortunately, "hairline" cracks are almost always invisible and undetectable. Some causes of root fracture are trauma, inadequately protected teeth, initial cracking of the coronal portion of the tooth, pre-existing large fillings, improper bite, excessive wear, and habitual grinding of teeth. Root fracture after or prior to treatment usually necessitates extraction.

\_\_\_\_\_ **Instrument separation may occur inside the root due to the complexity of the tooth anatomy.** It is a rare occurrence, which does not compromise the treatment prognosis in most cases. However, additional treatment may be necessary if complications occur.

\_\_\_\_\_ **ROOT CANAL RETREATMENT MUST BE PROTECTED.** Following root canal retreatment, your tooth becomes brittle and is prone to fracture due to undermined and/or reduced tooth structure.

\_\_\_\_\_ **The teeth treated may remain tender or even quite painful for a period of time,** both during and after completion of retreatment. If pain is severe or swelling occurs, please call our office immediately. There is also a possibility of numbness occurring and/or persisting in the tongue, lips, jaw and/or facial tissues, which may be a result of anesthetic administration or treatment procedures. This numbness is usually temporary, but rarely could be permanent.

\_\_\_\_\_ **Medications.** Analgesics and/or antibiotics may need to be prescribed depending on symptoms and/or findings. Prescription drugs need to be taken as instructed. Women should be aware that antibiotics may affect the efficacy of oral contraceptives.

\_\_\_\_\_ **There are alternatives to root canal retreatment.** These alternatives include: no treatment (not recommended), extraction, extraction followed by a bridge or partial denture placement, extraction followed by implant and crown placement.

\_\_\_\_\_ **Once treatment has begun, it is absolutely necessary that the root canal retreatment is completed.** One or more appointments may be required to complete retreatment. It is the patient's responsibility to seek attention should any anticipated or undue circumstances occur. Also, the patient must diligently follow any and all pre-operative and/or post-operative instructions given by the specialist and/or staff.

**Additional remarks/comments:**

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of root canal retreatment and have received answers to my satisfaction. I have been given the opportunity to seek alternate treatment. I do voluntarily assume any and all possible risks including, but not limited to, those listed above. No promises or guarantees have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. Quang and her associates to render any treatment necessary and/or advisable to my dental conditions, including prescribing and administering any and all anesthetics and/or medications.

- I consent to the root canal retreatment as described by Dr. *Phuong N. Quang* and/or her associates.**
- I refuse to give my consent for the proposed treatment as described above.**
- I have been informed of and accept the consequences if no treatments are rendered.**

\_\_\_\_\_  
Patient's Signature (or Legal Guardian)

\_\_\_\_\_  
Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to root canal retreatment with \_\_\_\_\_, who has had the opportunity to ask questions.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date