

## **Apicoectomy & Root Amputation Consent Form:**

### INFORMED CONSENT FOR SURGICAL ENDODONTIC THERAPY

\_\_\_ Root End Resection with Root End Filling also known as Apicoectomy with Retrofill. This is the most common endodontic surgery. It is recommended when inflammation or infection persists in the bony area around your tooth following endodontic therapy. During surgery an opening is made in the gum tissue near the affected tooth and the inflamed or infected tissue is removed. The very end of the root is removed and a small filling may be placed to attempt to seal the end of the root. During the procedure, your root(s) will be checked for fracture. If a fracture is found, the affected root or possibly the entire tooth may have to be removed. Significant loss of supporting bone may require guided tissue regeneration.

\_\_\_ Root Resection (Amputation). It is recommended when severe gum disease or a severe crack in your root is observed in a tooth with more than one root which has had previous endodontic therapy. During the surgery, an opening is made in the gum tissue and the entire affected root is removed. The remaining roots anchor your tooth to your jaw bone. Usually a space (gap) under the crown is created for cleaning were the root was removed.

\_\_\_ Guided Tissue Regeneration. Occasionally the supporting bone around your tooth is lost. During surgery, a material is placed around your tooth and covered by your gums. The barrier keeps the gingiva away and provides a space for healthy new fibers which connect to the tooth as well as bone regrowth.

If a filling is placed in your tooth/root during the procedure, it will NOT contain amalgam, but usually one of the following: MTA (portland cement), composite/glass/resin ionmer (glass and organic acid +/- plastic resin), or zinc oxide

If an adequate amount of inflamed or infected tissue is obtained from the site, it will be sent to pathologist for examination under a microscope (biopsy). This is billed separately by the pathologist company. You will be informed at the time the surgery is completed.

I understand the purpose of this treatment is to treat and possibly correct my diseased tooth and/or tissues in my mouth.

I understand there are alternatives to surgical endodontic therapy. They include but may not be limited to:

- 1) No treatment at all. My present oral condition will probably worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, cyst formation, loss of supporting bone around my teeth, and premature loss of teeth.
- 2) Extraction with nothing to fill the space. This may result in shifting of teeth, change in bite, periodontal disease.
- 3) Extraction followed by a bridge, partial denture, or implant to fill the space.
- 4) Retreatment (of previous unsuccessful endodontic therapy) may also be an option.

I understand that the following conditions, side-effects and complications have been known to be associated with or follow this type of treatment and anesthesia but are not limited to:

- 1) After treatment Pain and Swelling of the area. Often the tooth will become mobile but usually tightens after several weeks.
- 2) Prolonged and heavy bleeding, Infection, Bruising (temporary discoloration of tissues), and delayed healing.

- 3) Recession of gums away from the crown exposing more tooth/root. Crown margins may become visible.
- 4) Altered feeling in the area of gums, cheek, and teeth. Lower Teeth: Persistent altered sensation of the lip, chin, tongue.
- 5) Sinus Opening, Infections, and/or Complications (Upper teeth).
- 6) Loosening or injury to adjacent teeth and dental restorations. Root fractures or bone splinters.
- 7) Displacement of teeth or foreign bodies into nearby tissues, spaces and cavities.
- 8) Spasm or Cramps of the neck, facial and jaw muscles
- 9) Tightness or injury to jaw joints, temporary restricted mouth opening, change in bite.
- 10) Medication, anesthetic, and injection reactions or other unexpected conditions, side-effects and complications.

I understand that the above-mentioned conditions, side-effects and complications occur in frequencies that range from common, as in the case of pain and swelling, to occasional, as in the case of infection and bruising, to extremely rare, as in the case of injury to nearby teeth and most others. I understand that if any of these conditions, side-effects and complications, or others arise, there may be additional treatment necessary, interference with employment obligations and additional medical expenses.

I understand that I am to return to this office periodically for a re-evaluation visits, for at least 2 years. The purpose of these visits are to monitor the endodontic treatment for healing and recommend further treatment as may be needed.

**Legal Fees:**

The dental company is entitled to claim legal fees and lost wages incurred for any situation where legal action against the dental company is initiated and ultimately unsuccessful.