

INFORMED CONSENT
- ENDODONTIC SURGERY -

This is my consent for endodontic surgery and any other oral surgery deemed necessary or advisable during the planned operation. I understand that there may be a biopsy/tissue sample taken for laboratory examination, and that I will be billed for this directly by the laboratory which can often be billed under medical insurance. I agree to the use of anesthetic and analgesia during treatment, and I am aware of the possible complications of the surgery, anesthesia, and other therapeutic drugs that are described below. Possible complications could include, but are not limited to:

Potential risks include:

- A certain amount of bleeding will likely occur during the first day and is considered normal.
- Soreness or pain around the area generally lasts for a few days to a week; however, sometimes it may not resolve which could necessitate removal of the tooth.
- Facial discoloration or bruising near the surgical site. This is normal and can last a few days to a week, but should generally not be a cause for concern.
- Swelling or infection following treatment, which would be treated with an antibiotic.
- Paresthesia or numbness in the area, as the roots of teeth often lie close to the main nerves that supply the teeth, lip and chin. This generally is a temporary condition that will remain for a few days; however, this can on occasion result in permanent numbness or pain.
- Floor of the nose or sinus communication in upper teeth, which may cause sinus drainage, pain (headache) or infection.
- Tissue recession that could make the teeth appear longer, or show the crown margins on the teeth where the tissue was reflected.
- Loss of the tooth if a crack is found in the root, or if there is too much bone loss noted upon surgical examination.

Possible alternatives to the proposed treatment include:

- No treatment.
- Retreatment of the original root canal.
- Waiting for more definite symptoms to develop.
- Tooth extraction.
- Obtaining a second opinion.

** *Risks involved with any of these choices might include the development of pain, swelling, infection,**
loss of the tooth, and/or infection to other areas.*

Occasionally, a bone graft is necessary to help restore the area if significant bone loss is present at the time of surgery. Bone grafting materials we use include cadaver, bovine or porcine bone. Every reasonable effort will be made to ensure that your condition is treated appropriately, although it is not possible to guarantee perfect results. I understand that endodontic surgery does not guarantee that I will retain the treated tooth (teeth) for the rest of my life.

Medications prescribed for discomfort and/or sedation may cause drowsiness, which can be increased by the use of alcohol or other drugs. We advise that you follow the directions given to you by the pharmacy and do not operate a motor vehicle or any hazardous device while taking such medications. In addition, certain medications may cause allergic reactions, such as hives or intestinal discomfort. If any of these problems occur, call Dr. Sulte immediately. It is the patient's responsibility to report any changes in his/her medical history to Dr. Sulte.

All of my questions have been answered by Dr. Sulte, and I fully understand the above statements in this consent form. Furthermore, I give Dr. Sulte my permission to perform the proposed treatment and take photos of my procedure for purposes of completing my medical record and/or for patient education.

By checking the box that follows, you acknowledge that you read, speak and communicate English and that you have received adequate information about the proposed treatment, you understand this information, and that all your questions have been answered fully.