



Richard J Gray DDS  
1149 Jefferson Green Circle  
Midlothian VA 23113  
804-378-9152

### **Informed Consent for Endodontic Surgery**

Endodontic surgery is an alternative treatment when routine root canal therapy cannot be performed or previous endodontic treatment has failed.

Surgical endodontics is a painless procedure that is performed in the dental chair using local anesthetic. As with any dental surgery, potential reactions or complications can be found during or occur after treatment, leading to the loss of the tooth or teeth such as:

1. Cracked roots, which cannot be repaired.
2. Anatomical consideration in close proximity to the surgical site making surgical approach impossible.
3. Inability to access the damaged root system.
4. Extensive root resorption and or loss of bone.
5. Gum recession (more tooth showing) or clefting.
6. Paresthesia: numbness or tingling sensation that persists in the treatment area, mainly the lower jaw, but will usually disappear with time.
7. Swelling (varying from slight to large), bruising, staining of the gums, sore tooth and gum (pain).
8. Staining of the teeth from post-surgical mouthwashes.
9. Damaged to adjacent teeth, roots or their neurovascular pathways.
10. Further surgical correction may also be indicated due to any of the above reasons.
11. The tooth may need extraction during the surgical procedure if it is found to be non-surgically correctable.
12. Any tissue remove from the surgical site will be sent to the pathology lab for microscopic examination and diagnosis. The pathology lab will bill you separately and is not included in your surgical quote.

I have read and understood the above complications or reactions associated with my treatment and give my consent to Apex Endodontics to perform treatment on my tooth/teeth as necessary.

Name \_\_\_\_\_ date \_\_\_\_\_

Witness \_\_\_\_\_ date \_\_\_\_\_