

Endodontic Associates of Greater Waterbury, PC

SURGERY CONSENT FORM

In certain instances when conventional root canal treatment is not possible or may cause potential problems, a surgical approach may be necessary to save your tooth. This procedure is referred to as an apicoectomy.

The procedure consists of reflecting the gum tissue adjacent to the involved tooth and accessing the root tip via a small opening in the bone. Once the diseased root tip is exposed and removed, a sealing cement may be placed into the remaining root end. Several sutures will be placed to reposition the gum tissue at the completion of this procedure.

The procedure is done with local anesthesia (novocaine) and is painless. The most common post-operative symptoms are mild to moderate discomfort and swelling which can last up to four days. You will be prescribed a pain pill and possibly an antibiotic. It should be noted that often patients end up taking only over-the-counter pain relievers such as Tylenol or Advil. The swelling that you will experience is from the fluid accumulation produced by the surgical procedure and is rarely indicative of infection.

Occasionally some local bruising and discoloration of your face may occur. Uncommon complications include but are not limited to persistent bleeding, delayed healing of the incision site, gum recession, sinus issues and prolonged or permanent numbness. Any of the above listed complications may result in the need for a referral to an oral surgeon.

During the consultation visit you will be informed about the nature of your problem and be given the rationale for the surgical procedure as well as its prognosis and alternative choices.

I have read this form and have had the opportunity to discuss the surgical approach and its alternatives.

I give permission to have this treatment performed.

Patient's Signature _____ Date _____

Doctor's Signature _____

Witness Signature _____