

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 tooth involved and accessing the root tip via a small opening in the bone. Once the diseased root tip is exposed and cleansed, a sealing cement may be placed into the 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 fluid accumulation produced by the surgical procedure and is rarely indicative of an infection.

Occasionally, some local bruising and discoloration of your face may occur. Uncommon complications include but are not limited to persistent bleeding (extremely rare), delayed healing of the incision site and gum recession. If a root tip is located close to an area that may produce other post-operative symptoms, you will be informed at the time of the consultation. _____

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 my permission to have this treatment performed.

Patient's Signature _____ Date _____

Doctor's Signature _____

Witness Signature _____