

**INFORMATIONAL INFORMED CONSENT**  
**PULPOTOMY or PULPECTOMY (PERMANENT TEETH)**

A PULPOTOMY is an interim treatment done with the intention of temporarily preserving a vital tooth without removing all of the pulpal or nerve tissue. During a PULPOTOMY tissue is generally removed from the pulp chamber but tissue contained in the root canals of a tooth remains. In cases where a tooth is non-vital, more complete removal of tissue from within the tooth is necessary. This is termed a PULPECTOMY.

I UNDERSTAND that a PULPOTOMY or a PULPECTOMY is performed as a temporary measure in all but the most unusual cases in the attempt to preserve the tooth for an undetermined period of time. A pulpotomy or pulpectomy is generally done as an emergency procedure in anticipation of root canal therapy being performed at a later date. No matter what the circumstances for which the pulpotomy or pulpectomy is required, such treatment may include possible inherent risks such as but not limited to the following:

1. **Root canal treatment:** Even though it is anticipated that a pulpotomy or pulpectomy may extend the time in which a tooth will remain vital in the case of pulpotomy or asymptomatic in the case of pulpectomy, it will be ultimately necessary to perform complete root canal treatment on the tooth. Care should be taken not to unduly delay completion of the root canal process or the only alternative will be extraction of the tooth. Referral to an endodontic specialist may be necessary as determined by the attending general dentist.
2. **Numbness:** There is the possibility of injury to the nerves of the face or tissues of the oral cavity during the administration of anesthetics or during the treatment procedures which may cause a numbness of the lips, tongue, tissues of the mouth, and/or facial tissues. This numbness is usually temporary, but may be permanent.
3. **Fracture:** Inasmuch as the crown portion of the tooth may have been weakened due to the extensive nature of the procedure and/or that the tooth injury or disease which necessitated this procedure, the tooth may be more susceptible to fracture or breakage.
4. **Temporary crown:** Should the tooth structure which is remaining appear to be excessively fragile, it may be necessary to place a temporary crown on the tooth in order to preserve it.
5. **Extraction:** Should the tooth not heal, fracture extensively, or be unacceptable for having a complete root canal treatment performed, extraction of the tooth may be necessary. Extraction is also an alternative to having either a pulpotomy or pulpectomy performed.
6. **Pain:** In most cases, once the pulpotomy or pulpectomy has been performed and the initial discomfort has subsided, the tooth is no longer painful. However, in some cases, severe pain or extreme sensitivity will persist. If so, it is the patient's responsibility to notify the dentist immediately. At this point root canal therapy or extraction may need to be performed immediately.
7. **Because of the fragility and small diameter of instruments** which may be used during the pulpotomy or pulpectomy procedures, there exists the possibility of instrument separation (breakage) which may or may not be detected at time of treatment. Although it is often possible to bypass or incorporate separated instruments within the filling material, instrument separation may result in the need for additional procedures, root canal retreatment, surgical retrieval or extraction of the tooth.
8. **Medications.** Analgesics and/or antibiotics may need to be prescribed depending on symptoms and /or treatment findings. Prescription drugs must be taken according to instructions. The dentist should be informed immediately should there be any unusual reactions or worsening of symptoms such as pain and swelling.
9. **I acknowledge that it is my responsibility to seek attention should any undue problems occur after treatment. I shall diligently follow any preoperative and postoperative instructions given to me.**

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of having a pulpotomy or pulpectomy procedure performed, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. \_\_\_\_\_ and/or any associates to render that treatment necessary or advisable to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.

\_\_\_\_\_  
Patient's name (please print)

\_\_\_\_\_  
Signature of patient, legal guardian or  
authorized representative

\_\_\_\_\_  
Date

Tooth Numbers: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date