APICOECTOMY SURGERY CONSENT



- 1. An Apicoectomy is a common endodontic treatment which is necessitated in the rare instance there is inflammation or infection at the tip of the root subsequent to root canal therapy. An incision is made in the gum tissue near the affected tooth and the inflamed or infected tissue is removed and the area filled and sealed. The gum is then sutured with small stiches. Additional tests may be performed on the infected/inflamed tissue which was removed. The benefit of an Apicoectomy will be relief of current symptoms and avoiding the spread of infection to other teeth, damaging oral health.
- 2. Alternatives to an Apicoectomy depend on the diagnosis; however, the most common alternatives are:
 - Extraction of the tooth/teeth;
 - Extraction followed by an implant and crown;
 - Extraction followed by a bridge or partial denture and;
 - No treatment which could worsen the condition leading to severe pain and swelling, infection which could be fatal, and/or loss of the tooth/teeth.
- 3. An Apicoectomy, like all dental care has risks. The most common risks associated with this treatment include but are not limited to:
 - Swelling, bruising and discomfort postoperatively;
 - Bleeding and postoperative infection accompanied by malaise or fever which may require immediate additional treatment;
 - Injury to a nerve resulting in numbness, burning or tingling of the chin, lip, cheek, gum on the side on this the procedure in being performed as well as loss of taste in the case of the tongue. These nerve injuries can last for several weeks, months or in rare instances, be permanent;
 - Drug and medication reactions, although rare, may occur. These reactions could include redness, swelling, pain, itching, vomiting and/or anaphylactic shock;
 - Sinus involvement which would require additional surgery and;
 - Recession of gums away from the crown exposing more tooth and/or root.
- 4. Additional appointments after the surgery may be required to monitor healing of the surgery site.
- 5. Apicoectomy surgery is not always successful but that the purpose of the procedure is to try to salvage the tooth. Many factors influence the treatment outcome including the patient's general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape and condition of the roots, and nerve canals. Should my apicoectomy fail, I understand that I would require a repeat procedure or even possibly the extraction of the tooth.
- 6. Dr. Rizk has fully explained to me apicoectomy surgery and I have had a chance to have all of my questions answered. In light of the above, I hereby authorize Dr. Rizk to proceed with the apicoectomy surgery.

X		
Patient (Print Name)		
X		
Signature of Patient/Guardian	Date	