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Pulpotomy/Pulpal therapy on Primary Teeth (“Baby nerve treatment”) Consent

Teeth #: _____

What is a Pulpotomy/Pulpal-therapy and what are the benefits?

A pulpotomy/pulpaltherapy is when the inflamed nerve in the chamber of a tooth is removed, the area is sterilized, and the chamber is sealed. It is sometimes called a “baby nerve treatment” or a “baby root canal”, but it's not really a root canal. It is a very common procedure in children and has a good prognosis of success. When a cavity gets really deep, close to the nerve of a tooth or even into the nerve, the nerve tissue becomes irritated and inflamed. If the inflammation and infection continues without treatment, the tooth will likely eventually abscess.

In primary teeth, a pulpotomy is used in the process of trying to save and restore the tooth. First, the decay is removed, and then the nerve chamber (the top part, not the root canals) is removed. A small cotton ball damp with medication (ferric sulfate) is placed on the nerve to provide hemostasis. The cotton ball is removed and the opening is sealed usually with a filling material before the final crown is placed.

In primary teeth, pulpal therapy is used to save and restore tooth when the nerve is necrotic/“dead”, or if the tooth shows signs of severe inflammation past the nerve chamber: this will present as non-stop bleeding from the roots of the tooth. The root canals are cleaned with small files, sterilized with Peridex, dried, and a medicament (usually Diapex) is placed in the canals. The tooth is then sealed with a filling material before the final crown is placed.

After a pulpotomy on a primary tooth it is very important to place a crown to restore the tooth: either Stainless-steel crown, Zirconia (white) crown, or resin-fused-to metal crown.

“Nerve treatment” is a good and reliable way to save a badly decayed baby tooth. It's meant to by some time to preserve the tooth, but it cannot save an already abscessed tooth. Although a very reliable procedure, rarely, a tooth with a pulpotomy may need to be extracted.

What are the risks?

1. 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.
2. Fracture: Because of the extensive nature of the procedure or the tooth's original injury or disease, the tooth will be weaker than a healthy tooth. As such, the tooth may fracture or break; which is why a Crown will need to be placed in order to “hold” the tooth together.
3. 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.
5. Pain: In most cases, once the nerve-treatment has been performed and the initial pain has subsided, the tooth is no longer painful. However, in some cases, pain or extreme sensitivity will persist. If so, it is the patient's responsibility to notify the dentist immediately.

What are my alternatives?

Since the tooth is heavily diseased:

1. extraction is an option.
2. Proceeding to root canal therapy may be another option, depending on the tooth in question.
3. Medicating the tooth with pain relievers and anti-inflammatory agents may yield temporary relieve, but treatment will be needed for permanent relieve.

- 4. As with all dental procedures, choosing no treatment is an option. However, this most often leads to more pain and eventual infection.

_____ **Anesthetic:** The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

_____ **Medications: After nerve-treatment, the Dr. may prescribe prophylactic antibiotic and/or pain medication.** Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

I, _____ understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the Nerve treated tooth.

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the nature and purpose of sealants and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered though no guarantees have been made regarding the outcome. I hereby assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize

Dr. Mbibi and/or all associates involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

_____ Patient's name (please print)

_____ Signature of legal representative

_____ Date

_____ Witness to Signature _____ Dr's Signature