

# Consent form for Direct restorations with risk of dental pulp involvement

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Name:	ADD.	HIM.	

Before the treatment with direct restorations for the tooth with risk of dental pulp involvement would be initiated, there is information about the procedures, the risks and benefits, and the consequences if the patient decides not to receive the treatment, that needs to be informed.

## 1. Facts for consideration

Direct restorations are the treatments that aim to restore the function and aesthetic of the tooth defects. Tooth defects that require restorations are classified into 3 categories.

- 1. Dental caries or tooth decay
- 2. Tooth wear or tooth surface loss

#### 3. Defective restorations

Defects of teeth can occur on enamel, dentin, or cementum. If the dental disease or defects extend to the dental pulp or root canal system, the endodontic treatment or root canal treatment is indicated, and the direct restorations may serve as a temporary wall construction only, not the permanent restorations. The treatment sequence begins with excavation of tooth decay to remove the infected tooth structure. After excavating the caries, the cavity is prepared in the appropriation corresponding to specific restorative materials, followed by the restorative procedures.

# 2. Benefits of treatment

The direct restoration of dental defects aims to prevent the disease from progressing to the dental pulp and root canal system, and allow the teeth to function fully. Tooth hypersensitivity as an early sign of dental pulp inflammation may be eliminated after receiving the restoration. If the tooth defects are left untreated, the disease may progress and involve dental pulp tissue and exert symptoms of dental pain, especially spontaneous pain and lingering pain. These symptoms indicate root canal treatment, which results in more complex treatment and additional costs beyond direct restorations.

## 3. Risks of treatment

The tooth with a deep cavity that nearly exposes the dental pulp has a possibility of present symptoms post- operatively, including tooth hypersensitivity provoked by cold or sweetened beverages or a spontaneous pain without any stimulation. The judgement of treatment, either direct restoration or root canal treatment, can not be performed due to ambiguous symptoms and unclear radiographic presentation. In questionable circumstances, direct restorations may be given first to avoid over-treatment, and the long-term follow-up might be appointed. If the initial treatment with direct restoration fails, evidenced by the postoperative dental pain, the definitive treatment with root canal treatment can be performed subsequently.

The treatment outcomes of direct restorations of the deep cavity that nearly expose the dental pulp can be classified as the following ways.

- 1. Success: All symptoms are eliminated, and the tooth retains the vitality of dental pulp. The radiographic examination shows no sign of infection of surrounding tissue of the affected tooth.
- 2. Questionable: The tooth still experiences hypersensitivity after contact with a stimulus such as cold beverages. However, this symptom usually subsides and disappears within 1-6 months.
- 3. Failure: The affected tooth exhibits marked pain, which is a sign of dental pulp inflammation from bacteria or bacterial toxin penetration through the porosity of dentin. A tooth that presents a pathologic lesion around the dental root apex in radiographic examination is also considered a failed treatment and indicates a root canal treatment.

In case the dental caries is advanced and the dental pulp tissue is exposed during the excavation step, a small amount of antimicrobial medicament, called pulp capping, may be placed over the exposed tissue. The success rate drastically drops compared to restoring a less aggressive cavity that does not reach the dental pulp. If the tooth restored with the pulp capping technique shows signs of treatment failure (in the same manner as item 3), the root canal treatment is also indicated.

# 4. The untreated consequences

If the dental diseases progress to dental pulp tissue, the symptoms of pulp inflammation may occur as described earlier, and root canal treatment is indicated. Root canal treatment is more complicated and usually requires more treatment time than direct restoration, and the treatment cost is also considerably higher. If the patient does not desire to receive the root canal treatment or the tooth is considered unrestorable, dental extraction or surgical removal is indicated to relieve the symptoms and prevent a progressive spreading of infection, which would be a life-threatening event. Patient section I have already read the aforementioned information of the treatment carefully, and declared the inquiries with the dentist, [ ] I consent to the treatment with intermediate restoration of tooth no. ...... with understanding and accepting the procedures, risks, benefits, and treatment cost. [ ] I do not consent to the treatment and accept the consequences of the untreated option. Signature: ..... Signature: ..... (.....) (.....) Treating Dentist Patient / Authorized Representative Relationship to the patient: ..... Signature: ..... Signature: ..... (.....)

## Note:

Witness

- 1. If the patient comes alone, please note "Patient came alone" in the witness signature field.
- 2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.

Witness

Date: ..... Time: .....