The root tip resection:

Dear patient,

An inflammation or cyst was found at the root tip of the …………………… In order to keep the tooth or teeth from needing to be removed, it is necessary to perform a root tip resection.

How? – Under local anesthesia the root tips and the inflammation will be removed. If necessary, the root channel will be cleaned with an ultrasound device and closed with a root filling during the operation. In most cases, the stitches will be removed after one week.

What possible complications can occur?

After every operation there will be a possibility of swelling, pain, bleeding, healing infections and inflammation. Please read the instructions for the aftercare of your surgery.

In very rare cases the following complications may occur:

- Damage to the neighboring teeth.
- Damage to the underlying teeth nerves, tongue nerves, and a consequential loss of sensation in the bottom lip, tongue, or taste buds. This may also occur when an injection punctures a nerve.
- Nose bleeding or possible inflammation after the opening of the maxillary sinus.
- If the inflammation is too large, the neighboring teeth may need to be treated with root tip resection.
- It is possible that a split fracture may occur, and the affected tooth will need to be removed.
- An allergic reaction may occur to the materials used in the root tip resection.
- Damage to the gums, tongue, cheek or lip due to surgical instruments.
- Accidental swallowing or inhalation of surgical instruments or teeth particles during the operation.
- Inflammation may reoccur and will be inspected with X-ray 6 to 9 months after the procedure.

To minimise risk, before the operation please disclose all of your relevant patient history, allergies, illnesses and current medications. Please take note and observe the instructions for the aftercare of your surgery. It is especially important to refrain from smoking 7-10 days after oral surgery. You should take care of the wound and keep it cool.

It is illegal to operate a vehicle or heavy machinery after the use of anesthetics!

Consent:
The operation procedures were clearly explained to me and all of my corresponding questions were answered. I have no further questions about root tip resection. With this signature I agree to the procedure and the aftercare required at home.

…………………………………  ………………………………… ……………………………

Berlin, the sign surgeon