



## Pulpotomy Of Primary Teeth Consent Form

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tooth #: \_\_\_\_\_

A deep cavity in your child's baby tooth may extend into the nerve ("pulp") of the tooth. In such cases, a pulpotomy, or "baby root canal," is recommended to save the tooth. A pulpotomy of a baby tooth is similar to, but not as complex as, a root canal treatment on an adult tooth. Both procedures aim to prevent unnecessary tooth loss. Because your child's baby teeth are important in guiding the permanent teeth into position, it is best to try to maintain them in your child's mouth until they are lost naturally. Since the success of pulpotomy treatment is high, the American Dental Association recommends pulpotomies over extractions. Maintaining the tooth in the mouth helps your child to eat and also minimizes the chances of developing malocclusion.

A pulpotomy removes part of nerve (pulp) of a tooth. This decreases the chance of the formation of an abscess (i.e., infection.) a medicated filling material is placed in the nerve space. Most often, removal of the infected nerve leaves the tooth in a weakened condition. In order to strengthen the tooth and ensure success of the nerve treatment, a stainless-steel crown, or "cap", is then fit on to the tooth. The crown will come out on its own when the primary tooth to which it is attached is naturally lost. Your child should avoid eating sticky foods, such as candy and gum, as they will have a tendency to lose the crown and cause it to come off or leak.

### General Information:

- If local anesthetic was given to your child for pulpotomy, watch him/her for several hours to make sure he/she is not chewing his/her cheek, tongue, or lip while they are numb.
- Your child's gums may be slightly sensitive afterwards. Brush and floss as usual after the procedure. Remember, a clean mouth heals faster!
- Avoid hard and sticky food that would tend to remove the crown

**PLEASE NOTIFY US if your child continues to complain of discomfort after 24 hours**

Patient or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_