

DISCUSSION & INFORMED CONSENT FOR POST(S) AND RETENTION PIN(S) Rev 10/2021

FACTS FOR CONSIDERATION

The purpose and necessity for placing posts and/or retention pins in teeth occurs when there is so little natural tooth structure remaining that with usual dental treatment procedures it would not be possible to preserve the tooth in either a vital or non-vital state. It then becomes necessary to place either pins or posts into the remaining tooth structure to form a substructure onto which a large filling or crown may be placed to restore and preserve the tooth. This type of treatment may help avoid extracting the remaining tooth structure together with its roots and possibly avert artificial replacement.

I UNDERSTAND that the placement of POSTS and/or RETENTION PINS which are often necessary to be placed when there is inadequate tooth structure remaining to support restoration of a particular tooth or teeth may include possible inherent risks such as but not limited to the following, including no promises or guarantees as to the desired results which may or may not be achieved:

- 1. **Root canal treatment:** Even though the tooth is badly broken down, the nerve tissue may still be vital and it is best in most cases to maintain the tooth in a vital state rather than remove the vital nerve tissue. Because of the lack of tooth structure, in many cases, pins can be placed in the remaining tooth structure to support the restoration of the tooth. However, at times these pins may impinge on the remaining nerve tissue and cause it to degenerate, requiring nerve removal and root canal treatment.
- 2. Crown or root fracture: At times, particularly when a tooth has been endodontically treated (having bad root canal treatment), the remaining tooth or root structure may have become brittle due to undermined or reduced tooth structure. When inserting either pins or posts necessary for retention of a large filling or crown, fracturing or splitting may occur, which in most cases will necessitate extraction of the tooth, making replacement with a bridge or implant necessary.
- 3. **Perforation:** When posts or pins are inserted, there is the possibility of perforating a root of the tooth, or, in some cases, the pulp chamber. Should this occur, it is possible in some cases to repair the perforation which may require being referred to a specialist. However, if this is not possible it may be necessary to extract the tooth and replace it with a bridge or implant. if a bridge abutment or crowned tooth requires post placement, the chance for perforation is increased due to obscured anatomy.



- 4. **Looseness or breakage:** There may be the possibility of the pins or posts becoming loose or even breaking which could cause the restoration to dislodge. This occurrence could be the result of chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. The dislodging of the restoration may have appeared to occur when chewing something soft, or for no apparent reason, whereas the loosening or breaking of the pins or posts actually took place earlier for the above reasons.
- 5. **Tenderness, soreness or sensitivity:** There are all possibilities when teeth are required to be treated with pins or posts. Should any of these symptoms persist, it is necessary to contact this office for an examination.
- 6. **Temporaries are very weak** in cases that post and/or retention pins are needed. Teeth can break at anytime. Avoid chewing on any tooth with a temporary. Do not chew on any tooth if the dental work is not 100% finished. If your tooth breaks, a new treatment plan will be created. Many patients are unaware of parafunctional habits like clinching and grinding. But there are many habits like finger nail/cuticle biting, lip or cheek biting, clinching teeth together during a workout that are subconscious daytime habits etc.
- 7. I acknowledge that is my responsibility to seek attention should any undue problems occur after treatment. I shall diligently follow any preoperative and postoperative instructions given to me.

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

I have been given the opportunity to ask questions about Post(s) and Retention Pin(s). I believe that I have sufficient information to give my consent as noted below.



CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information and that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have the above-mentioned treatment. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.