

THE COMPLETE GUIDE TO A STRESS-FREE ROOT CANAL

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Root canals... Most of us pale significantly when we hear those two words, especially from the mouth of a dentist. However, aside from the fact that most stories about painful root canals are untrue because root canals actually do not hurt, dentists also point out that the temporary discomfort you may feel following a root canal is far less than what you would otherwise have experienced if you let a root canal problem go untreated!

The practice of dentistry that deals with root canal problems, treatment and surgery is called endodontics. This specialization revolves around the health of the dental pulp. A root canal is often necessary when the dental pulp is damaged, injured or infected. Other kinds of treatments that endodontists perform include apicoectomies, pulpotomies and pulpectomies, root canal retreatments, apexifications and endodontic surgery. The aim is to diagnose, prevent and treat diseases and injuries to the dental pulp.

Endodontists are specialists in root canal treatment and root canal surgery. They first graduate from dental school and then complete several extra years of training to prepare themselves to specialize in endodontics. An endodontist focuses on the health of your dental pulp. Some patients need a straightforward root canal because of an infected tooth that's causing them pain. Other patients have had a root canal in the past and need follow-up work. Another patient might have cracked a tooth or lost a large filling. Occasionally, a dentist is concerned about having enough healthy tooth to save and therefore refer their patient to endodontists for an accurate assessment via images from our microscope.

Professionals typically resort to root canal treatment or endodontics in an effort to conserve tooth structure, make teeth stronger and extend their healthy life. Endodontics has undergone massive changes in the past decade. Endodontists now perform all root canal procedures microscopically and use

rotary files that remove less of the tooth's internal dentin, leaving more tooth structure for your dentist to restore. This conservative approach means your tooth will be stronger in the long term.

TRAUMATIC TOOTH INJURIES

Although mouth guards greatly reduce the risk, about 5 million teeth a year are avulsed (completely “knocked out”), extruded (partially dislodged), or cracked during sporting events. While cracked, or chipped teeth may not require immediate care, both avulsed and extruded teeth need immediate attention if the tooth is to be saved. It is often possible to save most or all of a tooth even in extreme circumstances.

Forms of Dental Trauma

Dental trauma can take a variety of different forms. This depends on a variety of different factors. The most common forms of dental trauma are:

- » **Cracked or Fractured Tooth.** Clenching and grinding teeth can cause fractures, which are the worst issues we currently



treat. Tiny cracks cause nerves to become sensitive and make your teeth flex. As cracks widen, bacteria can get into your tooth and can cause infection. We first examine a cracked tooth microscopically to determine the crack's extent and exact location and prepare minor, superficial cracks for immediate restorative treatment by your dentist. If a crack is extensive and jeopardizes

a successful prognosis, your endodontist may discuss extraction and replacement options with you and your dentist.

- » **Damaged Dental Pulp in Your Tooth.** Dental pulp containing your tooth's nerves and the blood supply, can be injured in many ways, including trauma to a tooth. Whether you've been

hit by a baseball or softball, or been in a car accident, or a baby slammed their head into you... we've all been there. Consequently, you may have incurred damages to the dental pulp in your tooth if you have been hit in the face. The dental pulp can become inflamed as the result of a cavity that allows bacteria to enter your tooth. If you start noticing cold or heat sensitivity, throbbing, or sensitivity to sweets, call your dentist or an endodontist to take a look.

- » **Dislodged Tooth.** Having a tooth knocked out by a baseball, softball or a hockey puck is one of the few real dental emergencies. It's very important that the tooth is placed back into its socket as quickly as possible. If the tooth is dirty, rinse it off and place it gently back into the socket. If you're uncomfortable, put the tooth in a glass of milk or in a Hank's solution and call your dentist or endodontist as soon as possible. Ideally, the tooth should be replaced in the socket within an hour of being dislodged.
- » **Abscessed Tooth.** An actual abscess is a swelling caused by infection. If you have an abscessed tooth, there's swelling in your mouth caused by infection.

Types of Treatment for Damaged Teeth

Tooth damage can be repaired. The only question is the kind of procedure needed to address the issue.

- » **Chipped:** If only the surface is chipped or cracked, a filling or reattachment usually restores the tooth. But if the pulp is exposed then an experienced Endodontist will probably need to perform a root canal. The common symptoms for this include discomfort while breathing or drinking cold fluids.
- » **Extruded:** If the tooth is pushed out of position, patients over 12 usually require a root canal to mend the root. Sometimes calcium hydroxide or other prescription medication is used,

as well. Younger patients may be able to heal on their own once the tooth is stabilized.

- » **Root Fracture:** A traumatic injury may result in a horizontal fracture of the root. The long-term health of the tooth is determined by the location of the fracture. A fracture that is closer to the root tip has a better chance for success. Sometimes, a splint is used to stabilize the tooth for a certain period of time.
- » **Avulsed:** If the avulsed tooth is handled very carefully and immediate care is given, the tooth can probably be replaced into the socket, and restored with a subsequent root canal. “Immediate attention” usually means 30 minutes or less. After that time, it is harder to save the tooth.

ROOT CANAL TREATMENT

Roughly 14 million people undergo root canals each year, making this procedure one of the most common types of dental treatments. That being said, many people today still put off necessary root canals because of the fear of discomfort. The truth is the discomfort from a diseased or damaged tooth is much worse than anything that occurs at a dental office.

The first step is to have an endodontist perform a thorough examination. We will assess the tooth damage and provide you with all available treatment options. Then, we work with you to minimize out-of-pocket costs and maximize results.

Good Root Canal Candidates

A damaged tooth, with even a hairline crack, often allows bacteria to penetrate the pulp and infect the nerve of the tooth. So, almost any damaged tooth requires some form of advanced therapy to ensure sound tooth health.

A patient who exhibits symptoms of these are not merely good candidates for root canals, but they likely require root canal treatment.

Common Symptoms

Once infection sets in, many patients experience severe sensitivity to extreme temperatures. There may also be persistent swelling around the gum line. However, in other cases, the damage is not readily visible, and only a digital X-ray reveals the true nature and extent of the damage to a tooth.

If left untreated, a damaged tooth can cause major complications. Initially, the swelling spreads to other areas of the mouth, and eventually to the face and neck. Shortly thereafter, as the infection worsens, bone loss starts to set in around the nerve. In many cases, the resulting drainage seeps into the skin.

What To Expect During a Root Canal Treatment

A root canal typically requires only one office visit. After a thorough evaluation, your endodontist will gently numb the area. Many patients describe the mild discomfort associated with this to that of a regular filling.

After clearing out bacteria and other debris, our root canal specialist seals the tooth to prevent further damage or decay. The inside of the tooth is sealed as well, to further fortify the area.

If further work is needed, such as cosmetic restoration, these procedures can be performed as well.

After A Root Canal

Many patients are amazed at the difference between a damaged and a healthy tooth. The discomfort patients lived with before their root canal procedure dissipates almost immediately.

In those first few days after the procedure, over-the-counter pain relievers are normally more than enough to relieve any lingering discomfort. It is also

a good idea to chew on the other side of one's mouth in those first 72 to 96 hours.

ENDODONTIC RETREATMENT

Endodontic treatments usually tend to pick up where prior procedures left off. Even teeth that have undergone root canal treatment can endure a lifetime of daily use with appropriate care. However, sometimes, a root canal doesn't fully heal and may become painful or infected shortly following, or long after the original treatment. If you notice new issues with your tooth post-treatment, or if it is not properly healing, there are supplementary remedial treatments available that can save your tooth.

Good Candidates for Endodontic Retreatment

Despite the very high success rates of root canal therapy, there are a few scenarios that may cause the tooth to not heal as anticipated. These scenarios can include:

- » Untreated narrow or curved canals during the initial treatment.
- » Undetected complications in the canal anatomy during initial treatment.
- » Postponed placement of the crown or other restorative material following the initial treatment.
- » Salivary infection inside the tooth due to an improper restoration.



Alternatively, sometimes new issues can threaten successfully treated teeth. These issues can include:

- » Recent decay unmasking the root canal filling to bacteria, thereby causing new infection.
- » Cracked, broken, fractured, or loose fillings and crowns.

What To Expect During the Procedure

During the retreatment procedure, your endodontist will reassess your tooth, and extract the original filling materials used in the initial root canal procedure. Then, we will meticulously inspect the tooth under a microscope to identify any signs of new infection or canals. The next step is to remove any infection, clean and shape the canal, and insert the new filling materials. Once complete, we secure the aperture with a temporary filling. The final step, once the tooth is fully healed, is to place a new crown or other restorative material over the tooth to support it.

APICOECTOMY

The process of apicoectomies has as its objective the strengthening of teeth with advanced techniques. Minimally-invasive root canals almost never fail. However if your root canal fails, a surgical back-up plan is available.

Problems That May Develop After Root Canal Procedure

After a root canal, debris and bacteria can sometimes stay behind deep inside crevices that are very difficult for even experienced professionals to reach. That is why an Apicoectomy is often a good choice. This is because this procedure repairs the source of the problem.

The Procedure

Apicoectomies (apico-ectomies) is the microsurgical removal of the apex of the infected root. As a rule, only patients who have had at least one unsuccessful root canal and are not good retreatment candidates should consider an Apicoectomy.

Since tooth roots are not much bigger than blood vessels, endodontists will often use an advanced digital microscope to locate the tip of the root and gently remove it. The area is then filled and sealed to form a permanent bond.

After an Apicoectomy

Because an Apicoectomy works from the bottom up, healing also occurs from the bottom up. This gradual process often leads to better results. Furthermore, the shorter root tips actually make the tooth stronger, because bone tissue grows in its place.

As in almost all surgical procedures, some mild discomfort and inflammation is normal for the first few days. However, an over-the-counter pain reliever is typically sufficient to alleviate any discomfort. We also recommend that most patients chew on the other side of their mouths for a few days.

PULPOTOMIES AND PULPECTOMIES FOR CHILDREN

Adolescents between the ages of 7 and 12 may not require root canal treatment, as their teeth are still in the development phase.

A child's kiddy root canal or baby root canal is also known as a pulpotomy or pulpectomy.

This procedure removes most of the pulp – the blood and nerve supply – from the tooth.

Recent studies suggest that stem cells residing in the pulps of adolescents can spur full root growth, and heal the pulp after infection or injury.

APEXIFICATION AND APEXOGENESIS

Apexification and apexogenesis are the best means of preserving your child's teeth in emergency situations. When teeth in older children or adults are damaged, a root canal is often the best option. However, when younger children sustain similar injuries, these methods may not be the best possible approaches.

Fortunately, young children usually heal rather quickly. An experienced endodontist can use advanced pulp therapy techniques to restore the damage and promote healthy long-term tooth development.



Tooth Trauma Injuries in Children

Researchers now believe that two regenerative genes – IMP1 and Lin28a – are very active in fetuses and gradually weaken as the person gets older. This explains why children heal much faster than adults, especially when it comes to bone tissue. Some doctors believe that this “genetic

fountain of youth” may one day have amazing applications, but when it comes to endodontics, this difference has amazing applications today.

Because children heal more quickly from bone trauma injuries, they can also heal much more quickly, and much more effectively, from traumatic tooth injuries. Moreover, some of the traditional therapies used in adults, like crowns and bridges, may not be best for children, because replacing some teeth may inhibit future growth. Also, since a child's jaw is still developing, young children are generally not candidates for implants and related procedures.

Treatment Options

Two essential components to saving a child's teeth after a traumatic injury are keeping the pulp alive and restoring the root. After an avulsion or extrusion (partial dislodging), the pulp can usually be kept alive without medication for between thirty minutes and two hours. Then, an endodontist can use one of several medicines to sustain tooth pulp, including:

- » **CaOH:** Tried and true Calcium Hydroxide has yielded effective results in many patients since it was first used in 1936.
- » **MTA:** The Food and Drug Administration approved Mineral Trioxide Aggregate in 1998, and it is fast becoming the medication of choice, because it has fewer side effects and forms a better seal than CaOH.

CaOH and MTA are both powders that become gel-like pastes when added to water.

If the pulp can be salvaged, which is possible in most cases, an experienced endodontist can salvage your child's teeth through one of two procedures on the roots:

- » **Apexogenesis:** As either CaOH or MTA restores the pulp, the roots continue to develop and may only need monitoring and occasional minor intervention to reach maturity.
- » **Apexification:** In some cases, diseased or damaged pulp must be gently extracted to make room for healthy cells. Endodontists then strengthen the root apex (tip) and closely monitor the patients to watch for hairline tooth cracks and other fractures.

Apexogenesis and Apexification therapy usually takes between six weeks and eighteen months, depending on the patient's general health, age, and extent of tooth damage.

ENDODONTIC SURGERY

Endodontic surgery primarily serves the purpose of saving, conserving and preserving your natural dentition. In nearly all cases, minimally-invasive root canals are more than sufficient to repair even severely damaged teeth. In most cases, these repairs last a lifetime. That being said, sometimes the damage is too severe to address with these traditional techniques or, for various reasons, subsequent issues arise. Dental implants were really the only option in these situations. However, recent advances in endodontic microsurgery offers similar success rates to dental implants and a way to retain your natural dentition. In most cases, a new crown is not necessary following endodontic surgery offering a less expensive way to save your tooth than a dental implant.

Endodontic surgery can be utilized to identify slight fractures, or hidden canals that were not found on x-rays, or during prior treatment. Surgery could also be required to eliminate calcium deposits in the root canals, or repair the surfaces of damaged roots, and the encompassing bone of the tooth.

There are a variety of different procedures that can be utilized to salvage a tooth. The procedure most frequently used is called an Apicoectomy, which is sometimes used when there is a lingering infection or inflammation following a root canal treatment. During this procedure, we use the surgical microscope to access the gum tissue around the tooth to identify the foundational bone and eliminate any inflamed or infected tissue. We also extract the tip of the root. A tiny filling may be inserted to secure the end of the root canal, and a small number of stitches are put in place to aid in the healing of the tissue. Given time, the bone around the end of the root will heal itself. Local anesthetics are utilized to ensure the comfort of the patient, and often patients resume their regular activities the very next day. Discomfort after this treatment is typically minimal.

NEW TECHNOLOGIES USED IN ROOT CANALS

In endodontics, every procedure is 100% microscopic, especially at Precision Endodontics PC. So you will likely see surgical microscopes up on every ceiling. We also have a 3D imaging machine, so if we have a question about your tooth or need more information for an accurate diagnosis, a low radiation CAT can be pulled up on the large monitor beside the dental chair. This enables us to turn your tooth inside out, look at it three-dimensionally and spin it around.

The Dental Microscope

The dental microscope enables us to obtain much higher definition and better lighting, which significantly enhances our ability to see detail. Endodontists can now see internal cracks, accessory canals, and other areas that are invisible without the microscope. Enhanced visibility enables us to increase the success rate of every procedure. These microscopes have still and video cameras. So we can show you actual images on the TV beside your chair. These images can even be emailed to your dentist to discuss your case while you're still here, and agree on your best options.

Apex Locator

One machine we use is the apex locator, which helps locate the tooth's apex – the end of the root. The apex-locator allows us to precisely identify – within half, or even a quarter of a millimeter – the exact end of the root. While we clean and fill the inside of the tooth, we rely on that precision to make sure we're exactly where we want to be. The other benefit is that fewer x-rays are needed and treatment is more comfortable.

Cone Beam CT Machine

A Cone Beam CAT Scan Machine is a low-radiation machine that takes a 3D image and visually turns the tooth so we can look inside it and see any root

fractures. If other canals or anomalies exist that weren't treated before, we need to work on those. Because of the Cone Beam CAT Scan Machine's 3D imaging capability, your dentist may refer you to us for a 3D image to guide him in placing an implant. The 3D image also offers your dentist more information about anything that may be questionable in your jaw or tooth.

New X-Ray Technology

Another piece of equipment that patients usually get excited about, is our new x-ray device. Instead of the long overhead pole you're used to seeing that required everyone to leave the room, we now sit beside you while holding this instrument and take the x-ray. The amount of radiation emitted is almost zero.

The amount of radiation one receives is always cause for concern for many patients, and some even wonder whether or not they should have more dental x-rays. The digital x-ray machines used by Precision Endodontics and a few other offices ensure that a minimal amount of radiation is emitted. We also use a lead apron, so there's rarely a need for concern about radiation.

FAQs

An unhealthy or infected tooth can be a source of significant distress, pain and concern. And waiting to schedule an appointment at times like these can be most nerve-racking. In fact, patients often wish they had convenient and prompt access to information and answers regarding some of the concerns they experience while they wait to be seen by a professional. We have therefore compiled a list of the most frequently asked questions, along with answers provided by experienced endodontists.

How can I choose the best endodontist?

The first thing we suggest is a recommendation from your general dentist. If you have confidence in your dentist, you can have confidence in the specialist to whom they refer you. Speak with friends and family who can share their

personal opinions. Do some research on the specific doctor, such as where they did their training and how much training they've had, what types of technology they're using, and to ensure that they offer state-of-the-art treatment that follows the standard of care in every aspect.

Are endodontic treatments covered by insurance?

When patients ask about dental insurance coverage, we tell them that most dental insurances will cover at least part of their procedure – and some even cover 100%.

The extent of coverage is based on your employer and your specific plan, but our office staff will work with you and help submit your paperwork.

We can also provide a pre-estimate to give you a clearer picture of your potential out-of-pocket cost.

What is an apicoectomy?

A patient may be having difficulty with a previously performed root canal that might become re-infected. Maybe there's infection in a tooth on which you've had extensive restorative work. We can use a local surgery called an apicoectomy to help take care of that infection. We numb the area just as if you were having a regular root canal and, while looking through a microscope, work down from the top of the tooth, removing the source of infection and performing a reverse root canal.

What is a dental dam?

The purpose of a dental dam is to keep an area clean to prevent bacteria – even your own oral bacteria and saliva – from getting back inside your tooth. The intent is to disinfect the inside of your tooth by using the dam to isolate the tooth. It's also beneficial if you are a gagger because nothing enters your mouth except your own saliva.

What are the success rates of root canals and crowns?

The success rate for root canal treatment is very high. When we complete treatment on a tooth that had no prior infection and was just beginning to show symptoms, a crown installed by your dentist will give you years – or even decades – of success with your tooth.

How can a dentist help with oral pain?

Teeth may hurt because of cavities that make them susceptible to cold, heat, or sweets. We can help determine why it hurts and find a way to relieve the pain. If there's swelling, you might have an abscess, and we can eliminate the infection, returning you to your pain-free life.



How does oral health relate to my general health?

Physicians and researchers have conducted studies that reveal direct relationships between periodontal gum disease, heart disease and diabetes. Our bodies work interdependently. So if you're unable to keep your mouth in its healthiest possible condition, it can actually affect other issues such as diabetes. It's essential to see your dentist regularly and keep your mouth as healthy as possible.

Will antibiotics take care of a tooth infection?

The dental infection itself is really inside the tooth so, in order to solve the problem, we have to actually go inside that tooth and fix it. Antibiotics simply mask the symptoms and, if the problem isn't fixed, it usually comes back worse than the first time.

Can a tooth infection cause an infection in my body?

The focal infection theory, which contemplates the possibility that a tooth infection can cause infection in the whole body, is a question that frequently appears online and in discourse at holistic centers.

Systems throughout our bodies are connected, and dental, oral, and periodontal infections can affect other aspects of the body – including heart conditions and diabetes.

Normally, however, a dental infection coming from a tooth is a localized infection. If left untreated, such infection can spread and become more generalized.

How did my tooth get infected in the first place?

One way or another, bacteria found its way inside your tooth and caused infection. There may be a crack in your tooth or you may have had trauma to your tooth. Cavities are caused by bacteria slowly working their way inside the tooth and causing problems. The tooth will become inflamed, and you might have a toothache or sensitivity when you drink ice cold water or eat ice cream or other sweets.

What are the main causes of tooth decay?

Diet and/or hygiene-related habits are the main causes of tooth decay. The best way to prevent tooth decay is to brush your teeth several times a day (with a toothpaste containing fluoride) and to floss one time every day. As much as possible, avoid items such as acidic foods, soft drinks and candy. Foods containing sugar feed bacteria and cause cavities.

Why should I see a dentist after losing a tooth?

If you dislodge a tooth and a dentist or an emergency room staff member replaces it, contact an endodontist within two weeks. The timing is very

important because root canal therapy can both save the life of and ensure the health of that tooth.

Why would I need a root canal?

A lot of people ask, “Why can’t I just take an antibiotic and make the infection go away?” If you take an antibiotic, it will help your symptoms go away, but the problem is inside the tooth. The only way to fix the problem is to go inside the tooth with a root canal procedure. We can actually go in and take care of the problem once and for all.

How do I know I have a root canal problem?

The pressure of chewing your food may start to bother you more. Cold temperatures may cause pain, or the heat of your coffee may bother your teeth. Those issues may indicate a root canal problem and, if you notice lumps, or swelling, you should be examined.

Can all teeth be treated with a root canal?

The benefit of seeing an endodontist who specializes in root canal therapy lies in the extra training they undergo. This extensive training enables us to perform endodontic treatments on virtually any tooth. Because we use a microscope to guide every procedure, we can locate canals and highly calcified areas that others might miss. They would, therefore, be unable to complete the same type of treatment and help save your tooth.

How is a root canal repaired if it didn’t heal correctly?

In certain cases, when a prior root canal is not working, we might have to perform an endodontic surgery called an apicoectomy.

If a prior root canal hasn’t healed the way it was expected to, we can do a reverse root canal, remove whatever is unhealthy, and enable the patient to save the tooth.

The major advantage of this procedure is that we can help save the tooth without affecting any of the patient's restorative work, so they won't have to revisit their dentist.

What is root canal retreatment?

Most root canal treatments are successful. However, retreatment is sometimes needed. Cases that were done elsewhere are sometimes sent to us for evaluation and help in developing a remedial plan. A root canal procedure that fails is usually attributable to bacteria that remain in the canal or, gradually seep back in and re-infect the tooth.

Can a root canal cause an illness?

A common question currently circulating on the internet concerns the possibility that root canal therapy can cause other medical problems.

We encourage patients to visit the American Academy of Endodontists' website and read their published paper. It includes hundreds of references – none of which support any such claims. A dental infection is a localized infection which, if not treated, can become a systemic problem. Because the materials we use are inert, the focal infection theory is no cause for concern.

How can a root canal save my tooth?

Because the roots of your teeth are actually like pipes – meaning they're hollow in the middle – each one has a root canal inside where the nerve and the blood supply are located. When you're young, the nerves and cells that help teeth form are located there. As you get older, if cavities form, bacteria are able to enter the tooth and cause inflammation or infection. Root canal treatment goes through the tooth into those canals, cleaning, disinfecting, and then sealing them to prevent further issues. Root canal treatment helps save your tooth and keep it healthy.

How much does a root canal cost?

Aside from the anticipated pain of the root canal procedure itself – people are most concerned about the cost. It's difficult to give exact fees up front because we must first make a diagnosis and determine which tooth is affected. It's also important to know if there's been a previous root canal. Are we redoing something, or are we performing a surgery? Although fees vary based on the specifics of your case, the cost of replacing your tooth is usually greater than the cost of helping you save it.

How long does a root canal procedure take?

Most root canal or root canal surgery procedures are completed within an hour to an hour and a half. Almost all procedures require only one visit unless we feel that you would benefit from a quick 20 or 30-minute follow-up appointment.

Do I need a root canal if I am not showing symptoms?

Sometimes a person who is not having trouble with their teeth needs a root canal. Most of us would prefer not to have work done unless we're suffering. But an infected tooth may not necessarily show any symptoms. A persistent problem may become a chronic issue without your being aware of it until it becomes a larger problem. If you have swelling or a great deal of pain, your dentist will send you to us to fix your infection problem.

What are the differences between pulling a tooth and having a root canal?

When you come in to see us because of a tooth-related issue, our main concern is your best options. We try to establish a healthy state for your tooth and enable you to enjoy a good quality of life and retain your tooth. Sometimes,

however, it may be more beneficial for you to remove the tooth and install a replacement.

Is an implant better than a root canal?

Because of dental implant advertisements on television and radio, people frequently ask why they shouldn't just have their teeth removed and replaced with implants. Both options are great because implants are the best alternative for replacing lost teeth. Keeping your natural teeth healthy and comfortable as long as possible is the ideal – and retaining natural teeth is the goal of our office. If that isn't the best choice for you, however, we will speak with your dentist or oral surgeon about the possibility of implants.

Surgical vs. non-surgical root canal?

If your dentist sends you to us for treatment, you may expect a nonsurgical endodontic treatment, such as a traditional root canal or re-treatment of a previous root canal. In other cases, an apical surgery – or apicoectomy – in which we come from outside the tooth, remove unhealthy tissue from the end of the root, and perform a reverse root canal might be needed. All of our procedures are performed microsurgically, using a microscope throughout the entire procedure.

What types of sedation are available for a root canal?

Concerns about the procedure being painful are fallacious. The procedure in itself is guaranteed to be painless. Patients sometimes wonder about sedation, or whether the experience itself is something they don't want to remember. To be honest, the procedure should be uneventful, even boring. I have never sedated a patient, and there are several reasons not to do so. In addition to the cost of sedation, you'll have to have a driver. You'll lose a whole day of work, and need someone to watch you until the sedation wears off. We make the experience both comfortable and pleasant for you so that, once the anesthesia wears off, you can go about your normal life.

How should I prepare for a root canal?

If you need a root canal, there's nothing to prepare and nothing special to do. Take a deep breath – and then come to our office and let us take care of you. We'll keep you comfortable and take care of your issue.

Should I take any medication before the treatment?

Prior to your first visit, you don't want to take any medications other than the normal daily medications prescribed by your primary care physician. Pain management medications could mask the discomfort we're trying to alleviate and make the diagnosis more difficult.

Can I get a root canal done when I am congested?

Going to the dentist while you're congested or with a sinus infection should be alright. We can usually work through that. If you're really having a difficult time and are concerned about lying back for the hour we're working on you, we might reschedule. I recommend talking to your dentist or endodontist immediately if you have dental pain. Don't postpone seeking treatment because of congestion.

What steps should I take after a root canal?

After your root canal, you may wonder what to expect. When the anesthesia wears off, there is usually some soreness or a dull achiness. Ibuprofen (if you can take it) will usually manage any issues you might have. We recommend that you avoid chewing on the tooth until after you see your general dentist.

Will I be in pain after a root canal?

We expect you to have zero pain. Afterward, you'll be numb for a few hours, but can go right back to work, play sports, or do whatever you normally would. Once the anesthesia wears off, expect a dull achiness or mild throbbing, but

that's the extent of your discomfort. Most teeth will be slightly tender for chewing, and that will continue briefly. We usually recommend over-the-counter pain medication if you're medically able to take it.

How long will I be numb?

You will be numb for a few hours following the procedure. However, everyone is different, so some might be numb for less time and others, longer.

Can I drive after a root canal?

The numbness that accompanies a root canal is no different from that you experience during a filling or having your teeth cleaned – if your dentist numbs you for a cleaning. When you leave our office, you can drive yourself and return to work or go about normal activities.

Can I eat right after a root canal?

We recommend taking your usual medications and eating whatever you normally would prior to having a root canal. After the procedure, you will be numb, just as if you had a filling done, and won't want to eat for a while. It's best to wait for the numbness to go away before eating to avoid biting your tongue.

Do I need to take any special care after a root canal?

Many patients are referred to us by their dentists who will usually recommend some type of restorative treatment after we complete our root canal. If the tooth is a big molar with large fillings or significant decay, the most frequent recommendation is to cover the tooth with a crown or cap to protect it. For front teeth, we may be able to provide a treatment that eliminates the need for major restorative work.

How often will I need to visit the office after treatment?

Patients accustomed to visiting their dentist – and those who consult an endodontist for a root canal – should expect to make multiple visits. Statistically, no real benefit has been realized from a multi-visit approach and most of our procedures are completed in a single visit. If we feel you would benefit from another visit, we leave a medication inside the tooth and set a follow-up appointment. That appointment will last only 20 to 30 minutes, and you can expect to miss only half a day for your procedure.

What happens after I receive a temporary filling?

After leaving our office, we ask you to avoid chewing on the treated tooth because it will usually be a little tender for a couple of weeks. The tenderness is completely manageable as long as you avoid chewing on that tooth. Most endodontists place a temporary filling in the tooth, and you will return to your general dentist for a permanent filling or a crown – whichever is best for you.

What happens to the tooth after a root canal?

People fear that their tooth will become brittle following a root canal, but that is not true. Your tooth is actually healthier after the procedure. You leave our office with a temporary filling and return to your dentist for a crown or other permanent restorative procedure.

What is the success rate for a root canal treatment?

Success rates for root canal treatments are very high. Root canal treatment on a live, non-infected tooth is almost always successful. When we complete your treatment, we fully expect that proper restorative treatment from your dentist will ensure that your tooth will be there for years.