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DENTAL SURGEONS



# Endodontic Therapy

This brochure explains what to expect after an initial appointment for pulp therapy. If you have had a dental emergency or treatment to relieve pain you may have had procedures that involve the dental pulp. When trauma has caused pulp damage you may also have had endodontic treatment.

This treatment is often unexpected and you may have questions about what was done and what happens next.

This information should assist you in understanding the treatment you have had. You may also receive other written information specifically about root canal therapy. If you find you need more information about the procedures listed here please ask one of our staff and they will organise a consultation appointment to discuss your concerns and questions.

If you have any immediate concerns or questions, please ask us before you leave today and we will be happy to talk to you.

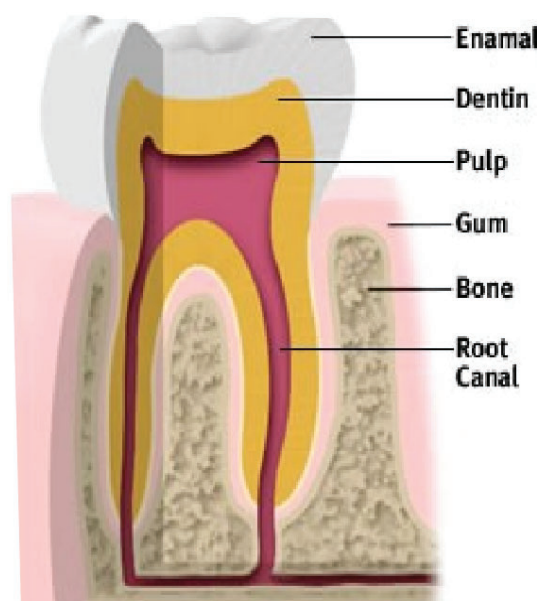
## The Problem

### Endodontic infection

Bacteria can enter the dental pulp space of your tooth and cause an infection. Dental pulps are small soft-tissue organs deep inside hollow spaces inside each of your teeth. Bacteria can irritate this tissue and cause sensitivity, pain and infection. This can happen through a cavity, because of cracks in your teeth, or through trauma. It is sometimes very difficult to determine the precise cause of pulp infection.

### Trauma to pulp tissue

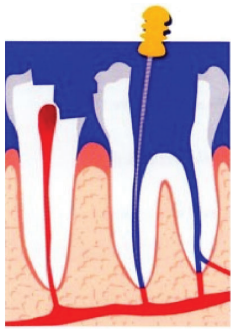
If you have experienced trauma there may be no bacterial infection: however the treatment you require is the same as for an infected pulp.



# Endodontic Therapy

If you had treatment today...

The diagnosis is that your dental pulp has been previously damaged by bacteria or trauma (and sometimes by both). Over time, small blood vessels and nerve fibres in your pulp reacted and became inflamed, causing pain.



In the case of trauma, this happens suddenly. This damage was judged to be irreversible.

A significant portion of the pulp in your tooth was removed to treat this problem. A liquid paste sedative dressing has been placed deep inside your tooth to help relieve your pain and reduce inflammation. The dressing helps kill bacteria and has been covered by a specialized seal and a filling material.

This treatment is the first stage of endodontic pulp therapy. Both the seal and temporary filling will need to be replaced. If the infection or damage is severe, you may continue to experience discomfort. One to three days is normal. The area immediately around the root of your tooth may also be tender and inflamed—you may find it painful to bite on this tooth. As well, you may experience discomfort from local anaesthetic and from keeping your mouth open during today's appointment. This is normal and it should pass. You can reduce discomfort by taking an analgesic before your anaesthetic wears off. Use whatever you might take for a headache—this is normally sufficient

## Pain control after treatment

NSAID\* class drugs, like Nurofen<sup>®</sup>, or Nuromol<sup>®</sup>, work exceptionally well for localised inflammatory pain found after pulp damage.

\*Non-Steroidal Anti-Inflammatory Drugs: not everyone can take this drug so please ask your medical practitioner if you are unsure what to take.

## What happens next?

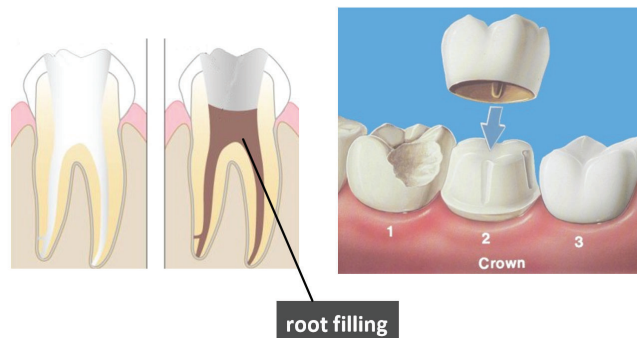
It is important to remember that you will need further treatment. You can choose the treatment you prefer; this will depend on whether you wish to keep your tooth.

## Keeping your tooth

You will require at least one further appointment for completion of endodontic pulp therapy, also known as root canal therapy. You may require additional appointments. After this you will require a new, strong restoration for your tooth. Although some teeth require a resin filling or a bonded dental ceramic restoration, most of the time root-filled teeth required a crown restoration.

If you decide on tooth removal, you have an average of 2 months to arrange an extraction. If you do nothing, one of the following conditions may develop:

- an acute abscess
- fracture and/or loss of your tooth



# Endontic Therapy

- a chronic infection which destroys bone around the tip of the root of your tooth
- a return of pain

## Alternative Care

If you do not wish to keep your tooth I will discuss the most appropriate way to manage this process. It may involve a referral for tooth removal.

## WARNING!!

Your tooth is extremely fragile, even though it may look and feel normal. Until it is finally restored, treat it very gently. Please avoid chewing hard or tough foods.

## Completion of your treatment

If you are not an established patient here we may suggest an appointment for an initial assessment, advice about your dental situation, and specific advice about this tooth. If you are an established patient, and you wish to keep your tooth you will need one or more appointments to complete endodontic treatment. You will also require an appointment to place a new restoration. Occasionally it is possible to combine these appointments into a single longer appointment. If the reason for your pulp therapy was a chronic abscess (present for many months/years) you may require additional interim dressings and assessment of healing before a rootfilling can be finalised.

## Frequently Asked Questions

Q: How soon can I eat?

A: You can eat or drink straight away but it would be safer to wait until the anaesthetic wears off so you don't accidentally chew your lip. This is especially a problem for young people, so please keep an eye on children while they are numb.

Q: Are there any special precautions with my temporary filling?

A: Remember it isn't as strong as a definitive restoration. Don't try to pull floss up out of the space between this tooth and an adjacent tooth until your final restoration is completed. Brush normally, and avoid things like Minties™.

Q: Why wasn't this treatment completed today?

A: Endodontic treatment normally takes more than a single appointment.

Q: What sort of filling do I need after endodontic treatment is complete?

A: Today, there are more than 20 different materials and techniques available for restoring teeth.

# Endodontic Therapy

We will discuss the best option with you.

Q: Do I need antibiotics?

A: Unless you have a 'cellulitis' infection, antibiotics are ineffective in treating dental pulp infections.

Q: What happens if I don't do anything about this tooth?

A: You may develop a more serious infection which can't be easily treated. Your tooth may fracture, or decay without you being aware of a problem. Because of this, you may lose your tooth. However, with appropriate and timely treatment your tooth has an excellent chance of lasting a long time.

Q: Is my tooth dead?

A: No. The periodontal ligament surrounding your tooth-root is alive—this is what makes root therapy possible. Teeth after endodontic treatment are best described as 'non-vital'.

Q: Will my tooth go black?

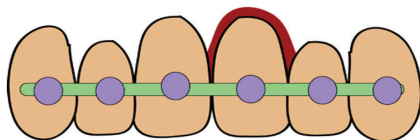
A: Colour change in non-vital teeth is extremely variable. If treatment is started and completed within a reasonable period, there is a good chance teeth won't discolour. However, some colour change in the short term may be unavoidable. Dark or discoloured teeth can often be whitened and there are other excellent techniques for remedying this problem.

Q: Do I need to obtain a specialist referral?

A: 'Endodontists' are dental specialists in endodontics or root therapy. I sometimes determine that treatment is too complex to be completed in this office and I may refer you for completion of treatment.

## After trauma

If you have had splinting and stabilisation applied, this needs to be monitored and further treatment to remove the splinting will be required. You will also need regular review appointments.



Splinting and stabilisation may be required after trauma

For teeth involved in a traumatic incident, this is usually at 1 week, 2 weeks, a month, and then every three months for a year. Yearly review appointments may also be necessary. These appointments can include dental pulp vitality testing, radiographs and monitoring of colour change. All of these are important in ensuring the

continued health of your teeth. After trauma, dental pulps may lose vitality and the root of your teeth may start to dissolve in a process called external root resorption. It is important to catch this condition early and treat it appropriately.

## Fees for root canal therapy

The fee for treatment today includes:

- the procedures required to determine the problem
- any needed diagnostic imaging ('x-rays', 'cone-beam 3D views')

fractured tooth



# Endodontic Therapy

## Fees for root canal therapy

The fee for treatment today includes:

- the procedures required to determine the problem
- any needed diagnostic imaging ('x-rays', 'cone-beam 3D views')
- instruments necessary to carry out treatment. We don't reuse any of the small instruments specifically used to clean and shape the canals inside your tooth on any other patient—we ensure these remain exclusively for your treatment.

The fee today also covers part of cleaning and shaping essential for reduction or elimination of pain and infection. This procedure also forms the 1st part of root canal therapy. If you choose to have the procedure completed at subsequent appointments I will provide an estimate.

Fees for root therapy are determined by:

- the number of individual root canals
- the shape and complexity of each root
- the number of x-rays required
- the time taken for each section of treatment. You can generally expect a 20 to 40% rebate from most health funds. The specific item number or numbers used to describe what was done for you today vary depending on future treatment.

Different teeth have differing numbers of roots, and some roots have multiple canals. As a guide:

Front teeth: single canals

Lower incisors: single or double canals

Premolar teeth: one, two or (rarely) three canals

Molar teeth: two, three, four or rarely, more canals

Procedure	Fee	Item
Average fee for emergency pulp extirpation	\$605	419*
Complete cleaning and shaping, 1st canal	\$715	415
Complete cleaning and shaping additional canals	\$352	416
Obturation (filling) 1st canal	\$413	417
Obturation (filling) additional canals	\$264	418
Radiographs for verification in different stages of treatment	\$87	022
Cone-beam 3 D volume tomograph	\$301	026, 089

*\*please note that this fee is normally subtracted from the fee for item 415 when completed at a subsequent appointment, making the fee for the first canal a total of \$715. Also please note there is a separate fee for placing the filling in canals and for necessary radiographs (x-rays). These fees will be explained in a detailed estimate that you will receive.*