ENDODONTICS EXPERT

Q: What is a root canal treatment?
A: Root canal treatments are performed to prevent or cure periapical infection (infection in the bone adjacent to the roots). The basis is to eliminate bacterial infection that has entered the root system of the tooth. The tooth’s defense system can only tolerate so much insult. Therefore, if the infection is too great, symptoms and damage to the surrounding tissues will occur. On occasion, retreatment of root canals or root end surgery (apicoectomy) is needed. This occurs when there is recontamination or persistent infection due to anatomical variations of the root system. Most treatments are performed in one appointment. No additional preparatory measures are needed for treatment, in most cases. Patients typically return to work or daily duties immediately.

Q: Why should I see an endodontist?
A: All dentists, including your general dentist, received some training in endodontics while in dental school. Endodontists are specialists with two to three years of extra training beyond dental school who perform only endodontic procedures, both routine and complex. They are also experienced at finding the cause of oral and facial pain that is difficult to diagnose. Often, general dentists and other specialists refer patients needing endodontic treatment.

Q: Why not just pull the tooth?
A: Complicated cases do not necessarily mean that your tooth needs to be extracted. Many endodontic treatments can save natural teeth for a lifetime. The consequences of extracting a natural tooth are not individual. It can affect the distribution of forces to the remaining teeth and cause more stress, resulting in a higher likelihood of damaging the adjacent teeth. Your teeth also tend to shift when they are not in contact with one another, resulting in unfavorable movement that causes food traps and cavities. A bridge or removable partial can be made by anchoring onto adjacent teeth, but this too can cause unfavorable stress and potentially damage the adjacent anchoring teeth. Implants, the more favorable of these options, can take six to eight months to complete and in many cases will also require bone grafting and additional surgeries. Before deciding what road to choose, be informed of your available options and consider what can be done to save your natural teeth.

Q: How has root canal therapy changed through the years?
A: With research and technological advances, the field of endodontics has seen some of the most advances of any dental specialty. The use of visual magnification through microscopes with enhanced lighting has allowed endodontists to locate anatomical variations that otherwise would be missed leading to the failure of root canals. The use of cone beam computed tomography has allowed detection of anatomy in three-dimesions. CBCT is one of the most important innovations in dental diagnostics and has set an unprecedented standard of patient care. Unlike conventional CT imaging, CBCT acquired volumetric date with a single sweep of a scanner and created a highly precise, clear, readable 3-D image that gives invaluable information about anatomy and pathology with minimal radiation exposure. This eliminates the guess-work in diagnosis. Teeth that were suspicious of fractures or failing root canals can be analyzed to accurately determine what is going on and the correct treatment.

Q: What are my treatment options if diagnosed with a root canal?
A: If you are diagnosed with the need of a root canal or retreatment of a root canal, you always have the option of having your tooth extracted. The options left if you chose to do so are: do nothing about the empty space or attain a removable partial, bridge, or implant. In many cases, unless you have the correct information, you might lose a tooth that could have otherwise been saved with a simple painless root canal procedure.

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Saving teeth in a comfortable and efficient manner.