Root Canal Treatment (endodontics) is needed when the blood or nerve supply of the tooth (pulp) is damaged due to decay or injury. It is most often needed in teeth that have deep fillings, or in teeth that have deep dental decay.

**Why is root canal treatment needed?**

If the pulp becomes infected or inflamed, bacteria may spread through the root canal system of the tooth, eventually leading to an abscess. If Root Canal Treatment (RCT) is not performed, the infection will spread and the tooth may need to be extracted.

**What does root canal treatment involve?**

The infected pulp is removed and any infection is drained. The root canals are then cleaned, disinfected and shaped until ready for the permanent root filling. Once the dentist is confident that the infection is gone, the root filling (a rubber material) is compressed into the canals to permanently seal them. A normal filling is then needed on top of the root filling to restore and seal the tooth. Sometimes the treatment will involve two or more long appointments.

**Does it hurt?**

A local Anaesthetic is used and the whole procedure should feel little different to that of having a normal filling although the appointment will usually be longer. There will usually be some pain or discomfort for 3-4 days following the treatment. The tooth may feel slightly tender and “different” for a few weeks following treatment.

**What if I don’t have the treatment?**

The alternative to RCT is the extraction of the tooth. Once the pulp is damaged, it cannot heal without treatment and it is not recommended to leave an infected tooth in the mouth.

**What will my tooth look like after treatment?**

Sometimes a root treated tooth will darken after treatment. If any discolouration does take place, there are various cosmetic treatments available to restore the natural appearance of the tooth.

**What if the infection comes back?**

Root canal treatment is usually successful in about 80% of cases, although this depends largely on the difficulty of the individual tooth. If there should be a recurrence of infection the treatment can usually be repeated. If a tooth has a particularly difficult shape, or a complication, it is possible to refer to a specialist who can use advanced techniques and instruments to treat your tooth. Sometimes extraction of the tooth is the only option if treatment fails.

**Can the treatment be done at the practice?**

RCT is routinely offered in our practice for most teeth. However some teeth are more complicated to treat and require specialist attention to give a reasonable chance of success; in these cases referral may be recommended. Sometimes a tooth may be in a condition where RCT is not worthwhile; for instance teeth that have no useful function, teeth badly affected by gum disease, teeth that have split and teeth that cannot be reliably restored after RCT. If your oral condition is very poor and you have uncontrolled decay or periodontal problems, you will need to control these problems before embarking on root-treatment.

**Who will carry out my RCT?**

Endodontics is one of the most difficult disciplines in dentistry, and probably the one with the lowest levels of predictability and success. You can choose to have your root treatment performed by your usual dentist, or you can choose to be referred privately to our in-house Dentist with Special Interests, Mike Cooper, who has special equipment and techniques available. Mike spends all his clinical time performing root-canal treatments and has great experience, extra training and qualifications in this discipline. Referral of your treatment can often result in a more predictable result with your root-treatment-increasing the chances of keeping your tooth. The most complex cases may need to be referred out of the practice to an external specialist who has even higher levels of training and equipment.

**Are there any risks?**

- There is a moderate risk of pain and swelling immediately following treatment and for a few days afterwards. This is normally relieved by over-the-counter painkillers but can occasionally be more severe.
- Sometimes there can be a spreading infection from the tooth, which may need antibiotics.
- Root-canal instruments are very fragile - there is a possibility that one may break inside the tooth.
- The root filling may sometimes extend beyond the tip of the root, or may not completely fill the root to the tip.
- The tooth may be “perforated” (this is when a hole is made through the side of the tooth when searching for small canals)

Any of these complications may compromise the prognosis for the tooth and delay or prevent healing. In some cases a serious complication may necessitate extraction of the tooth or referral to a specialist.

**Will the tooth be safe after treatment?**

Root filled teeth are weaker and more brittle than live teeth. For this reason it is often advisable to restore the root-filled tooth with a crown or onlay to reinforce the tooth. We normally wait a few months after treatment so that we can be sure that the root canal treatment is OK prior to assessing whether crowning is advisable.