



Endodontics - What Is It and Why Do I Need It?

Today we may have suggested to you that **Root Canal Therapy** (otherwise known as *Endodontics*) was needed for a particular tooth. We may have briefly discussed some of the facts concerning the procedures involved in root canal therapy but perhaps you would like some more information.

Years ago, a badly infected tooth, or one that just had significant decay, was doomed to be extracted. Today the majority of these teeth can be salvaged through a procedure utilized by both the General Dentist and the root canal specialist, the Endodontist.

Extraction is truly our last resort!

Root canal treatment consists of:

- The removal of the infected or irritated nerve tissue (Fig.2) that lies within the root of the tooth. It is this infected pulp tissue that causes an eventual abscess.
- The first step in a root canal is to obtain access to the nerve. This is accomplished by establishing a small access opening in the top of the tooth. It will be done under a local anesthetic. (Fig. 3)
- At the same visit, the canal where the nerve is located will be reshaped and prepared to accept a special root canal filling material. This filling procedure will probably not occur until your next visit. The number of visits necessary to complete your root canal will depend upon several factors including the number of nerves in the tooth, the infected state of the nerve and the complexity of the procedure. (Fig. 4)
- The final step in your root canal will be the sealing of the root canal with a sterile, plastic material, called *gutta percha*. This is done in order to prevent possible future infection. (Fig. 5)

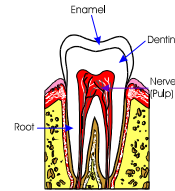


Fig. 1. Healthy Tooth

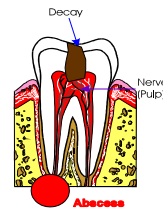


Fig. 2. Abscessed Tooth

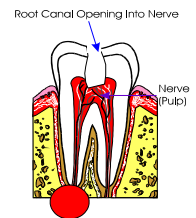


Fig. 3. Entrance into Pulp

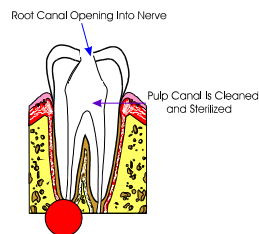


Fig. 4. Instrumentation Visit

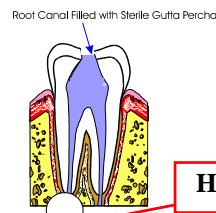


Fig. 5. Root Canal Filled

- The tooth will then possibly need a post and core and a crown in order to re-establish normal form and function. This decision will be based upon several additional factors. (Fig. 6)

If treated early, root canal therapy need not be uncomfortable. With the use of local anesthetics, the entire procedure can be totally painless.

Another "Old *Wive's Tale*" is that by removing the nerve the tooth becomes "dead ". This is not true. The tooth is very much alive and functioning because it receives a source of blood supply and nerve supply from the surrounding tissues that hold it in place in your jaw bone. The tooth will have no sense of feeling to hot, cold or sweets but will be responsive to biting pressures etc. With the proper restoration the tooth should last as long as your other teeth and can even be used as an anchor tooth for a partial denture or cemented bridge. The success rates for root canal therapy have been reported to be as high as 95%.

Sometimes when there has been long standing infection or abscess, there may be some soreness associated with the first or second root canal visit. If this should turn out to be true you will be given specific instructions to follow to minimize the discomfort. When an infection is present, it may be necessary to take an antibiotic. If pain should be present, analgesics may need to be prescribed. In either case, be sure to call the office if either of these problems should arise.

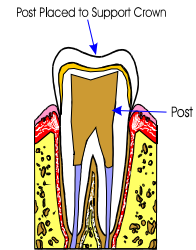


Fig. 6. Final Restoration Placed

