

**Ian J. Langer, D.M.D. LLC**

N.J. Specialty Permit #3336

**Practice Limited to Endodontics**

**140 St. Paul Street**

**Westfield, N.J. 07090**

**(908) 232-7668**

**Root Canal Therapy – Retreatment**

You have been referred to this office for the retreatment of a tooth that has previously had root canal therapy. This may be necessary for any number of reasons, such as: reinfection of the bone (pain and swelling), failure of the original infection to heal as seen on the current x-ray compared to the original x-ray (no pain), silver points which interfere with placing a post to restore the tooth, recontamination of the root canal filling material from new decay, and several other possibilities.

Root Canal Retreatment is never easy: it is either difficult or very difficult. This is due to the nature of the tooth, often long, twisted, narrow, curved and torturous canals. Problems to be overcome during the course of treatment may include: separated instruments, perforated, blocked, obstructed, or calcified canals, irritating pastes or hard cements, broken posts, and corroded silver points. Other problems may include teeth with fractured roots or that previously had endodontic surgery. The occurrence of these or other problems does not necessarily imply that the tooth will not have success.

There are several alternatives regarding this tooth available to you. These alternatives include: Extraction (loss of tooth), No treatment (allowing the condition to worsen), Surgery (directly remove the infection from the bone and seal the infection in the tooth) and Retreatment (to eliminate the infection from the tooth).

- 1) Root Canal Therapy is a relatively Painless Procedure.
- 2) Complete treatment averages three visits over a few short weeks, although it may sometimes require more visits extended over several months to check healing. Time spent at each appointment is also variable and may range from very short to very long. This is determined by the complexity of the particular case.
- 3) During the course of treatment there is generally no discomfort. Occasionally between appointments reactions may occur, including but not limited to a dull ached or throb, soreness or tenderness, and sometimes severe discomfort and swelling. These complications are generally short-lived and are gone within a few days.

**PLEASE NOTE: THESE COMPLICATIONS DO NOT OCCUR ROUTINELY**

These reactions may sometimes prolong treatment, but does not affect the prognosis. If a severe reaction occurs, please call this office. For minor discomfort, aspirin usually is adequate.

(OVER)

- 4) No tooth will be retreated unless success is expected. While there can be no guarantee of success, healing is expected in 90%+ of the cases. If the prognosis is less, you will be so informed.
- 5) During and after treatment, do not chew anything hard on the tooth to avoid fracturing it or losing the temporary filling which may result in the loss of the tooth.
- 6) Following Root Canal Therapy, you will be referred back to your dentist for proper final restoration of the tooth, usually a crown or filling.
- 7) Take all medications as prescribed.
- 8) If you have any questions, please do not hesitate to ask them.
- 9) You are responsible to make and keep all appointments to complete treatment in a timely manner. Failure to complete treatment or prolonging treatment may result in fracture, reinfection or loss of the tooth.

**IMPORTANT NOTE:**

Retreatment may not succeed for various reasons beyond our control. There may be very severe infections which are resistant to treatment and the medications used, or the canal may be blocked or curved to such a degree that treatment beyond a certain point is not possible. Sometimes fractures exist which cannot be detected either clinically (seen when treating the tooth internally) or radiographically. Obviously, if a fracture is apparent and it makes the tooth non-restorable, you will be advised to have the tooth extracted. Sometimes a fracture is not detected on the initial exam or upon first opening the tooth, but it may be discovered at later appointments or during surgery. Again, if non-restorable, you will be advised. If retreatment does not succeed, then surgery to save the tooth may be performed. This too cannot be guaranteed for a variety of reasons.