Do I Need A Root Canal?

(?) of people who have RCT

To give you a better understanding of whether or not you need a root canal, it's best if you first understand dental pain in general. Toothache pain is very difficult to understand and dental pain can be poorly localized. It's easier to understand the reason for your pain, if you first try to imagine the anatomical form of the tooth and nerve. The nerve is centrally located in the tooth and is anatomically shaped like a tree. In short, there is a trunk, limbs, and thousands of tiny branches which radiate into the surrounding tooth structure. If you have a history of nerve trauma, for instance, deep decay removal near the nerve, it's likely and common that many tiny branches of the nerve were traumatized. This traumatic process will commonly cause swelling of the nerve and tissue inside the tooth. The result is pain! Dentists universally refer to this nerve swelling as pulpitis. As a general guide, pulpitis is categorized into two subcategories: "reversible" or "irreversible" and there is a lot of "gray area" in between. It's also important to note, each person will uniquely experience dental pain differently.

Reversible Pulpitis
In general, if you have reversible pulpitis your symptoms are:

- Initially very painful but get better quickly (i.e. 1-2 days)
- Initiated by a stimulus i.e. chewing, cold, or hot
- Short duration i.e. 30 seconds or less

Patients with reversible pulpitis will usually get considerably better after a few days following their dental visit. Most often these patients will not require any further therapy. It is normal for patients with reversible pulpitis to experience small amounts of sensitivity for as long as a few weeks or even months. In this case, a desensitizing toothpaste is a great idea. Remember, when symptoms continually get better, it's likely you are going through the normal healing process. In all cases, it's important to make sure your bite feels normal. Remember, you were numb when you had your filling placed and may not have been able to mark your bite accurately. If your bite does not feel normal you must return to the dentist for an adjustment! If it is left untreated, a tooth high in the bite is likely to cause tooth nerve trauma.

Rule out:

- Extreme flash of Sharp pain upon biting - Cause: possible Cracked Tooth Syndrome

Irreversible Pulpitis
On the other hand, as the name implies, irreversible pulpitis is permanent nerve damage and ultimately the tissues of the tooth will necrose or die. Some tips with regard to understanding symptoms of irreversible pulpitis:

Possible Symptoms

- Dull, throbbing, intense pain
- Spontaneous pain
- Continuous pain
- The tooth may be loose
- Lingering pain with thermal changes (esp. cold)
- Percussion sensitivity (tap your finger nail on each tooth)
- Slight elevation of the tooth out of the socket
- Pus drainage around the tooth
- Grey colored tooth with a history of trauma
- Intra-oral or extra-oral "pimple-like" draining pump or sore
- Possible swollen Lymph nodes
- Possible low-grade fever

Rule out:

- Common mouth sores
- Gum tissue swellings (Periodontal Disease)

If you suspect irreversible pulpitis, you should call for an appointment as soon as you can. You cannot keep a tooth that is non-vital and it's not advisable that you delay needed therapy.

All Of The Gray In Between
In some situations, it is difficult to clinically decide at what point the nerve of the tooth is to be categorized as “irreversible” and subsequently inform the patient they need a root canal or tooth removal. The former is true because parts of the tooth nerve often remain alive while the infected tooth is degenerating. Generally speaking, the more the pain disrupts the patient’s lifestyle, the more likely it is caused by irreversible pathosis. It’s important to note, each person will uniquely experience pain differently.

**Why doesn’t my dentist just take an X-ray and tell me I do or don’t need a Root Canal?**
Most of the time, your dentist will be able to clearly advise you based on your symptoms and clinical testing. Unfortunately, necrotic pulps may not produce radiographic changes in early stages. Other clinical testing and your symptoms may place you into the in between category or “Gray area.” This is when clinical experience and clear patient communication play a huge role. In short, let the patient decide to watch the tooth (1-2 weeks) or immediately begin treatment.

Initial symptoms of “reversible Pulpitis” can be similar to the classic symptoms of “irreversible Pulpitis”. If you have extreme pain in the first 24-48 hours, you might decide you just can’t wait to find out whether or not you may be able to avoid a Root Canal. You may elect to begin the root canal therapy simply to relieve the severe pain. Remember your dentist does not want you to suffer, if you are truly “sitting on the fence” between reversible and irreversible Pulpitis and are experiencing extreme pain, your dentist may agree and advise you to have a root canal. On the other side of the coin, if you have extreme pain initially and you decide to ride it out and try to avoid root canal therapy, remember, it’s possible you could have pain for some time and still need the root canal therapy.

**Note from Dr. L**
If there was some test that could help dentists in all clinical situations, determine with 100% accuracy when a patients would need a root canal, all dentist would use this test. Unfortunately, there is no such test. In some situations, the clinical judgment of the dentist with your input is what ultimately helps you to decide the therapy needed. If you are truly in the gray area you will likely get different advice from a variety of dentists. One dentist might say, “I’m 100% sure you need a Root Canal”. While still another, may review your symptoms, explain you options, and help you to decide what is best. By the way, I’m the second dentist. I respect the opinion of my patients. I will take the time to review your symptoms and explain your options. On the other hand, if your clinical signs and symptoms clearly indicate that you need a root canal, I will not hesitate to say, you need a root canal.

For further understanding please review our online section emergency section subsection tooth ache.

In all of the following examples, it is not normal to experience night awakening with continuous throbbing tooth pain. It is also not normal to experience continuous throbbing pain which is a result of chewing force and/or cold stimulus. Please note the key words which are; continuous and throbbing pain. If you experience this type of pain please call our office, you may have indirectly damaged the nerve of the tooth and may need root canal therapy to save your tooth.

Often when patients present with pain with a longer duration, initially Dr. Landers will treat your tooth situation conservatively. He will try to save you from root canal therapy. This is when fiber optic dental handpiece technology is a wonderful advantage and service to our patients. Clinically, the use of fiber optic hand piece illuminate deep areas of your tooth structure. The improved vision not only allows Dr. Landers to more accurately remove dental decay, but the improved vision helps avoid the nerve of your tooth. The end result is a better chance to avoid unneeded root canals.

You can not keep a tooth with an infected nerve. It’s not advisable that you delay needed therapy. If you have a carious nerve exposure or cracks into the nerve, you will need a Root Canal. You will receive modern day dental treatment at our office. Dr. Landers uses a mini computer to automatically measure the root length for accurate cleansing and place medicine to permanently restore your tooth to health. This process is more accurate and takes less time then older root canal techniques. The end result is less time in the dental chair, increased comfort, and better therapy.

Infections in the bone move fast or slow and can exist with or without pain. If left undiagnosed, these bone infections may spread into the soft tissues of the body.

**Untreated Dental Infections Can Be Life-Threatening**
Ludwig’s angina is potentially life-threatening, rapidly expanding diffuse inflammation which invades the submandibular (lower Jaw bone) and sublingual (under tongue) spaces. It occurs most often in young adults with dental infections but can occur at any age.

**Link:** [Rapid Swelling under Tongue & Jaw (Onset: 1 – 2 days)](#)
If you suspect you need a root canal, you should call for an appointment as soon as you can.

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