

Introduction

Infection can persist at the tip of the root on one or more teeth. Previously these teeth may have had an abscess and have been root-treated. This persistent infection does not always cause any symptoms. Sometimes, you can have acute pain, but more often, just some discomfort and occasional episodes of swelling, a “gumboil”, or a bad taste. A course of antibiotics may have been prescribed to try to control the infection, but antibiotics are not a permanent cure.

Why do I need treatment?

If left untreated the infection will develop into a chronic abscess or cyst. As well as causing pain this can lead to loss of bone surrounding the root. As a result, the tooth will become loose and may affect neighbouring teeth.

The surgical treatment of infections at the tip of the root (apex) is called an apicectomy (Pr Ape-e-sec-to-me). Apicectomy is a treatment of last resort and in most cases it is better if your dentist tries to re-root treat the tooth or refer you to an endodontist (a specialist in carrying out root fillings). Sometimes, it is impossible to improve on the previous root filling, or they may be a metal post inserted into the tooth, which cannot be removed without breaking the root. If this is the case you will be referred for surgery.

What does treatment involve?

This involves cleaning out the infection from the bone, removing a small portion of the tip of the root of the tooth and then sealing the root end with a small filling.

It is necessary to make a cut in the gum over the root of the tooth or around the gum margin of several teeth. The gum is then up to allow access to the infection. Any infected tissue is thoroughly cleaned away from the tip of the root before removing some of the root tip. The root end is then sealed with a small filling. The gum is then stitched back into place with dissolvable stitches that take around two weeks to disappear. Alternatively, your dentist or surgeon may choose to remove them earlier. The whole procedure may take up to an hour to complete.

What type of anaesthetic is used?

Usually an apicectomy is carried out under a local anaesthetic, i.e. an injection into the gum that numbs the area. This anaesthetic will prevent you feeling any pain during the procedure. If you are particularly anxious your surgeon may recommend you have some type of sedation.

If the area of infection around the root is exceptionally large, or there is a large cyst around the root, or several teeth need operating on; a general anaesthetic may be necessary.

What can I expect after the operation?

When the local anaesthetic wears off a few hours after surgery there will be some discomfort. Your surgeon will discuss painkillers with you. Antibiotics are not usually needed. The discomfort should ease after a few days but may take a couple of weeks to completely resolve. You may require a day or two off work during which time you should avoid strenuous exercise.

Some swelling can occur both inside and outside the mouth after surgery. This is usually most noticeable at about two days. It is important to keep the site of surgery as clean as possible for the first few weeks after surgery. If it is difficult to use a toothbrush the area can be kept free of food debris by gently rinsing with a saltwater mouth wash (dissolve a teaspoon of kitchen salt in a cup of warm water). Start on the day after surgery. Do it as often as you can, but especially after eating.

What are the possible problems?

It is unusual for the area to bleed after surgery but should this happen it can usually be stopped by applying pressure over the area for at least 10 minutes with a clean handkerchief or sterile swab. If the bleeding does not stop please contact the team. You should have been provided with emergency contact details in writing.

Lifting the gum to uncover the root of the tooth can occasionally lead to a numb feeling in the gum. This usually disappears after a few months. Because the gum is cut it can occasionally shrink back a few months after surgery as healing progresses. This is not normally a problem but if the tooth has been crowned, the edge of the crown may become exposed and be unsightly, necessitating replacing the crown.

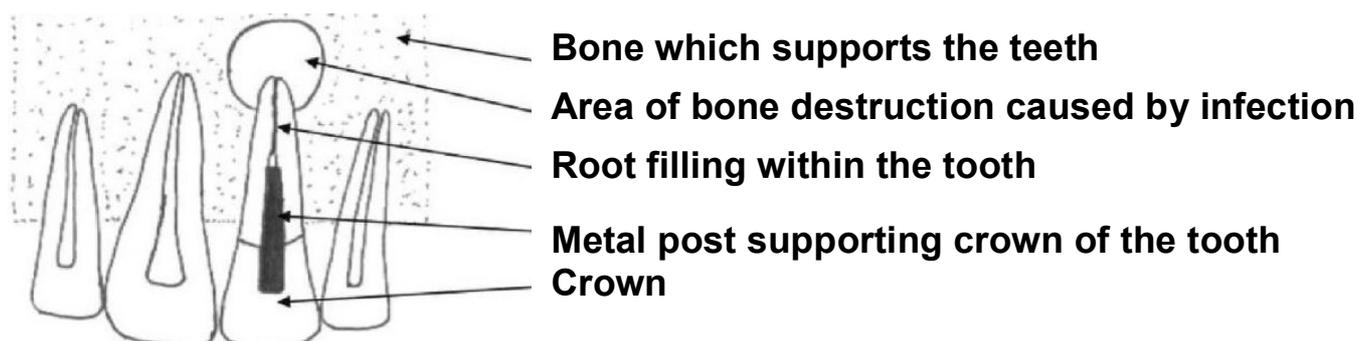
Information for patients

An apicectomy can never be guaranteed to be a 100% successful procedure. Even if all the infection is successfully removed it can sometimes return months or even years later. If this happens it might be necessary to have the operation repeated, but sometimes the tooth is better removed. On front teeth that have been root treated, often the only way of making the tooth strong enough to work normally is by fitting a crown. Sometimes to help fit a crown a metal post is screwed or cemented into the root. A common cause of problems with root treated teeth referred for apicectomy is a crack or (vertical) fracture of the root, which is found out only at operation. Should this be the case, there is no practical way to repair the tooth and your dentist will have to arrange for the tooth to be extracted and be replaced by a denture, bridge, or implant.

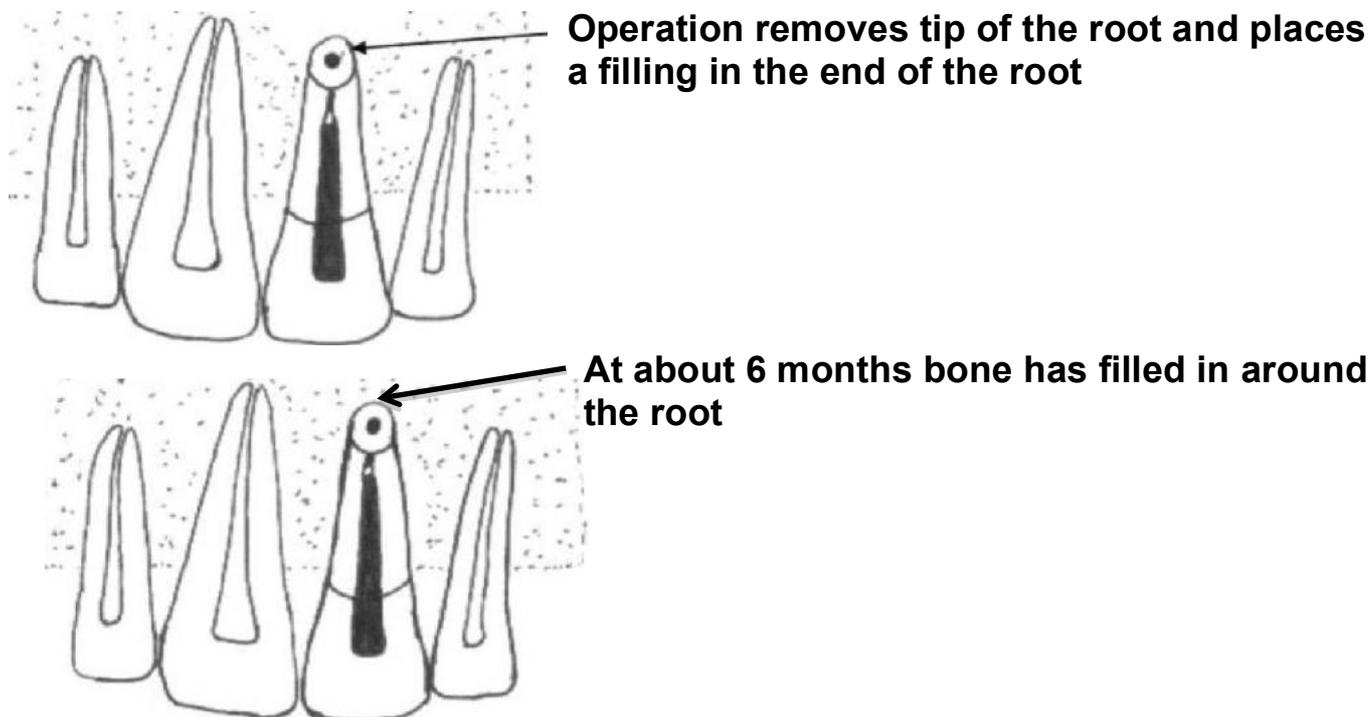
Which teeth can have an apicectomy?

Theoretically, any tooth can have an apicectomy performed on it. However, realistically it is only routinely considered on the upper front five teeth (Incisor to premolar), the outermost and most forward of the roots of the upper molar and the lower front three teeth (incisor to canine). Operating on any other teeth runs the risk of permanently damaging sensory nerves that give sensation to lips, cheeks, and gum; or having to reduce the length of the root so much that the tooth left is too mobile to be comfortable for eating with.

Carrying out apicectomies on other upper molar teeth roots would mean having to open up the maxillary sinus (the air-filled space inside the cheek bone, either side of the nose and above the teeth roots). This is rarely practical or justified.



Information for patients



Contact Details

Specialty Admin Team 2 – 03033 306530 (Monday to Friday 8:30am – 5:00pm)

Out of Hours

Emergency Care Centre Reception, Diana, Princess of Wales Hospital – 03033 304560

Accident & Emergency Reception, Scunthorpe General Hospital – 03033 302800

Or

Hull University Teaching Hospitals – 01482 328541 / 875875 ask for Maxillo Facial Bleep 128

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Information for patients

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlg.nhs.uk/patients/patient-leaflets/

Toate pliantele noastre sunt disponibile pentru a fi vizualizate în diferite limbi prin intermediul Browaloud pe site-ul nostru, la www.nlg.nhs.uk/patients/patient-leaflets/

Wszystkie nasze ulotki są dostępne do przeglądania w różnych językach za pośrednictwem Browsealoud na naszej stronie internetowej www.nlg.nhs.uk/patients/patient-leaflets/

Visus mūsų lankstinukus galite peržiūrėti įvairiomis kalbomis, naudodamiesi „Browsealoud“ mūsų svetainėje, adresu www.nlg.nhs.uk/patients/patient-leaflets/

Vse naše zloženke so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlg.nhs.uk/patients/patient-leaflets/

Date of Issue: January, 2021

Review Period: January, 2024

Author: Maxillofacial Dept Manager / Specialist Dental Nurse

IFP-0045 v1.1

