

MALCOLM CAMERON

MBBS BDS FRCS(OMFS) FRCS(Eng) FDSRCS(Eng) GMC No. 4301619, GDC No. 64977.

Consultant Oral & Maxillofacial Surgeon

Spire Cambridge Lea Hospital
30 New Road
Impington
Cambridge
CB24 9EL

All enquiries & correspondence to
Secretary to Mr Malcolm Cameron
Spire Cambridge Lea Hospital

The Nuffield Hospital Cambridge
4 Trumpington Road
Cambridge
CB2 8AF

Appointments: 01223 266990

Tel/Fax: 01223 266928

Email: mmp2@themedman.co.uk
www.camomfs.com

APICECTOMY

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask.

The problem

An infection has occurred at the tip of the root of one of your teeth. Sometimes this does not cause any symptoms but usually people are aware of discomfort and occasional episodes of swelling, gum boils or bad taste. You may well already have been given a course of antibiotics in an attempt to treat the infection.

Why do I need treatment?

If left untreated the infection is likely to develop into an abscess or cyst. As well as causing pain this can lead to the loss of bone surrounding the root. As a result, the tooth will become loose, and continued infection can mean the tooth has to be removed.

What does treatment involve?

Your dentist will ideally have already tried to get rid of the infection by removing the nerve of the tooth and placing a root filling. Once the best possible root filling has been placed an apicectomy can be performed. This involves cleaning out the infection from

the root end of the tooth within the jaw bone, then removing a small portion of the tip of the root of the tooth which is then sealed with an occlusive material.

It is necessary to make a cut in the gum over the root of the tooth and then lift the gum out of the way. The area of infection is uncovered by removing a small window of bone with a drill. Any infected tissue is thoroughly cleaned away from the tip of the root before at least 2-3mm of the root tip are removed. The root is sealed with a small filling material. The gum is then stitched back into place with dissolvable stitches that take around two weeks to disappear. The whole procedure will take around 30 minutes from start to finish.

What type of anaesthetic is used?

Usually an apicectomy can be carried out under a local anaesthetic, ie. an injection into the gum that numbs the whole area. This anaesthetic will prevent you feeling pain during the procedure. However, sometimes a general anaesthetic may be more appropriate, for example if there is a large cyst present around the root of the tooth.

What can I expect after the operation?

When the local anaesthetic wears off after surgery there will be discomfort and painkillers will be needed. It might also be necessary to take a course of antibiotics. The soreness is usually worse for the first few days although it may take a couple of weeks to completely disappear. You may require some time off work during which you should avoid strenuous exercise.

Some swelling can occur both inside and outside the mouth after surgery. This is usually most noticeable for 2 - 3 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 mouth wash or warm salt water (dissolve a teaspoon of kitchen salt in a cup of warm water) commencing on the day after surgery.

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 15 - 20 minutes with a rolled up handkerchief or swab. If the bleeding does not stop it is important you get advice.

Lifting the gum to uncover the root of the tooth can lead to numbness in the area. This usually disappears after a few months but rarely, can be permanent. Because the gum is cut it can occasionally shrink back a few months after surgery as scar tissue forms leading to recession. This is not normally a problem but if the tooth has been crowned the edge of the crown may become exposed.

Even if all the infection is successfully removed it can sometimes return. If this happens it might be necessary to repeat the procedure but sometimes the tooth is better removed.