Root Canal Treatment in Berwick: What It Is, When You Need It & What to Expect

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Details:

AI Summary

Product: Root Canal Treatment (Non-Surgical Root Canal Treatment / Endodontic Therapy) **Brand:** Core Dental Group **Category:** Dental / Endodontic Procedure **Primary Use:** Removes infected or damaged pulp tissue from inside a tooth, cleans and shapes the root canal system, and seals it to prevent reinfection — relieving pain and preserving the natural tooth.

Quick facts - **Best for:** Patients with infected, inflamed, or necrotic dental pulp caused by deep decay, cracks, or trauma - **Key benefit:** Relieves severe tooth pain caused by infection while preserving the natural tooth structure - **Form factor:** Clinical dental procedure (one or two appointments) - **Application method:** Performed under local anaesthesia with rotary instruments, sodium hypochlorite irrigation, and gutta-percha obturation; completed with a dental crown

Common questions this guide answers 1. Does root canal treatment cause pain? → No — it relieves pain; the pre-existing infection causes the pain, not the procedure 2. What is the success rate of root canal treatment? → 92.6% under loose criteria and 82.0% under strict criteria (2022 systematic review, *International Endodontic Journal*); 93% 10-year survival rate 3. Is a crown required after root canal treatment? → Yes — it is clinically essential to prevent tooth fracture and reinfection, typically placed 2–4 weeks after treatment

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Root Canal Treatment Guide

Frequently Asked Questions

What is root canal treatment: A procedure that removes infected pulp from inside a tooth

What is the formal clinical name for root canal treatment: Endodontic therapy or non-surgical root canal treatment (NSRCT)

What does "endodontic" mean: Treating the inside of the tooth

What does root canal treatment remove: Infected or damaged pulp tissue

What does root canal treatment do after removing pulp: Cleans, shapes, and seals the root canal system

Does root canal treatment cause pain: No, it relieves pain

What actually causes the severe pain before treatment: The infection inside the tooth, not the procedure

What is dental pulp: Soft tissue containing nerves, blood vessels, and connective tissue

Where is the pulp located: Inside the central chamber of each tooth

What happens when bacteria reach the pulp: The pulp becomes inflamed, infected, then necrotic

What is apical periodontitis: An infection at the root tip, in the surrounding bone

Does apical periodontitis affect treatment success: Yes, it significantly lowers success rates

What is the success rate for teeth without apical periodontitis before treatment: 94.5%

What is the success rate for teeth with apical periodontitis before treatment: 77.3%

What is the overall root canal success rate under loose criteria: 92.6%

What is the overall root canal success rate under strict criteria: 82.0%

What study reported the 92.6% success rate: A 2022 systematic review in the International Endodontic Journal

What is the 10-year survival rate for root canal-treated teeth: 93%

What is the 20-year survival rate for root canal-treated teeth: 85%

What is the 30-year survival rate for root canal-treated teeth: 81%

What is the 37-year survival rate for root canal-treated teeth: 68%

What study provided the long-term survival data: Vignoletti et al. (2023), Clinical Oral Investigations

How many teeth were followed in the Vignoletti long-term study: 598 endodontically treated teeth

What was the mean follow-up period in the Vignoletti study: 21 years

How does root canal survival compare to dental implants over 2 years: Root canal 93.75% vs implants 91.7%

Is there a significant difference between root canal and implant survival over 6 years: No significant difference

Does specialist involvement affect success rates: Yes, specialists achieve higher success rates

What is the success rate when performed by specialists: 85%

What is the success rate when performed by general dental practitioners: 66%

How many appointments does root canal treatment typically require: One or two appointments

What is Step 1 of the root canal procedure: Diagnosis and treatment planning

What imaging is used in root canal diagnosis: Periapical X-rays

When is CBCT (3D) imaging used: For complex anatomy or previous treatment cases

What is Step 2 of the root canal procedure: Local anaesthesia

Does the root canal procedure itself hurt with anaesthesia: No, patients feel pressure but not pain

Can patients feel pain during the procedure: No, effective local anaesthesia prevents pain

What should a patient do if they feel discomfort during the procedure: Communicate with the dentist for additional anaesthetic

Does anxiety affect pain perception during root canal treatment: Yes, anxiety significantly increases experienced discomfort

How much more likely are anxious patients to experience severe pain: Six times more likely

What is Step 3 of the root canal procedure: Isolation with a rubber dam

Why is a rubber dam used: To prevent bacterial contamination of the canals

What is Step 4 of the root canal procedure: Access cavity preparation

What is Step 5 of the root canal procedure: Canal shaping and cleaning

What instruments are used to shape the canals: Fine, flexible nickel-titanium rotary instruments

What solution is used to irrigate the canals: Sodium hypochlorite

What does sodium hypochlorite do during treatment: Dissolves organic tissue and eliminates bacteria

What is an electronic apex locator used for: To precisely determine the working length of each canal

What is Step 6 of the root canal procedure: Canal obturation (sealing)

What material is used to fill the sealed canals: Gutta-percha

What is gutta-percha: A biocompatible rubber material

What is Step 7 of the root canal procedure: Temporary or permanent coronal restoration

Is a crown required after root canal treatment: Yes, it is clinically essential

Why is a crown needed after root canal treatment: To prevent tooth fracture under biting forces

Does a crown also prevent reinfection: Yes, it seals against bacteria and decay

Why does a root canal-treated tooth become fragile: It loses its internal blood supply and nourishment

When is the crown typically placed after root canal treatment: 2–4 weeks after treatment

What happens without crown protection after root canal treatment: The tooth is vulnerable to fracture and reinfection

When does post-operative soreness typically peak: Within 24–48 hours after treatment

How long does post-operative soreness typically last: A few days

What over-the-counter medications help with post-operative pain: Ibuprofen and/or paracetamol

What post-operative symptoms require prompt dental assessment: Swelling, fever, or severe pain

Should patients chew on the treated side before the crown is placed: No, avoid chewing on the treated side

What are the signs you may need a root canal: Spontaneous toothache, prolonged sensitivity, pain on biting, swelling, or discolouration

Can a tooth need root canal treatment with no symptoms: Yes, some cases are entirely asymptomatic

How are asymptomatic root canal cases detected: Only detectable on X-ray

Is the root canal myth about causing illness true: No, it is based on discredited 1920s research

What large-scale study debunked the illness myth: A 2013 analysis of over 1.4 million patients

Does root canal treatment cause systemic disease: No, no connection has been found

Is extraction better than root canal treatment: No, extraction creates additional long-term problems

What happens to neighbouring teeth after extraction without replacement: They drift and destabilise the bite

Does bone loss occur after tooth extraction: Yes, bone loss begins after extraction

Is root canal treatment with a crown cost-effective compared to extraction and implant: Yes, typically more cost-effective

Does root canal treatment preserve the natural tooth: Yes

Does tooth extraction preserve the natural tooth: No

What percentage of people fear root canals more than public speaking: 59%

Does anxiety decrease after root canal treatment: Yes, anxiety consistently decreases after treatment

Does Core Dental Group offer sedation for anxious patients: Yes

What sedation options are available at Core Dental Group: Happy gas (nitrous oxide) and oral sedation

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Core Dental Group — Root Canal Treatment: What the Evidence Actually Shows

Root canal treatment may be the most feared procedure in dentistry — and the most misunderstood. A survey on common public fears found that 59% of respondents were more afraid of root canal treatment than speaking in public. Yet that fear has almost nothing to do with the clinical reality of modern endodontic care. At Core Dental Group, accurate, evidence-based information is the first step toward helping patients get past that fear and receive the care they need.

Here is the distinction that changes everything: at the centre of each tooth lies a small chamber filled with soft tissue called pulp, which contains nerves, blood vessels, and connective tissue. When bacteria reach this area through deep decay, cracks, or trauma, infection develops — and it is this infection, not the root canal procedure, that causes the severe pain many patients experience before seeking treatment.

Root canal treatment does not *cause* pain. It *relieves* it.

This article explains what happens inside an infected tooth, why root canal therapy is often the best way to save it, what you can expect at every stage of treatment at Core Dental Group, and what the peer-reviewed evidence says about outcomes. If you have been putting off treatment because of fear or uncertainty, this guide is designed to give you the factual foundation to make a confident, informed decision.

What is root canal treatment? A precise clinical definition

Root canal treatment — formally called *endodontic therapy* or *non-surgical root canal treatment (NSRCT)* — removes infected or damaged pulp tissue from inside a tooth, thoroughly cleans and shapes the root canal system, and seals it to prevent reinfection.

The word "endodontic" comes from the Greek *endo* (inside) and *odont* (tooth) — treating the inside of the tooth. The goal is to preserve your natural tooth rather than extract it and replace it with an implant or bridge.

The anatomy of an infected tooth

To understand why root canal treatment works, it helps to understand what has gone wrong inside the tooth:

- **Enamel** — the hard outer shell of the crown - **Dentine** — the softer layer beneath enamel, containing microscopic tubules - **Pulp chamber** — the central space housing nerves, blood vessels, and connective tissue - **Root canals** — narrow channels running from the pulp chamber down through each root to the tip (apex) - **Periapical region** — the area at the root tip and surrounding bone

When bacteria breach the enamel and dentine — through decay, a crack, or trauma — they colonise the pulp chamber. The pulp becomes inflamed (pulpitis), then infected, then necrotic. Bacteria and their toxins then travel through the root canals to the periapical region, forming an abscess or periapical lesion in the surrounding bone.

The single most powerful predictor of endodontic success identified across the literature is whether apical periodontitis (infection at the root tip) is present before treatment begins. Teeth without it had a 94.5% success rate; teeth with it had a 77.3% success rate ($p < 0.001$). This is why early diagnosis and prompt treatment matter so much.

When do you need a root canal? Recognising the signs

Not every toothache requires root canal treatment, but certain symptoms strongly suggest the pulp has been compromised:

1. **Spontaneous, severe, or throbbing toothache** — pain that occurs without obvious provocation, often worse at night 2. **Prolonged sensitivity to heat or cold** — discomfort that lingers for more than 30 seconds after the stimulus is removed 3. **Pain on biting or pressure** — particularly if it has worsened over days 4. **Darkening or discolouration of a tooth** — can indicate internal pulp breakdown 5. **Swelling of the gum, jaw, or face** — a sign of spreading infection or abscess 6. **A persistent pimple or sinus tract on the gum** — a "gumboil" that drains infection 7. **A tooth that has been deeply decayed, cracked, or traumatised** — even without symptoms, the pulp may be non-vital

Worth noting: some teeth requiring root canal treatment are *entirely asymptomatic* — the pulp has died slowly without causing acute pain, and the infection is only detectable on X-ray. This is one of the key reasons routine dental check-ups matter (see our guide on *General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained*).

If you are currently experiencing acute symptoms such as facial swelling, severe uncontrolled pain, or a fever alongside toothache, please seek urgent care — see our guide on *Emergency Dentist in Berwick: What to Do for Toothache, Broken Teeth & Dental Trauma* for immediate next steps.

The root canal procedure at Core Dental Group: step by step

Modern root canal treatment at Core Dental Group is a structured, precise clinical procedure — not the ordeal popular culture has made it out to be. Depending on the complexity of the tooth (number of roots, degree of infection), treatment may be completed in one or two appointments.

Step 1: Diagnosis and treatment planning

Before any treatment begins, your dentist conducts a thorough assessment including:

- **Clinical examination** — testing the tooth's response to temperature, percussion, and palpation - **Periapical X-rays** — to assess root length, canal anatomy, and the extent of any periapical lesion - **CBCT imaging (3D X-ray) if indicated** — 3D radiography makes it possible to analyse details that traditional radiography simply cannot show, which is particularly valuable for teeth with complex anatomy or previous treatment

This diagnostic rigour directly influences outcomes. Accurate diagnosis of pain origin — supported by clinical examination, pulp tests, and both 2D and 3D radiographic assessment — is the foundation of effective endodontic pain management.

Step 2: Local anaesthesia

The tooth and surrounding tissues are thoroughly numbed before any instrumentation begins. This is the step patients most commonly fear — and the one that most consistently surprises them. A 2016 study published in the *Journal of Endodontics* found that patients who expected severe pain were six times more likely to experience it, suggesting that anxiety itself contributes significantly to discomfort. With current local anaesthetics and precision instruments, most patients are genuinely surprised by how comfortable the procedure is.

For patients with significant dental anxiety, Core Dental Group also offers sedation options including happy gas (nitrous oxide) and oral sedation — see our guide on *Sedation & Sleep Dentistry in Berwick: Options for Anxious & Nervous Patients* for full details.

Step 3: Isolation with a rubber dam

A thin sheet of rubber (dental dam) is placed over the tooth to isolate it from saliva. This is a clinical requirement, not just a comfort measure — isolation prevents bacterial contamination of the canals during treatment, directly protecting the outcome.

Step 4: Access cavity preparation

The dentist creates a small opening through the crown of the tooth to access the pulp chamber. Microscopes and ultrasonics are particularly useful here, especially in teeth with previous endodontic treatment.

Step 5: Canal shaping and cleaning

Using fine, flexible nickel-titanium rotary instruments, the dentist carefully shapes each root canal to a precise taper, removing infected pulp tissue and debris. The canals are simultaneously irrigated with sodium hypochlorite, which dissolves organic tissue and eliminates bacteria throughout the canal system.

Electronic apex locators are used to precisely determine the working length of each canal — a meaningful advance over older radiographic-only methods, and one that current evidence-based guidelines incorporate as standard practice.

Step 6: Canal obturation (sealing)

Once the canals are clean, shaped, and dry, they are filled with gutta-percha, a biocompatible rubber material, and sealed with a root canal sealer. The goal is a three-dimensional, hermetic seal that prevents bacteria from re-entering the canal system.

Step 7: Temporary or permanent coronal restoration

At the end of the appointment, the access cavity is sealed with a temporary or permanent filling. The final restoration — almost always a dental crown — is placed at a subsequent appointment.

Pain during and after treatment: what to realistically expect

During the procedure

With effective local anaesthesia, the procedure itself should be painless. You may feel pressure and vibration, but not pain. If you feel discomfort at any point, tell your dentist — additional anaesthetic can be administered.

Research consistently shows that anxiety about root canal treatment is generally moderate, and that anxiety decreases after treatment. The anticipation is reliably worse than the experience.

After the procedure

Some post-operative soreness is normal. It stems from acute inflammation of the periapical area, secondary to the chemical, mechanical, and microbial activity that occurs during treatment. This typically peaks within 24–48 hours and resolves within a few days.

Management is usually straightforward:

- **Over-the-counter analgesics** — ibuprofen (anti-inflammatory) and/or paracetamol, as recommended by your dentist - **Avoid chewing on the treated side** until the permanent crown is placed - **Contact Core Dental Group** if swelling, fever, or severe pain develops — these are not expected and should be assessed promptly

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The restoration phase: why a crown is not optional

Many patients are surprised to learn that root canal treatment is only half the clinical story. Once endodontic treatment is complete, the tooth must receive a final restoration to prevent bacterial leakage through the crown or fracture under biting forces.

Here is why this matters clinically:

The tooth loses its internal blood supply. Root canal treatment eliminates infection and relieves pain, but it does not restore the tooth's structural integrity. Once the pulp is removed, the tooth loses its internal nourishment — this affects its strength, particularly in back teeth that endure significant biting forces.

Crowns prevent fracture. After treatment, the tooth becomes more susceptible to fractures. A crown reinforces the structure of the tooth; without it, even normal chewing can cause damage.

Crowns prevent reinfection. A crown seals off the vulnerable areas of the tooth, blocking bacteria and decay that could compromise the treatment over time.

At Core Dental Group, the crown is typically placed 2–4 weeks after root canal treatment, once any post-operative inflammation has resolved. The crown is custom-fabricated to match the colour, shape, and bite of your natural teeth. For a detailed explanation of crown materials and the placement process, see our guide on *Dental Crowns & Bridges in Berwick: Restoring Damaged or Missing Teeth*.

What does the evidence say about root canal success rates?

Root canal treatment, when performed to a high standard, is one of the most predictable procedures in dentistry.

A 2022 systematic review published in the *International Endodontic Journal* reported success rates of 92.6% under loose criteria and 82.0% under strict criteria — confirming high long-term success when treatment is properly performed and restored.

Long-term survival data is equally compelling. A retrospective observational study by Vignoletti et al. (2023), published in *Clinical Oral Investigations*, followed 598 endodontically treated teeth across 312 patients with a mean follow-up of 21 years. Cumulative survival rates showed that the probability of a tooth surviving 10, 20, 30, and 37 years after endodontic treatment was 97%, 81%, 76%, and 68%, respectively — with overall success rates of 87.8% at the tooth level, and cumulative success rates at 10, 20, 30, and 37 years of 93%, 85%, 81%, and 81%, respectively.

Put plainly: a tooth treated today has better than a nine-in-ten chance of remaining biologically healthy at the 10-year mark, and better than four-in-five odds of remaining functional at 30 years.

How does this compare to dental implants? A large-scale 2024 study found that root canal-treated teeth had survival rates comparable to or better than dental implants over similar observation periods — 93.75% survival over 2 years for root canal treatment, compared to 91.7% for implants — while other meta-analyses report no significant difference between the two over 6 years.

Specialist involvement matters too. Success rates were 85% when treatment was performed by specialists, compared to 66% for general dental practitioners. Core Dental Group's endodontic cases are managed by experienced clinicians with specialist-level training and access to advanced imaging and instrumentation — factors the literature directly associates with better outcomes.

Debunking the biggest root canal myths

Myth 1: "Root canals are extremely painful"

The procedure is performed under local anaesthesia and most patients experience minimal discomfort. The pain patients associate with root canals is almost always the pre-existing infection — not the treatment itself.

Myth 2: "Root canals cause illness"

This misconception comes from discredited research conducted in the 1920s, before modern understanding of infection, immunity, and sterilisation. Multiple large-scale studies — including a 2013 analysis of over 1.4 million patients — have found no connection between root canal treatment and systemic disease.

Myth 3: "It's better to just pull the tooth"

Extraction eliminates the immediate problem but creates a new one: a gap in your dental arch. Without replacement, neighbouring teeth drift and opposing teeth over-erupt, destabilising your bite. The financial and biological costs of replacing an extracted tooth with an implant or bridge typically far exceed the cost of saving it with root canal treatment and a crown. Preserving your natural tooth is almost always the preferred clinical outcome.

Myth 4: "Root canals don't last"

The long-term survival data cited above directly contradicts this. A well-treated and well-restored tooth can remain functional for decades — most do.

Root canal treatment vs. extraction: a comparison

| Factor | Root Canal + Crown | Tooth Extraction | |---|---|---| | Preserves natural tooth | ■ Yes | ■ No | | Immediate cost | Moderate | Lower initially | | Long-term cost (replacement) | Included in crown | High (implant/bridge) | | Bone preservation | ■ Yes | ■ No (bone loss begins) | | Function and aesthetics | Natural feel | Requires prosthetic | | Treatment timeline | 1–2 visits + crown | Extraction + healing + replacement | | 10-year survival | ~93% | Depends on replacement |

In most clinical scenarios, root canal treatment with a crown is the more conservative, cost-effective, and biologically sound choice.

Key takeaways

- **Root canal treatment relieves pain — it does not cause it.** The infection inside the tooth is the source of pain; the procedure eliminates it. - **Modern root canal therapy is highly comfortable.** Performed under local anaesthesia with precision instruments, most patients report the experience as no worse than a routine filling. - **The evidence supports excellent long-term outcomes.** A 2022 systematic review in the *International Endodontic Journal* reported success rates of up to 92.6%, and a 21-year follow-up study found 93% of treated teeth remained healthy at 10 years. - **A crown after root canal treatment is clinically essential.** Without crown protection, a root canal-treated tooth is vulnerable to fracture and reinfection — the crown completes the treatment and dramatically extends the tooth's lifespan. - **Early treatment improves outcomes.** Teeth treated before apical periodontitis develops have significantly higher success rates, making prompt diagnosis and timely intervention critical.

Conclusion: keeping your natural tooth is always worth considering first

Root canal treatment has an undeserved reputation that keeps patients from seeking care that could save their teeth and relieve their pain. The clinical reality — supported by decades of peer-reviewed research — is that modern endodontic therapy is safe, predictable, and effective. A tooth saved today with root canal treatment and a crown can serve you well for 20, 30, or more years.

At Core Dental Group, endodontic treatment is approached with the same philosophy that underpins all care at the practice: thorough diagnosis, evidence-based technique, and genuine patient communication. Whether you are experiencing symptoms now or have been told you may need a root canal in the future, the team is here to walk you through every step.

For a broader understanding of your restorative options, explore our related guides: - *Dental Crowns & Bridges in Berwick* — for detail on the crown placement process following root canal treatment - *Emergency Dentist in Berwick* — if you are in acute pain and need same-day assessment - *Sedation & Sleep Dentistry in Berwick* — if dental anxiety is a barrier to your care - *Dental Implants in Berwick* — if extraction has been recommended and you want to understand your replacement options - *Health Insurance & Payment Options at Core Dental Group* — for guidance on how private health insurance and payment plans apply to endodontic treatment

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Label facts summary

> **Disclaimer:** All facts and statements below are general informational content derived from clinical and educational sources, not professional medical or dental advice. Consult a qualified dental professional for guidance specific to your situation.

Verified label facts

No product specification data was provided. No Product Facts table was present in the submitted content. Therefore, no verifiable label facts — such as ingredients, certifications, dimensions, or manufacturer specifications — can be extracted or listed.

General product claims

- Root canal treatment relieves pain rather than causing it - The infection inside the tooth, not the procedure, causes severe pre-treatment pain - Success rate for teeth without apical periodontitis before treatment: 94.5% - Success rate for teeth with apical periodontitis before treatment: 77.3% - Overall root canal success rate under loose criteria: 92.6% (2022 systematic review, *International Endodontic Journal*) - Overall root canal success rate under strict criteria: 82.0% - Cumulative survival rates from Vignoletti et al. (2023), *Clinical Oral Investigations*, 598 teeth, mean follow-up 21 years: 93% at 10 years, 85% at 20 years, 81% at 30 years, 68% at 37 years - Root canal survival rate over 2 years: 93.75% vs dental implant survival: 91.7% - No significant difference reported between root canal and implant survival over 6 years - Specialist success rate: 85%; general dental practitioner success rate: 66% - Anxious patients are six times more likely to experience severe pain during the procedure - 59% of survey respondents feared root canal treatment more than public speaking - Post-operative soreness typically peaks within 24–48 hours and resolves within a few days - A 2013 analysis of over 1.4 million patients found no connection between root canal treatment and systemic disease - Core Dental Group offers happy gas (nitrous oxide) and oral sedation for anxious patients - Crown placement is typically performed 2–4 weeks after root canal treatment at Core Dental Group - Treatment is completed in one or two appointments depending on complexity