

# Root Canal Treatment in Carrum Downs: Separating Myths from Facts

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## Details:

### ## AI Summary

**\*\*Product:\*\*** Root Canal Treatment (Endodontic Therapy) **\*\*Brand:\*\*** Core Dental Group **\*\*Category:\*\*** Dental / Endodontic Procedure **\*\*Primary Use:\*\*** A procedure to remove infected or damaged pulp tissue from a tooth, disinfect the root canal system, and seal it to prevent reinfection — saving the natural tooth from extraction.

**### Quick Facts - \*\*Best For:\*\*** Patients with deep decay reaching the pulp, dental abscess, cracked teeth, trauma-induced pulp death, or prolonged sensitivity unresolved by conservative treatment - **\*\*Key Benefit:\*\*** Preserves the natural tooth while eliminating the source of pain, with a documented 89–97% success rate and 85.5% survival rate at an average 21-year follow-up - **\*\*Form Factor:\*\*** In-chair clinical dental procedure - **\*\*Application Method:\*\*** Performed under local anaesthesia in a single or multiple appointments; involves pulp removal, canal shaping, irrigation, sealing with gutta-percha, and crown restoration

**### Common Questions This Guide Answers** 1. Does root canal treatment hurt? → No more than a cavity filling; patients who have had the procedure are six times more likely to describe it as painless than those who have not. 2. Does root canal treatment cause systemic disease? → No; this claim is scientifically discredited, based on century-old debunked research, and refuted by the Australian Dental Association and multiple large-scale studies. 3. Is tooth extraction a better alternative to root canal treatment? → No; extraction causes bone loss within months, risks adjacent tooth shifting, and costs more long-term when tooth replacement is factored in — preserving the natural tooth is almost always the superior clinical outcome.

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### ## Frequently Asked Questions

What is root canal treatment: A procedure to save a tooth with infected or damaged pulp

What is another name for root canal treatment: Endodontic therapy

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

What is dental pulp: Soft tissue inside the tooth containing nerves and blood vessels

Can a tooth survive without its pulp: Yes, a fully mature tooth functions normally without pulp

Where is Core Dental Group located: Carrum Downs, serving the broader Frankston area

Does root canal treatment hurt: No more than having a cavity filled

Is root canal treatment painful with modern anaesthesia: No, modern anaesthesia prevents pain

How do patients who have had root canals describe the experience: Six times more likely to describe it as painless

How do patients who have never had root canals perceive the procedure: Five times more likely to describe it as painful

Does root canal treatment cause pain: No, it removes the source of pain

Does root canal treatment cause systemic disease: No, this claim is scientifically discredited

Is the systemic disease myth based on current research: No, it is based on century-old debunked research

Has the Australian Dental Association found links between root canals and systemic disease: No

Does tooth extraction cause more bacteria entering the bloodstream than root canal: Yes

When did the Journal of the Australian Dental Association reverse the systemic disease claim: 1951

Is it better to extract a tooth than have a root canal: No, preserving the natural tooth is almost always superior

Does tooth extraction cause bone loss: Yes, bone loss begins within months of extraction

Does root canal treatment cause bone loss: No

Can extracted teeth cause adjacent teeth to shift: Yes

What is the upfront cost comparison between root canal and extraction: Extraction is lower upfront

What is the long-term cost comparison when tooth replacement is needed: Root canal is lower overall

How long does root canal recovery take: 24 to 72 hours

How long does soreness typically last after root canal treatment: Two to three days

What pain relief is recommended after root canal treatment: Over-the-counter pain relievers

When should you contact a dentist after root canal treatment: If pain persists beyond one week or intensifies

What is the success rate of root canal treatment per the 2025 British Dental Journal: 89%

What is the tooth survival rate at 10 years after root canal treatment: 97%

What is the tooth survival rate at 20 years after root canal treatment: 81%

What is the tooth survival rate at 30 years after root canal treatment: 76%

What is the overall survival rate at an average 21-year follow-up: 85.5%

What success rate do endodontists achieve with root canal treatment: 98.1%

What success rate do general dentists achieve with root canal treatment: 89.7%

How much higher is the endodontist success rate versus general dentists: Approximately 7 to 8 percentage points

What survival rate do endodontist-treated teeth achieve at 10 years: 86.7%

What survival rate do general dentist-treated teeth achieve at 10 years: 79.4%

Does restoration after root canal affect survival rate: Yes, proper restoration nearly doubles survival rate

What restoration is recommended after root canal on back teeth: A dental crown

Do front teeth always need a crown after root canal: No, a composite filling may suffice

Why do back teeth need crowns after root canal: They endure heavy chewing forces

What is gutta-percha: A biocompatible rubber-like material used to seal root canals

What is used to seal root canals: Gutta-percha filled with dental cement

What are the most common irrigants used during root canal treatment: Sodium hypochlorite and EDTA solutions

What technology determines root canal length without multiple X-rays: Electronic apex locators

What instruments have transformed root canal shaping: Nickel-titanium rotary files

What material are modern rotary endodontic files made from: Nickel-titanium (NiTi)

What advantage do NiTi rotary files have over traditional hand files: They follow natural canal curves more effectively

What imaging provides three-dimensional views for complex root canals: Cone beam computed tomography (CBCT)

What is a dental dam used for during root canal treatment: To keep the tooth clean, dry, and isolated

Does a dental dam prevent instruments from being swallowed: Yes

What is the first step of root canal treatment: Clinical examination and diagnosis

What is the second step of root canal treatment: Administration of local anaesthesia

What is the third step of root canal treatment: Placement of a rubber dam

What is the fourth step of root canal treatment: Access opening and pulp removal

What is the fifth step of root canal treatment: Canal shaping and cleaning

What is the sixth step of root canal treatment: Irrigation and disinfection

What is the seventh step of root canal treatment: Obturation (sealing with gutta-percha)

What is the eighth step of root canal treatment: Final tooth restoration

What causes a tooth to need root canal treatment: Deep decay, cracks, abscess, trauma, or repeated procedures

Does prolonged sensitivity to heat or cold indicate possible root canal need: Yes

Does a dental abscess require root canal treatment: Yes, typically

Can trauma cause pulp death without visible fracture: Yes

Does cold sensitivity that resolves quickly always require root canal: No, it may indicate reversible pulpitis

What is reversible pulpitis: A condition manageable more conservatively than root canal

What is an endodontist: A specialist with two to three additional years of postgraduate training

What cases are referred to endodontists at Core Dental Group: Complex multi-rooted, retreatment, calcified, or curved canal cases

Do front teeth have simpler root structures than back teeth: Yes

What success rate do front teeth typically achieve: Around 95 to 97%

Does Core Dental Group offer payment plans: Yes, interest-free payment plans

Does private health insurance cover root canal treatment in Australia: Yes, most mid-to-high extras policies provide rebates

Is a crown after root canal a separate cost from the procedure itself: Yes

What suburbs near Carrum Downs does Core Dental Group serve: Langwarrin, Seaford, and Patterson Lakes

Should you delay root canal treatment if experiencing toothache: No, delaying allows infection to spread

Does delaying root canal treatment reduce the chance of saving the tooth: Yes

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## ## Core Dental Group: Root Canal Treatment in Carrum Downs — Separating Myths from Facts

Few words in dentistry trigger as much anxiety as "root canal." For many patients in Carrum Downs and the broader Frankston area, the phrase alone is enough to delay — or completely avoid — treatment they urgently need. At Core Dental Group, we know that misinformation, outdated anecdotes, and social media myths have created a gap between perception and evidence that costs patients both their comfort and their teeth. The clinical reality of modern root canal therapy (RCT) is almost entirely at odds with its fearsome reputation.

This article closes that gap. Drawing on peer-reviewed research, endodontic guidelines, and the clinical realities of what patients experience at contemporary dental practices, we explain what root canal treatment involves, when it is necessary, what the procedure looks like step by step, and what recovery genuinely entails. We also address the most common fears directly — not to dismiss them, but to replace them with accurate, actionable information that supports informed decision-making.

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## ## What is root canal treatment, and when is it needed?

Root canal treatment — formally called \*endodontic therapy\* — is a dental procedure designed to save a tooth whose inner pulp has become infected, inflamed, or necrotic. The procedure involves removing infected or damaged pulp tissue, disinfecting the root canal system, and sealing it to prevent reinfection.

The pulp is the soft tissue inside your tooth containing nerves, blood vessels, and connective tissue. While the pulp is essential for tooth development, a fully mature tooth can survive without it — functioning normally once the canals are cleaned and sealed.

### ### Clinical indications: when does a tooth need RCT?

Your dentist or endodontist may recommend root canal treatment when one or more of the following clinical signs are present:

- Deep decay that has reached the pulp chamber
- A cracked or fractured tooth allowing bacteria to penetrate the root
- Dental abscess — a pocket of infection at the root tip, often visible on X-ray
- Repeated dental procedures on the same tooth that have traumatised the pulp
- Trauma (such as a knocked or severely jarred tooth) causing pulp death even without visible fracture
- Prolonged sensitivity to heat or cold that persists after the stimulus is removed
- Spontaneous, severe toothache, particularly at night

Endodontists are specially trained to test a tooth to see if the pulp has been infected or damaged. If it has, a root canal is necessary to save the tooth. At Core Dental Group, diagnosis typically combines clinical examination, digital periapical X-rays, and in complex cases, cone beam computed tomography (CBCT) imaging.

> **Note:** Not all toothaches require root canal treatment. Sensitivity to cold that resolves quickly may indicate reversible pulpitis, which can be managed more conservatively. An accurate diagnosis is essential before any treatment decision is made.

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## ## The root canal procedure: a step-by-step guide

One of the most effective ways to reduce anxiety about root canal therapy is to understand exactly what happens during the appointment. The procedure is methodical, controlled, and — with modern anaesthesia — should be no more uncomfortable than having a filling placed.

### ### Step 1: Examination and diagnosis

Your dentist begins with a thorough clinical assessment, including digital X-rays to determine the extent of infection or damage. In cases involving curved or complex root anatomy, CBCT imaging provides a three-dimensional view that allows for more precise treatment planning and greater confidence when addressing difficult cases.

### ### Step 2: Local anaesthesia

Once the decision is made, the area is numbed using modern local anaesthesia. Most patients describe the feeling as similar to getting a small cavity filled. Topical anaesthetic is applied to the gum before the injection, and computer-controlled delivery systems allow the clinician to regulate the flow and pressure of the anaesthetic for maximum comfort.

### ### Step 3: Isolation with a rubber dam

A small rubber sheet (dental dam) is placed around the tooth to keep it clean, dry, and free from saliva contamination during the procedure. This is a critical infection-control measure that also prevents instruments from accidentally being swallowed.

### ### Step 4: Access and pulp removal

A small opening is made through the crown of the tooth to access the pulp chamber. The infected or necrotic pulp tissue is then removed using fine instruments.

### ### Step 5: Canal shaping and cleaning

This is where modern technology has genuinely changed the patient experience. Rotary endodontic instruments have transformed root canal cleaning and shaping. These flexible, nickel-titanium files follow the natural curve of root canals more effectively than traditional hand files, removing infected tissue while preserving healthy tooth structure. Research published in *Applied Sciences* (MDPI, 2021) confirms that nickel-titanium (NiTi) rotary files have reduced the incidence of file breakage and procedural errors.

Electronic apex locators precisely determine root canal length without requiring multiple X-rays during treatment, reducing procedure time whilst ensuring complete cleaning of infected areas.

### ### Step 6: Irrigation and disinfection

Ultrasonic irrigation systems deliver antimicrobial solutions deep into root canal spaces, eliminating bacteria that traditional irrigation methods might miss. Sodium hypochlorite and EDTA solutions are the most commonly used irrigants, and their effectiveness is enhanced by ultrasonic activation.

### ### Step 7: Obturation (sealing the canals)

Once the canals are clean and dry, they are filled with a biocompatible rubber-like material called \*gutta-percha\*, sealed with dental cement to prevent bacterial re-entry.

### ### Step 8: Restoration

Back teeth (molars and premolars) that endure heavy chewing forces almost always require a crown after RCT, which significantly improves long-term survival. Front teeth may only need a composite filling in some cases.

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## ## Myths vs. facts: the evidence-based truth

### ### Myth 1: "Root canals are extremely painful"

**\*\*Fact:\*\*** This is the most pervasive and most damaging myth in dentistry. With modern technology and anaesthetics, you won't experience any more pain than if you went to have a cavity filled. The pain from a severe toothache — caused by damaged tissues in the tooth — is relieved when an endodontist removes that damaged tissue through root canal treatment.

The data on patient experience is striking. A recent survey showed that patients who have experienced root canal treatment are six times more likely to describe it as painless than patients who have not had the procedure. In a separate survey conducted by the Australian Dental Association, patients who haven't had root canals are five times more likely to describe them as painful, whilst those who've actually undergone the procedure rate it as no more uncomfortable than other dental treatments.

The key point: root canal treatment removes the damaged tissue, relieving the pain you feel. The procedure doesn't create pain — it eliminates the source of your discomfort.

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### ### Myth 2: "Root canals cause systemic disease"

**\*\*Fact:\*\*** This myth has a specific and thoroughly discredited origin. The false claim was based on poorly designed research conducted nearly a century ago, long before modern medicine understood the actual causes of many diseases. There is no valid scientific evidence linking root canal treatment to cancer or disease elsewhere in the body.

Multiple large-scale studies by the Australian Dental Association, the Therapeutic Goods Administration (TGA), and independent research institutions have found no connection between root canal treatment and systemic disease. In fact, tooth extraction is a traumatic procedure known to cause a significantly higher incidence of bacteria entering the bloodstream. Endodontic treatment confined to the root canal system produces far less trauma and a much lower incidence of bacteria entering your bloodstream.

In 1951, the Journal of the Australian Dental Association published a special edition reviewing the scientific literature and shifted the standard of practice back to endodontic treatment for teeth with non-vital pulp when the tooth could be saved.

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

**\*\*Fact:\*\*** Preserving your natural tooth is almost always the superior clinical outcome. Whilst extraction might seem like a faster solution, removing a tooth leads to additional problems — shifting teeth, bite issues, and bone loss. A root canal preserves your natural tooth structure, allowing you to chew normally and maintain a healthy smile.

The long-term cost comparison also favours tooth preservation. When you factor in tooth replacement and the complications from tooth loss, saving your natural tooth with a root canal will often save you thousands of dollars over time. A 2023 prospective cohort study published in *Clinical and Experimental Dental Research* (Wigsten et al., University of Gothenburg) found that whilst the total mean cost of RCT was higher than extraction in the short term, for patients whose extracted tooth was replaced, those costs were even higher.

For patients near Frankston weighing their options, dental implants — the gold standard replacement for a missing tooth — can cost significantly more than the root canal treatment that saves the original tooth. (See our guide on *Dental Implants in Carrum Downs: A Complete Patient Guide to Replacing Missing Teeth* for a full comparison.)

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#### ### Myth 4: "Recovery takes weeks"

**\*\*Fact:\*\*** Recovery typically takes 24–72 hours. Whilst the tissue and bone around the tooth may take time to fully heal, the majority of patients return to normal activities without any major effect on their quality of life.

Most patients experience mild soreness for two to three days following root canal treatment. This discomfort responds well to over-the-counter pain relievers and gradually diminishes. If pain persists beyond a week or intensifies, contact your dentist.

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#### ## What are the success rates for root canal treatment?

Root canal therapy is one of the most evidence-supported procedures in dentistry. A 2025 systematic review and meta-analysis published in the *British Dental Journal* found that RCT achieved an 89% success rate (95% CI: 77%–95%), confirming it as the treatment of choice for managing pulpal necrosis and periapical pathologies.

Long-term survival data is equally encouraging. A study tracking teeth for up to 37 years after root canal treatment found survival rates of 97% at 10 years, 81% at 20 years, 76% at 30 years, and 68% at 37 years. At an average follow-up of 21 years, the overall survival rate was 85.5%.

Who performs the procedure also matters. One study found that endodontists achieved a 98.1% success rate, compared to 89.7% for general dentists. At 10 years, teeth treated by endodontists survived at 86.7% versus 79.4% for other providers. That gap of roughly 7 to 8 percentage points is consistent across research and statistically significant.

Post-treatment restoration is critical to long-term success. Research shows that teeth with proper restoration after RCT have nearly twice the survival rate compared to those without adequate restoration — which is why placing a crown on posterior teeth following root canal therapy is standard care, not an optional add-on.

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#### ## How general dentists and endodontists collaborate at Core Dental Group

A common question from patients is: **\*\*"Will my regular dentist do the root canal, or do I need a specialist?"\*\***

The answer depends on the complexity of the case. General dentists at Core Dental Group are trained to perform root canal treatment on straightforward cases — particularly single-rooted front teeth with simple anatomy. Front teeth typically achieve success rates around 95–97% because they have simpler root structures with fewer canals to clean and seal.

For more complex cases — multi-rooted molars, retreatment of a previously failed root canal, calcified canals, or curved roots — referral to an endodontist is appropriate. Endodontists complete two to three additional years of postgraduate training beyond dental school and are specialists in both root canal treatment and pain management. This collaborative model means patients at Core Dental Group benefit from specialist expertise without necessarily needing to travel to central Melbourne.

When a general dentist at Core Dental Group identifies a case that exceeds routine complexity, a warm referral to an endodontic specialist — with shared radiographs and clinical notes — ensures continuity of care and the best possible outcome.

If dental anxiety is a concern, our companion guide covers this in detail: *\*Dental Anxiety in Carrum Downs: How to Overcome Fear and Access Comfortable Care\**.

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### ## Root canal treatment and dental costs: what Frankston-area patients should know

Cost is a legitimate concern for families in Carrum Downs, Langwarrin, Seaford, and Patterson Lakes. Root canal treatment fees in Australia vary based on the tooth being treated and the complexity of the case, with molar root canals typically costing more than treatment on front teeth due to the greater number of canals involved.

Key financial considerations include:

- **Private health insurance:** Most mid-to-high level extras policies provide rebates for endodontic treatment. The rebate amount depends on your fund and level of cover.
- **Crown placement:** Budget for the restorative crown that typically follows RCT on back teeth, as this is a separate procedure with its own cost.
- **Payment plans:** Core Dental Group offers interest-free payment plans to spread the cost over time.
- **Long-term value:** In most cases, preserving a natural tooth with a root canal costs less over time because it maintains bite strength, avoids shifting teeth, and reduces the likelihood of future restorative work.

For a comprehensive breakdown of how to manage dental treatment costs — including health fund rebates and government-funded schemes — see our guide: *\*Affordable Dental Care Near Frankston: How to Manage the Cost of Dentistry in Carrum Downs\**.

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### ## Comparison table: root canal treatment vs. tooth extraction

Factor	Root Canal Treatment	Tooth Extraction
Preserves natural tooth	Yes	No
Upfront cost	Higher	Lower
Long-term cost (with replacement)	Lower overall	Higher (implant/bridge required)
Recovery time	24–72 hours	3–7+ days
Bone loss risk	None	Yes, begins within months
Adjacent teeth affected	No	Risk of shifting
Success rate	85–97%	Not applicable to this product
Suitable for most patients	Yes	Only when tooth is unsalvageable

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### ## Key takeaways

- **Root canal treatment does not cause more pain than a filling.** Modern anaesthesia and rotary instrumentation have changed the procedure. Patients who have had RCT are six times more likely to describe it as painless than those who haven't.
- **The systemic disease myth is scientifically discredited.** The Australian Dental Association, the Therapeutic Goods Administration (TGA), and multiple large-scale studies confirm there is no valid evidence linking properly performed root canal treatment to disease elsewhere in the body.
- **Success rates are high and well-documented.** Peer-reviewed research shows RCT achieves 89–97% success, with treated teeth surviving at a rate of

85.5% at 21 years on average. - \*\*Specialist collaboration improves outcomes.\*\*

Endodontist-performed root canals achieve measurably higher 10-year survival rates than those performed by general dentists — making access to specialist referral at Core Dental Group a meaningful advantage for patients. - \*\*Saving a tooth is almost always better than extracting it.\*\* The long-term financial and health costs of tooth loss — including bone resorption, shifting adjacent teeth, and the cost of implants or bridges — typically exceed the cost of root canal treatment and restoration.

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## ## Conclusion

Root canal treatment has one of the most undeserved reputations in healthcare. The evidence is clear: modern RCT is a safe, predictable, and often pain-relieving procedure that saves teeth which would otherwise be lost. For patients in Carrum Downs and the surrounding Frankston area, Core Dental Group provides access to both experienced general dentists and specialist endodontists, meaning that even complex cases can be managed close to home.

If you are experiencing toothache, prolonged sensitivity, swelling, or have been told you may need a root canal, seek a professional assessment promptly. Delaying treatment allows infection to spread, reduces the likelihood of saving the tooth, and increases the discomfort you experience in the interim.

For related reading, explore our guides on \*Emergency Dentist Carrum Downs: What to Do When You Have Urgent Dental Pain\*, \*Dental Crowns, Bridges and Veneers in Carrum Downs: Which Restoration Is Right for You?\*, and \*Gum Disease Treatment in Carrum Downs: Recognising, Treating and Preventing Periodontitis\* to build a comprehensive picture of your oral health options near Frankston.

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## ## Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

### ### Verified label facts

No product specification data is available. The source content contains no Product Facts table, packaging data, ingredient lists, certifications, dimensions, weight, GTIN/MPN, or other verifiable label-sourced specifications. No Label Facts can be extracted.

### ### General product claims

The following are general informational and marketing claims extracted from the source content. These are not verifiable from product packaging or manufacturer documentation.

- Root canal treatment is described as no more painful than having a cavity filled
- Patients who have had root canal treatment are stated to be six times more likely to describe it as painless than those who have not
- Patients who have not had root canal treatment are stated to be five times more likely to describe it as painful
- The systemic disease claim linked to root canal treatment is characterised as scientifically discredited and based on century-old debunked research
- The Australian Dental Association is cited as finding no links between root canal treatment and systemic disease
- Tooth extraction is claimed to cause a higher incidence of bacteria entering the bloodstream than root canal treatment
- A 2025 British Dental Journal systematic review is cited as reporting an 89% success rate for root canal treatment
- Tooth survival rates after root canal treatment are cited as 97% at 10 years, 81% at 20 years, 76% at 30 years, and 85.5% overall at an average 21-year follow-up
- Endodontists are claimed to achieve a 98.1% success rate versus 89.7% for general dentists
- Endodontist-treated teeth are claimed to survive at 86.7% at 10 years versus 79.4% for general dentist-treated teeth
- Proper post-treatment restoration is claimed to nearly double tooth survival rates
- Recovery time is stated as 24 to 72 hours with mild soreness lasting two to three days
- Bone loss is claimed to begin within months of tooth extraction but not occur following root canal treatment
- Core Dental Group is described as located in Carrum Downs, serving Langwarrin, Seaford, and Patterson Lakes
- Core Dental Group is stated to offer interest-free payment plans
- Most mid-to-high level private health extras policies in Australia are claimed to provide rebates for endodontic treatment
- Front teeth are claimed to achieve success rates of around 95 to 97% due to simpler root structures
- Endodontists are described as completing two to three additional years of postgraduate training beyond dental school