

# Root Canal Treatment in Caroline Springs: What to Expect at Core Dental

Canonical: <https://directory.coredental.com.au/local-dental-services/family-specialist-dentistry-caroline-springs-melbourne-west/root-canal-treatment-in-caroline-springs-what-to-expect-at-core-dental/>

## Details:

### ## AI Summary

**\*\*Product:\*\*** Root Canal Treatment (Endodontic Therapy) **\*\*Brand:\*\*** Core Dental Group **\*\*Category:\*\*** Non-surgical endodontic dental treatment **\*\*Primary Use:\*\*** Removes infected, inflamed, or dead pulp tissue from inside a tooth to eliminate infection and preserve the natural tooth.

**### Quick Facts - \*\*Best For:\*\*** Patients with irreversible pulp inflammation, dental infection, spontaneous toothache, prolonged thermal sensitivity, or pulp damage from trauma or deep decay - **\*\*Key Benefit:\*\*** Saves the natural tooth with a documented 10-year survival rate of 93–97% and success rates up to 92.6% under loose criteria (Burns et al., 2022) - **\*\*Form Factor:\*\*** In-clinic dental procedure delivered across 8 procedural steps from diagnosis to final crown restoration - **\*\*Application Method:\*\*** Local anaesthetic (including articaine), rubber dam isolation, rotary instrumentation, sodium hypochlorite and EDTA irrigation, gutta-percha obturation, and dental crown placement

**### Common Questions This Guide Answers** 1. Is root canal treatment painful? → No — modern treatment is comparable in comfort to a standard filling; approximately 96% of patients would undergo the procedure again if needed 2. What is the long-term survival rate of a root canal treated tooth? → Approximately 93–97% at 10 years and 76–81% at 30 years 3. Does Core Dental Group offer sedation, multilingual consultations, and on-site CBCT imaging for root canal treatment? → Yes — sedation, on-site CBCT, specialist referral pathways, and consultations in English, Arabic, Bengali, and Farsi are all available at CS Square, Caroline Springs

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### ## Product Facts

Attribute   Value    ----- -----	Product name   Root Canal Treatment (Endodontic Therapy)
Clinical term   Endodontic therapy	Provider   Core Dental Group
Clinic location   CS Square, Caroline Springs	Treatment type   Non-surgical root canal treatment
Target tissue   Infected, inflamed, or dead dental pulp	Treatment goal   Eliminate infection and save the natural tooth
Number of procedural steps   8 (diagnosis to final restoration)	Anaesthetic used   Local anaesthetic (including articaine)
Infection control method   Rubber dam isolation	Canal measurement tool   Electronic apex locator
Shaping instruments   Nickel-titanium rotary files	Primary irrigant   Sodium hypochlorite solution
Secondary irrigant   EDTA (smear layer removal)	Canal filling material   Gutta-percha with sealer
Final restoration   Dental crown (cuspal coverage)	Diagnostic imaging   Digital periapical radiographs and/or CBCT
Clinical guidelines followed   Australian Society of Endodontology (ASE)	Success rate (loose criteria)   92.6% (Burns et al., 2022)
Success rate (strict criteria)   82.0% (Burns et al., 2022)	10-year tooth survival rate   93–97%
30-year tooth survival rate   76–81%	Specialist success rate   ~85%
General dentist success rate   ~66%	Recovery period   2–5 days mild soreness
Recommended pain relief   Ibuprofen or paracetamol (OTC)	Sedation available   Yes
On-site CBCT imaging   Yes	Languages spoken   English, Arabic, Bengali, Farsi
Health fund accepted   Yes	Payment plans available   Yes
Specialist referral pathways   Yes	

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## ## Frequently Asked Questions

What is root canal treatment: A procedure that removes infected or dead tissue from inside a tooth

What is the clinical term for root canal treatment: Endodontic therapy

What does root canal treatment remove: Infected, inflamed, or dead pulp tissue

What is the dental pulp: Soft tissue at the centre of a tooth containing nerves and blood vessels

What is the main goal of root canal treatment: To eliminate infection and save the natural tooth

Does root canal treatment save the tooth: Yes

Is root canal treatment an alternative to extraction: Yes

Where is Core Dental Group's Caroline Springs clinic located: CS Square

Does Core Dental Group offer root canal treatment: Yes

Does Core Dental Group follow evidence-based protocols: Yes, aligned with Australian Society of Endodontology guidelines

What causes a tooth to need root canal treatment: Irreversible inflammation or infection of the dental pulp

Does a toothache always mean a root canal is needed: No, not every toothache requires a root canal

Can a tooth need root canal treatment with no symptoms: Yes, some cases present with no symptoms at all

Is spontaneous toothache a sign of pulp damage: Yes

Is prolonged sensitivity to heat or cold a sign of pulp damage: Yes, if lasting more than 30 seconds

Does tooth darkening indicate pulp problems: Yes, it indicates pulp tissue breakdown

What is a sinus tract on the gum: A sign of chronic infection draining from the root tip

Can dental trauma require root canal treatment: Yes, cracks or fractures can damage the pulp

How does Core Dental Group diagnose root canal need: Using clinical examination, sensitivity testing, and digital radiography

Is root canal treatment painful: No, modern treatment is comparable to a standard filling

Why do people fear root canals: Fear stems from outdated techniques and secondhand stories

What percentage of patients would have another root canal if needed: Approximately 96%

What anaesthetic is used during root canal treatment: Local anaesthetic

Does Core Dental Group use modern anaesthetic agents: Yes, including articaine

What is articaine: A local anaesthetic with quicker onset and prolonged effects than lidocaine

Does the dentist start treatment before the tooth is fully numb: No

What is a rubber dam used for in root canal treatment: To isolate the tooth and prevent bacterial recontamination

Is rubber dam placement mandatory: Yes, it is a critical infection-control measure

What is the first procedural step in root canal treatment: Diagnosis and treatment planning using digital radiographs

Does Core Dental Group use CBCT imaging for root canals: Yes, for complex canal anatomy assessment

What imaging is used to plan root canal treatment: Digital periapical radiographs and/or CBCT

What tool measures the length of each root canal: An electronic apex locator

What instruments shape the root canals: Nickel-titanium rotary files

What is the primary irrigant used during root canal treatment: Sodium hypochlorite solution

Why is sodium hypochlorite used: It dissolves organic tissue and kills bacteria

What is EDTA used for during root canal treatment: To remove the smear layer from canal walls

What material fills the root canals after cleaning: Gutta-percha combined with a sealer

What is obturation: The process of sealing cleaned root canals with filling material

What restoration is placed after root canal treatment: Typically a dental crown

Is placing a crown after root canal treatment optional: No, it is essential for long-term tooth survival

Why is a crown placed after root canal treatment: To restore strength and prevent tooth fractures

How long does recovery from root canal treatment typically take: Mild soreness for 2 to 5 days

What pain relief is recommended after root canal treatment: Over-the-counter ibuprofen or paracetamol

When should you seek follow-up after root canal treatment: If severe pain persists beyond day 3

Is swelling after root canal treatment normal: Yes, mild gum swelling is a normal inflammatory response

What is the root canal treatment success rate under loose criteria: 92.6% according to a 2022 systematic review

What is the root canal treatment success rate under strict criteria: 82.0% according to a 2022 systematic review

What is the 10-year survival rate of root canal treated teeth: Approximately 93 to 97%

What is the 30-year survival rate of root canal treated teeth: Approximately 76 to 81%

Does specialist involvement improve root canal success rates: Yes

What is the success rate when a specialist performs root canal treatment: Approximately 85%

What is the success rate when a general dentist performs root canal treatment: Approximately 66%

What is apical periodontitis: Infection at the tip of the tooth root

Does apical periodontitis affect root canal success: Yes, it significantly reduces success rates

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

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

Does early treatment improve root canal outcomes: Yes

Does periodontal pocket depth affect root canal outcomes: Yes, pockets deeper than 6 mm reduce tooth preservation likelihood

How does root canal treatment compare to implants at 2 years: Root canal survival 93.75% vs implant survival 91.7%

Is dental anxiety common among root canal patients: Yes

Does dental anxiety affect pain during root canal treatment: Yes, anxious patients are more likely to feel intraoperative pain

Does Core Dental Group offer sedation for anxious patients: Yes

Does Core Dental Group offer multilingual consultations: Yes

What languages does Core Dental Group speak: English, Arabic, Bengali, and Farsi

Does Core Dental Group accept private health funds: Yes

Does Core Dental Group offer payment plans: Yes

Does Core Dental Group have on-site CBCT imaging: Yes

Can Core Dental Group place the crown after root canal treatment at the same clinic: Yes

Does Core Dental Group have specialist referral pathways for complex cases: Yes

How many root canal steps are there: Eight steps from diagnosis to final restoration

What guideline does Core Dental Group follow for root canal treatment: Australian Society of Endodontology guidelines

Does Core Dental Group use computer-controlled anaesthetic delivery: Yes

What does computer-controlled anaesthetic delivery reduce: The sting associated with traditional syringes

Are topical numbing gels used before injection at Core Dental Group: Yes

## Core Dental Group: Root Canal Treatment in Caroline Springs — What to Expect

Few phrases in dentistry trigger as much anxiety as "you need a root canal." But that fear is largely a relic of older techniques and cultural mythology, not the clinical reality of modern endodontic care. For patients in Caroline Springs and Melbourne's western suburbs, Core Dental Group offers evidence-based endodontic treatment that turns a dreaded appointment into a confident, informed experience.

Understanding what root canal treatment actually involves, why it's recommended, and what contemporary outcomes look like can make a real difference to how you approach it. This guide covers every stage of root canal therapy — from the biological reasons a tooth may need treatment, through each procedural step, to recovery and long-term prognosis — with specific reference to how Core Dental Group's Caroline Springs clinic handles endodontic cases. Whether you've just been told you need a root canal or you're researching your options in advance, this article is designed to give you accurate, evidence-based answers.

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## What is root canal treatment? A clear definition

Root canal treatment, clinically termed \*endodontic therapy\*, removes infected, inflamed, or dead tissue from inside a tooth, then cleans, shapes, and seals the internal canal system to prevent reinfection. The goal is straightforward: save a tooth that has been severely damaged or infected. The process involves removing the infected or damaged pulp, cleaning and shaping the root canals, and sealing the tooth against further infection.

The procedure targets the \*pulp\* — the soft tissue at the centre of every tooth, containing nerves, blood vessels, and connective tissue. When this tissue becomes irreversibly inflamed or infected, root canal treatment is typically the only way to save the tooth while eliminating the source of pain and infection.

The core objective of root canal therapy is to control infection in the root canal system by eradicating what's already there and preventing anything new from taking hold.

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## ## When is root canal treatment needed? Common indications

Not every toothache requires a root canal, but certain clinical signs indicate the pulp has been compromised beyond recovery. Your dentist at Core Dental Group will diagnose the condition using clinical examination, sensitivity testing, and digital radiography before recommending treatment.

Common indications include:

- **Severe, spontaneous toothache** — pain that occurs without provocation, especially at night
- **Prolonged sensitivity to heat or cold** — lasting more than 30 seconds after the stimulus is removed
- **Swelling or tenderness** in the gum tissue around a specific tooth
- **Darkening or discolouration** of the tooth, indicating pulp tissue breakdown
- **A persistent pimple or sinus tract** on the gum, a sign of chronic infection draining from the root tip
- **Pain on biting or chewing** that doesn't resolve
- **Deep decay** that has reached the pulp chamber
- **Dental trauma** — a cracked, fractured, or knocked tooth that has damaged the pulp

A root canal may be recommended if your tooth is experiencing swelling, gum infection, tenderness, gum boils, severe pain, or sensitivity to cold and hot substances.

Worth noting: some teeth that need root canal treatment present with *no symptoms at all*, which is why regular check-ups and digital X-rays matter for early detection. (See our guide on *General Dentistry at Core Dental Group Caroline Springs: Check-Ups, Cleans, Fillings & Preventive Care* for more on routine radiographic monitoring.)

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## ## Root canal vs. tooth extraction: why saving the tooth matters

One of the most consequential decisions in restorative dentistry is whether to save a tooth with root canal treatment or extract it. The clinical evidence strongly supports saving the natural tooth wherever possible.

Root canal treatment relieves pain and preserves natural teeth, offering a better alternative to extraction in most cases. Keeping the natural tooth maintains proper oral function, avoids more invasive procedures like implants or bridges, and preserves the natural appearance of your smile.

For most people, a root canal is actually the easier procedure in terms of pain, recovery, and long-term outcomes. Extractions involve removing an entire tooth and bone healing — more post-operative discomfort, a longer recovery, and a cascade of follow-up decisions about replacing the missing tooth.

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: root canal therapy survival at 93.75% over 2 years, compared to 91.7% survival for implants, with other meta-analyses reporting no significant differences between the two treatments over 6 years.

Core Dental Group's team will discuss both pathways honestly. If extraction is ultimately necessary, their specialist team can also provide dental implants as a permanent replacement solution (see our guide on *Dental Implants in Caroline Springs: Replacing Missing Teeth with Core Dental Group*).

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## ## The root canal procedure: step by step

Understanding exactly what happens during a root canal appointment removes much of the fear. Conventional root canal treatment is the standard procedure used for most teeth. From isolating the tooth with a rubber dam to creating the access cavity, measuring the root canals, and finally cleaning, shaping, and sealing the complete root canal system, treatment may be completed in one visit or two.

At Core Dental Group Caroline Springs, the procedure follows evidence-based protocols aligned with the Australian Society of Endodontology's published guidelines — developed to describe a standard of practice in the Australian context, supporting clinicians with contemporary evidence-based care.

### ### Step 1: Diagnosis and treatment planning

Before any treatment begins, Core Dental Group clinicians take digital periapical radiographs and/or cone-beam computed tomography (CBCT) imaging to assess the extent of infection, the number of root canals, and the anatomy of the tooth. The success of an endodontically treated tooth depends on the accuracy of the diagnosis, disinfection, cleaning and shaping, obturation, and prosthetic rehabilitation. A thorough diagnosis at this stage is the foundation of a successful outcome, not an optional extra.

### ### Step 2: Local anaesthesia

The tooth and surrounding tissue are numbed using local anaesthetic before any instruments are introduced. If the pulp is inflamed, it may take some time to achieve full numbness, but treatment won't begin until it does.

Modern anaesthetic agents have significantly improved this stage. Articaine, for example, has a quicker onset than lidocaine and offers prolonged effects, reducing the need for additional doses during longer procedures.

### ### Step 3: Rubber dam isolation

A rubber dam — a thin sheet of latex or non-latex material — is placed over the tooth to isolate it from the rest of the mouth. This keeps the treatment area dry and clean, and prevents bacteria from re-entering the canal system during treatment. It's a critical infection-control measure, not a procedural formality.

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

A small hole is drilled on the top of the tooth to access the pulp chamber and root canals. With the canals exposed, the infected or necrotic pulp tissue is removed using specialised endodontic files carefully inserted into the canals.

### ### Step 5: Canal measurement and shaping

Electronic apex locators, used alongside radiographs, precisely determine the working length of each canal — how far instruments should travel to clean effectively without over-extending into surrounding bone. Nickel-titanium rotary files then shape the canals to allow thorough disinfection and effective obturation.

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

Canal shaping alone doesn't eliminate all bacteria. The anatomical complexity of the root canal system limits how much mechanical instrumentation alone can achieve. Sodium hypochlorite solution is used as the primary irrigant, dissolving organic tissue and killing bacteria. EDTA (ethylenediaminetetraacetic acid) follows, removing the smear layer from canal walls and improving the seal of the final filling material.

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

Once the canals are clean, dry, and shaped, they're filled with a biocompatible material — most commonly gutta-percha — combined with a sealer. Root canal therapy should provide a hermetic, fluid-impenetrable seal that prevents the progression of periapical infection. The quality of this seal is one of the most critical determinants of long-term success.

### ### Step 8: Restoration — protecting the treated tooth

The final step, often underestimated, is placing a permanent restoration — typically a dental crown — over the treated tooth. Crowns restore strength, prevent fractures, and improve appearance. Teeth restored with crowns, particularly cuspal coverage restorations, consistently show better long-term survival than those with direct restorations alone.

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## ## Pain management and the anxious patient: the modern reality

The persistent myth that root canals are excruciating is one of the most damaging misconceptions in dentistry. Fear stems primarily from outdated techniques and secondhand stories, not from the reality of modern treatment. Decades ago, limited anaesthetics and manual instruments made root canals genuinely uncomfortable. Advances in pain management, digital precision, and minimally invasive tools have changed the patient experience fundamentally — most people find it comparable to getting a standard filling.

The research backs this up. Despite the procedure's fearsome reputation, approximately 96% of patients with a history of root canal treatment would be willing to have another if needed.

For patients who experience dental anxiety — a very real and common condition — Core Dental Group's team is trained in anxiety-sensitive care. Research confirms that the clinician relationship matters: the experience of the treating endodontist is a significant factor in reducing dental fear and anxiety. Anxious patients are also more than twice as likely to feel moderate or intense intraoperative pain during root canal treatment, which is why Core Dental Group's pre-treatment consultation includes an honest discussion of your anxiety level and whether anxiolytic premedication is appropriate.

Computer-controlled anaesthesia delivery systems regulate the flow rate and pressure of the injection, reducing the sting associated with traditional syringes by delivering anaesthetic at a slow, steady rate the tissue absorbs more comfortably. For patients who dread the needle itself, topical numbing gels applied before injection make the initial poke barely noticeable.

For patients with more significant anxiety, sedation options are available. (See our dedicated guide on [\\*Dental Anxiety in Caroline Springs: How Core Dental Group Creates a Comfortable Experience\\*](#) for a full overview of sedation and anxiety management options at Core Dental Group.)

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## ## What to expect after treatment: recovery and aftercare

Most patients are surprised by how manageable recovery from root canal treatment is. Here's what to expect in the days following your appointment:

**\*\*Immediately after treatment (Day 1):\*\*** - Some tenderness or mild sensitivity around the treated tooth is normal as the local anaesthetic wears off - Over-the-counter ibuprofen or paracetamol is typically sufficient for pain management - Avoid chewing on the treated side until the permanent restoration is placed

**\*\*Days 2–5:\*\*** - Discomfort should progressively decrease - Mild swelling of the gum tissue may be present — a normal inflammatory response - Continue any prescribed antibiotics if infection was present before treatment

**\*\*Signs that require prompt follow-up:\*\*** - Severe, worsening pain beyond day 3 - Visible swelling spreading to the jaw or neck - Fever - The temporary filling falling out

Research suggests root canal treatment is a predictable procedure: about 80–90% of treated teeth become free from infection, 90% of patients experience no pain, and approximately 90% of root-filled teeth remain in the mouth six years after treatment.

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**## Root canal success rates: what the evidence shows**

Patients deserve honest, evidence-based information about prognosis. Here's what the current clinical literature reports.

A 2022 systematic review published in the *International Endodontic Journal* reported root canal therapy success rates of 92.6% under loose criteria and 82.0% under strict criteria, confirming high long-term success when the procedure is properly performed and restored (Burns et al., 2022).

Long-term survival data is equally compelling. A study published in *Clinical Oral Investigations* followed 598 endodontically treated teeth across 312 patients with a mean follow-up of 21 years. The probability of a tooth surviving 10, 20, 30, and 37 years after endodontic treatment was 97%, 81%, 76%, and 68%, respectively. Overall success rates at the tooth level were 87.8%, with 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 both present and biologically healthy at the 10-year mark, and better than a four-in-five chance of remaining functional at 30 years.

Specialist care improves outcomes. The success rate was higher when treatment was performed by specialists compared to general dental practitioners — 85% versus 66%, respectively. This is a key reason why Core Dental Group's endodontic-capable team, with access to specialist referral pathways for complex cases, is a meaningful advantage for patients in Caroline Springs.

**\*\*Factors that influence root canal success:\*\***

The single most powerful predictor of endodontic success across the literature is the presence or absence of apical periodontitis (infection at the root tip) before treatment begins. Teeth without apical periodontitis before treatment had a success rate of approximately 94.5%, compared to 77.3% for those with it.

Pre-operative conditions significantly affect both success and long-term tooth survival. Periodontal pockets deeper than 6 mm reduce the likelihood of tooth preservation, and radiographic signs of apical radiolucency before treatment nearly double the risk of extraction, with an odds ratio of 1.87.

This is why early intervention matters. The sooner an infected tooth is treated, the better the prognosis.

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**## Root canal treatment at Core Dental Group Caroline Springs: what sets the clinic apart**

Core Dental Group Caroline Springs is a full-service clinic at CS Square with access to registered dental specialists and an endodontic-capable clinical team. For patients in Melbourne's west, this means:

- **\*\*On-site diagnostic imaging\*\*** — digital periapical radiographs and CBCT capability for accurate canal mapping and treatment planning, reducing the need for external referrals (see *Dental Technology at Core Dental Group Caroline Springs: Digital X-Rays, CAD/CAM & Modern Equipment\**) - **\*\*Specialist referral pathways\*\*** — complex endodontic cases requiring specialist endodontist

involvement can be coordinated through Core Dental Group's specialist network - **Anxiety-sensitive protocols** — the team is trained to identify and respond to dental anxiety before and during treatment, with sedation options available for appropriate cases - **Multilingual consultations** — Core Dental Group's team speaks English, Arabic, Bengali, and Farsi, so anxious patients can discuss their concerns and understand their treatment in their preferred language (see *Oral Health for Melbourne's Multicultural Western Communities: Core Dental Group's Culturally Inclusive Approach*) - **Health fund compatibility and payment plans** — root canal treatment can represent a significant out-of-pocket cost; Core Dental Group works with major private health funds and offers payment plan options to make treatment accessible (see *Health Fund & Payment Options at Core Dental Group Caroline Springs: Making Dental Care Affordable*) - **Restorative continuity** — the treating team can place the final crown at the same clinic, ensuring a seamless transition from endodontic treatment to permanent restoration without coordinating between multiple providers

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## ## Root canal treatment: comparison table

Factor	Root Canal Treatment	Tooth Extraction	--- --- ---	<b>Natural tooth preserved</b>	Yes   No	
<b>Bone loss prevented</b>	Yes	Risk of resorption		<b>Procedure complexity</b>	Moderate	Simple to surgical
<b>Recovery time</b>	2–5 days	mild soreness	3–7 days	<b>Follow-up required</b>		Crown placement
Implant/bridge assessment		<b>10-year survival</b>	~93–97%	Implant:	~93–95%	
<b>Long-term cost</b>	Lower (no replacement)	Higher (implant/bridge)		<b>Suitable when</b>		Tooth structurally sound
		Tooth unsalvageable				

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## ## Key takeaways

- **Root canal treatment is not the painful ordeal it's reputed to be.** Modern anaesthesia, rotary instrumentation, and patient-centred care have made the procedure comparable in comfort to a standard filling for most patients.
- **Success rates are high and well-documented.** A 2022 systematic review in the *International Endodontic Journal* reported success rates of up to 92.6%, and long-term data shows treated teeth surviving at rates of 93% at 10 years and 81% at 30 years.
- **Early treatment produces better outcomes.** The presence of apical periodontitis before treatment reduces success rates from approximately 94.5% to 77.3%, making prompt intervention critical.
- **Specialist involvement matters.** Studies consistently show that root canals performed by or with specialist oversight achieve measurably higher success rates than those performed in general practice without specialist support.
- **The permanent crown is not optional.** Placing a crown after root canal treatment is essential to long-term tooth survival; teeth restored with crowns demonstrate significantly better outcomes than those with direct restorations alone.

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## ## Conclusion

Root canal treatment remains one of the most effective and evidence-supported procedures in modern dentistry, yet it continues to be one of the most feared. For patients in Caroline Springs and the surrounding western suburbs, Core Dental Group offers the clinical capability, specialist access, anxiety-sensitive environment, and multilingual support to make endodontic treatment as straightforward and comfortable as possible.

If you've been told you need a root canal, or if you're experiencing symptoms that suggest pulp involvement, the most important step is a timely assessment. The longer an infection progresses, the more complex the treatment and the lower the likelihood of a successful outcome.

To learn more about related services at Core Dental Group Caroline Springs, explore our guides on:

- \*Emergency Dentist in Caroline Springs: How Core Dental Group Handles Dental Emergencies\* — for urgent toothache and abscess management - \*Dental Anxiety in Caroline Springs: How Core Dental Group Creates a Comfortable Experience\* — for sedation and anxiety management options - \*Dental Implants in Caroline Springs: Replacing Missing Teeth with Core Dental Group\* — for cases where extraction is the necessary outcome - \*General Dentistry at Core Dental Group Caroline Springs: Check-Ups, Cleans, Fillings & Preventive Care\* — for preventive strategies that reduce the risk of needing root canal treatment in the first place

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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

- **Product name:** Root Canal Treatment (Endodontic Therapy) - **Clinical term:** Endodontic therapy - **Provider:** Core Dental Group - **Clinic location:** CS Square, Caroline Springs - **Treatment type:** Non-surgical root canal treatment - **Target tissue:** Infected, inflamed, or dead dental pulp - **Number of procedural steps:** 8 (diagnosis to final restoration) - **Anaesthetic used:** Local anaesthetic (including articaine) - **Infection control method:** Rubber dam isolation - **Canal measurement tool:** Electronic apex locator - **Shaping instruments:** Nickel-titanium rotary files - **Primary irrigant:** Sodium hypochlorite solution - **Secondary irrigant:** EDTA (smear layer removal)

- \*\*Canal filling material:\*\* Gutta-percha with sealer - \*\*Final restoration:\*\* Dental crown (cuspal coverage) - \*\*Diagnostic imaging:\*\* Digital periapical radiographs and/or CBCT - \*\*Clinical guidelines followed:\*\* Australian Society of Endodontology (ASE) - \*\*Success rate (loose criteria):\*\* 92.6% (Burns et al., 2022) - \*\*Success rate (strict criteria):\*\* 82.0% (Burns et al., 2022) - \*\*10-year tooth survival rate:\*\* 93–97% - \*\*30-year tooth survival rate:\*\* 76–81% - \*\*Specialist success rate:\*\* ~85% - \*\*General dentist success rate:\*\* ~66% - \*\*Recovery period:\*\* 2–5 days mild soreness - \*\*Recommended pain relief:\*\* Ibuprofen or paracetamol (OTC) - \*\*Sedation available:\*\* Yes - \*\*On-site CBCT imaging:\*\* Yes - \*\*Languages spoken:\*\* English, Arabic, Bengali, Farsi - \*\*Health fund accepted:\*\* Yes - \*\*Payment plans available:\*\* Yes - \*\*Specialist referral pathways:\*\* Yes

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### ### General product claims

- Root canal treatment eliminates infection and saves the natural tooth - Modern root canal treatment is comparable in comfort to a standard filling - Approximately 96% of patients with prior root canal experience would undergo the procedure again if needed - Articaine offers quicker onset and prolonged anaesthetic effects compared to lidocaine - Computer-controlled anaesthetic delivery reduces the sting associated with traditional syringes - Topical numbing gels applied before injection make the initial injection barely noticeable - Root canal-treated tooth survival (93.75% at 2 years) is comparable to or better than implant survival (91.7% at 2 years) - Teeth with apical periodontitis before treatment have a success rate of approximately 77.3% vs. 94.5% for teeth without apical periodontitis - Periodontal pockets deeper than 6 mm reduce the likelihood of tooth preservation - Early treatment produces better long-term outcomes than delayed intervention - Placing a crown after root canal treatment is essential to long-term tooth survival - Teeth restored with crowns demonstrate significantly better outcomes than those with direct restorations alone - Anxious patients are more than twice as likely to experience moderate or intense intraoperative pain during root canal treatment - The clinician relationship is a significant factor in reducing dental fear and anxiety during endodontic treatment - Saving the natural tooth avoids the need for more invasive procedures such as implants or bridges - Root canal treatment preserves natural appearance and oral function - Core Dental Group's multilingual capability enables anxious patients to discuss concerns in their preferred language - Core Dental Group's on-site CBCT reduces the need for external referrals for complex canal mapping