



Dear Patient,

RE: Dr. Scott Waghorn Root Canal Stage 2 Treatment Advice

Congratulations on a successful procedure completed without immediate complications. This guide outlines what to expect from the immediate post-operative period through to long-term healing and is designed to help you understand what to expect, how to care for the tooth, and when to seek review.

Treatment Summary

Today we completed the **final disinfection and obturation (sealing)** of the root canal system. The following steps were performed:

- Removal of calcium hydroxide or interim medicament
- Final irrigation and disinfection of the root canal space
- Sealing of the root canals with a biocompatible material (typically gutta-percha and sealer)
- Restoration of the access cavity with either a composite filling or a temporary restoration pending a crown

This marks the end of the internal root canal treatment. The goal is to ensure the canals remain sealed from bacteria and the surrounding bone and ligament can continue healing over time.

Physiological Overview of Healing After Obturation

Following obturation, the body continues the process of healing at the apex (tip) of the root. Inflammatory cells clear any residual debris while granulation tissue matures and is gradually replaced by healthy periapical bone.

Some tenderness to biting is common for a few days following canal obturation. This may relate to:

- Minor extrusion of sealer beyond the root tip
- Irritation of surrounding tissues during cleaning
- The continued resolution of infection and inflammation in the bone

Most patients notice gradual improvement over 3–7 days. However, full resolution of periapical lesions (visible on X-ray) can take **6–18 months**, and will be monitored at your review appointments.

What to Expect Post-Treatment

- **Anaesthetic effects:** Local anaesthetic may last 2–4 hours. Avoid eating on the tooth until sensation returns.
 - **Tenderness:** Mild to moderate biting tenderness is common for several days.
 - **Sensation of "pressure" or dull ache:** This may occur during the initial healing phase and typically resolves without intervention.
 - **Post-op flare-up (rare):** Occasionally, a tooth may develop swelling or increased pain 1–3 days after obturation. This is often self-limiting but should be reported if significant.
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Home Care Instructions

- Avoid chewing hard foods on the treated tooth for the next **few days**.
 - Take anti-inflammatory medication (e.g. ibuprofen or paracetamol) if required.
 - Continue your normal oral hygiene routine.
 - If a **temporary filling** was placed, take care not to disturb or overload the area.
 - If you notice a sharp edge or the filling feels high in the bite, please contact us.
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Final Restoration and Protection

Although the root canal is now sealed, the tooth structure may remain vulnerable to fracture or re-infection unless properly restored.

Your next steps may include:

- **Placement of a full-coverage crown or onlay**, especially for molars or heavily filled teeth
- **Permanent composite filling**, if not already completed

Dr. Scott will have advised you on the appropriate long-term restoration. Teeth that have had root canal therapy and are not adequately restored are significantly more likely to fracture or fail.

Ongoing Dental Maintenance

Unless otherwise advised, Dr Scott recommends the following routine:

- **Annual check-up and X-rays** – to assess fillings, cracks, and decay between teeth.
- **Six-monthly hygiene appointments** – to control tartar, manage gum health, and receive personalised oral care advice.

This preventative approach helps ensure long-term stability of your dental work and reduces your risk of needing more complex treatment in future.

Review and Follow-Up

- We will typically review the tooth in **6–12 months** with a radiograph to assess healing of the bone around the root.
 - Please contact us if the tooth becomes symptomatic before this time.
 - If you have not yet had a permanent restoration placed, please schedule this as advised.
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When to Email for Review

Please email **scott@northshoredental.co.nz** if you experience:

- Pain worsening after 3 days
- Swelling of the gum or face near the treated tooth
- Loss or dislodgement of the restoration
- Sensation of uneven bite or discomfort on light contact

Thank you again for entrusting us with your care. The completion of root canal therapy is a significant step in preserving your tooth. With appropriate restoration and maintenance, it can function comfortably for many years.

Best regards,

A handwritten signature in black ink, appearing to read 'Scott Waghorn', with a stylized flourish extending to the right.

Dr. Scott Waghorn BDS (Otago)

Expanded Home Care Instructions – Dr Scott Waghorn’s preferred technique

These oral hygiene instructions are based on over two decades of clinical experience and collaboration with specialist periodontists. They are designed to help you maintain excellent gum and tooth health after dental treatment.

Brushing – Twice Daily (Morning and Night)

- Use an **electric toothbrush** – Dr Scott recommends the **Oral-B** range.
- Any model from \$40 to \$450 is acceptable unless a specific recommendation has been given.
- Begin on the cheek (buccal) side of the upper back teeth. Brush up and down the tooth 6 times, extending 2 mm into the gum moving slowly. Go tooth by tooth until you reach the other side.
- Then switch to the inside (palatal) upper surfaces. Brush in groups of 2–3 teeth, scrubbing back and forth 6 times per group.
- Repeat the entire process for the lower teeth.
- This should take approximately 90 seconds per arch (3 minutes total).

Bleeding gums are common when you first adopt this level of thoroughness. This is a sign of gingivitis or early gum disease and will usually resolve within 1–2 weeks of consistent brushing.

Signs of improvement include:

- Gums turning from red to light pink
- Reduced swelling and tenderness
- Minimal or no bleeding

If bleeding persists beyond 2–3 weeks, please contact the practice or book with one of our dental hygienists.

Flossing – Once Daily (Preferably at Night)

- Use approximately 30 cm of floss, wrapped around your middle fingers.
- Use thumbs and forefingers to guide the floss gently between each tooth.
- At each contact point, pass the floss in and out 3 times.
- Continue around the entire mouth.

If you have larger spaces between your teeth, interproximal brushes ("mini bottle brushes") may be more effective. Water flossers and alcohol-free mouthwash can also assist in maintaining gum and interdental health.