

Various painless root canal treatments

Grace Mwale*

College of Medicine, University of Malawi, Malawi, E-mail: gracemeale97@mra.mw

Abstract

In dentistry, achieving effective anaesthesia and conducting painless root canal therapy are crucial goals. This is not always possible; therefore practitioners are continually looking for innovative procedures, equipment, and anaesthetic solutions to help them achieve their goals. Several research have looked at pain control during root canal therapy, however no single approach has been shown to reliably produce substantial pulp anesthetic.

Keywords: Anesthesia, Pain, Root Canal.

Accepted on May 23, 2021

Introduction

A root canal is a therapy for inflamed, diseased, or dead pulp in the tooth. The dental pulp is a soft material that contains the nerve, blood vessels, and connective tissue at the core of the tooth. The pulp chamber is the hollow area in the core of the tooth that houses the pulp, and it extends along canals that go through the roots of teeth and into the surrounding bone. Some roots have many root canals, but all of them have at least one.

Intraoral local anaesthetic is without a doubt the most extensively utilised approach for pain control during dentistry, and particularly endodontic, treatments [1].

A number of techniques have been developed to administer deep anaesthesia in order to make root canal therapy as pleasant as feasible. Numerous studies have examined several aspects that influence anaesthetic success and give a more pleasant operation [2].

That may have been the case decades ago, but with contemporary technology and anaesthetics, you will feel no more discomfort than if you had a cavity filled. When an endodontist removes the damaged tissue through root canal therapy, the discomfort from a severe toothache, which is commonly caused by damaged tissues in the tooth, may be readily relieved. Furthermore, endodontists are pain management experts, and the majority of patients may be treated promptly and gently [3].

Information on the Internet or elsewhere stating that having a root canal increases your chances of becoming unwell or contracting a disease in the future is just false. This bogus assertion was based on a long-debunked and poorly constructed study completed over a century ago, long before modern medicine had a clear understanding of the origins of many illnesses. There is no reliable scientific proof that root canal therapy causes illness in other parts of the body [4].

If at all feasible, keeping your natural teeth is always the best option. Because nothing can replace the appearance or function of a natural tooth, root canal therapy should always be considered. The success rate of endodontic therapy is excellent, and many root canal-treated teeth survive a lifetime. Replacing

a missing tooth with a bridge or implant takes longer and may necessitate additional surgeries on nearby teeth and supporting tissue.

When a dentist examines a tooth with four root canals, he or she may only locate three. If the infection in one canal is not treated, the infection may extend to the bone.

The root of the tooth may split during the treatment, or the tools may shatter or perforate the canal. This makes it difficult to fill the tooth properly [5].

Discussion and Conclusion

Dentists prescribe the following to avoid infections, tooth decay, and gum disease:

- Brushing teeth last thing at night and at least once a day
- Using fluoride toothpaste
- Using a suitable toothbrush and replacing it on a regular basis
- Getting regular dental checkups and cleanings
- Flossing to clean between the teeth and prevent plaque buildup
- Avoiding sugary drinks and foods and eating a healthy diet

Every dentist's ultimate objective and the most desired outcome for patients is to provide deep anaesthetic. To achieve this aim, the whole dental staff as well as the patient must work together as a team to avoid failure and give deep anaesthesia. Every dentist's ultimate objective and the most desired outcome for patients is to provide deep anaesthetic. To achieve this aim, the whole dental staff as well as the patient must work together as a team to avoid failure and give deep anaesthesia

References

1. Gordon SM, Mischenko AV, Dionne RA. Long-acting local anesthetics and perioperative pain management. *Dent Clin North Am.* 2010;54(4):611–20.
2. Kramp LF, Eleazer PD, Scheetz JP. Evaluation of prilocaine for the reduction of pain associated with transmucosal anesthetic administration. *Anesth Prog.* 1999;46(2):52–5.

3. Pak JG, White SN. Pain prevalence and severity before, during, and after root canal treatment: a systematic review. *J Endod.* 2011;37(4):429–38.
4. Udoye CI, Jafarzadeh H. Pain during root canal treatment: an investigation of patient modifying factors. *J Contemp Dent Pract.* 2011;12(4):301–4.

***Correspondence to:**

Grace Mwale
College of Medicine
University of Malawi
Malawi
E-mail: gracemeale97@mra.mw