



ENDODONTIC POST-TREATMENT INSTRUCTIONS

Patients may experience slight discomfort following endodontic treatment. This is normal and it is due to irritation produced by the inflammation that was present in your tooth. The tooth should feel much better in three to five days. If medications are prescribed, please take them as directed to help the healing process.

To minimize discomfort, avoid chewing on the tooth for several days. After a few days, try chewing soft food on the tooth. If it should continue to be sensitive, please contact our office. If the gums around the tooth are irritated following the endodontic treatment, this may be due to placement of the rubber dam during treatment. Rinsing your mouth with warm salt water (1/2 tsp. to a cup of warm water) will speed up the healing process. This should be repeated every three to four hours until the area is comfortable. Should sensitivity continue, please contact our office.

Upon completion of root canal therapy, a temporary restoration is placed in the tooth to prevent possible recontamination of the root canal by saliva and bacteria. **It is imperative that you have a permanent restoration placed within 2-6 weeks with your general dentist.** The restoration should cover the entire biting surface of the tooth. This will protect the root canal treated tooth and prevent possible fracture of the remaining tooth structure.

It may be necessary for you to return to our office at a future date for one or more short check-up appointments, so we can evaluate the healing process of the root-canal treated tooth. This allows us the opportunity to provide the best possible care and makes sure that you are not having any problems. You will be notified at the completion of your treatment if you will need to have a check-up at our office, or if your referring dentist can follow the healing progress of your case.

If you have any questions or think that the post-treatment progress is not proceeding properly, please contact our office at 479-621-0226 during or after business hours.

PLEASE SIGN AND DATE THAT YOU HAVE RECEIVED A COPY OF THESE INSTRUCTIONS

Signature _____ Date _____

203 N. 24th Street, Suite D • Rogers, AR 72756 • Ph. 479.621.0226 • Fx. 479.621.5334

Email: info@perryendoar.com • website: www.perryendoar.com