

Oral facial surgery

Surgical procedure information leaflet

Name of procedure: Apicectomy

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

The problem

An infection has occurred at the tip of the root of one of your teeth. Sometimes this does not cause any symptoms but usually people are aware of discomfort and occasional episodes of swelling, gum boils or bad taste. You may well already have been given a course of antibiotics in an attempt to treat the infection.

Why do I need treatment?

If left untreated the infection is likely to develop into an abscess or cyst. As well as causing pain this can lead to the loss of bone surrounding the root. As a result the tooth will become loose.

What does treatment involve?

Your dentist will have already tried to get rid of the infection by removing the nerve of the tooth and placing a root filling. The infection now needs to be removed surgically in a procedure called an "apicectomy". This involves cleaning out the infection from the bone, removing a small portion of the tip of the root of the tooth and then sealing the root with a small filling.

It is necessary to make a small cut in the gum over the root of the tooth and then lift the gum off the bone. The area of infection is uncovered by removing a small amount of bone with a drill. Any infected tissue is thoroughly cleaned away from the tip of the root before 2-3mm of the root tip are removed. The root is sealed with a small filling. The gum is then stitched back into place with dissolvable stitches that take around two weeks to disappear. The whole procedure will take around 30 minutes from start to finish.

Benefits of the procedure

The aim of the procedure is to eliminate infection so you can keep your tooth

Serious or frequent risks

Everything we do in life has risks. An apicectomy is generally a safe operation with few risks. The general risks of surgery include problems with:

- the wound (for example, infection);

Those specifically related to an apicectomy include problems with the following.

- Bleeding
 - It is unusual for the area to bleed after surgery but should this happen it can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab. If the bleeding does not stop please contact the department.
- Nerve damage
 - Lifting the gum to uncover the root of the tooth can occasionally lead to a numb feeling in the gum. This usually disappears after a few months.

- Exposure of crown
 - Because the gum is cut it can occasionally shrink back a few months after surgery as scar tissue forms. This is not normally a problem but if the tooth has been crowned the edge of the crown may become exposed.
- Recurrence of infection
 - Even if all the infection is successfully removed it can sometimes return months or even years later. If this happens it might be necessary to have the operation repeated but sometimes the tooth is better removed.

Most people will not experience any serious complications from their surgery. The risks increase for the elderly people, those who are overweight and individuals who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Repeating the root filling

Extracting the tooth and replacing it another way

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre or oral surgery department.

To monitor you during your operation, we will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

There are different options for the type of anaesthesia for your operation. Your consultant will discuss the choices with you.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you.

Intravenous sedation and local anaesthetic

Intravenous sedation involves an injection of a sedative into a vein, usually in your arm. This is given to help you relax during the operation. Once the sedative has taken effect, local anaesthetic is injected into the skin around the site of operation. Once the area is numb the procedure can be performed. You will not be asleep, although you will probably remember little or nothing of the procedure later.

At the end of the operation you will be taken back to the Day Case Ward to recover.

When the anaesthetic wears off a few hours after surgery there will be some discomfort. If it is likely to be very sore your surgeon will arrange pain killers for you. It might also be necessary to take a course of antibiotics. The discomfort is usually worse for the first few days although it

may take a couple of weeks to completely disappear. You may require a day or two off work during which time you should avoid strenuous exercise.

Some swelling can occur both inside and outside the mouth after surgery. This is usually most noticeable for about two days. It is important to keep the site of surgery as clean as possible for the first few weeks after surgery. If it is difficult to use a toothbrush the area can be kept free of food debris by gently rinsing with a mouth wash or warm salt water (dissolve a teaspoon of kitchen salt in a cup of warm water) commencing on the day after surgery.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining please contact the following:

Worcestershire Royal Hospital

- Day Case Ward Nursing Staff (phone 01905 760258)
- Hawthorne Suite Reception (phone 01905 760212)

Kidderminster Treatment Centre

- Day Case Ward Nursing Staff (phone 01562 826350)
- Reception (phone 01562 826397)

Alexandra Hospital

- Reception (phone 01527 503854)

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease.
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'.
- www.nhsdirect.nhs.uk
Online Health Encyclopaedia and Best Treatments Website.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنت سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.