

# Root Canal Treatment

Canonical: <https://directory.collinsstreetspecialistcentre.com.au/procedures/endodontics/root-canal-treatment/>

## Description:

Root canal treatment — clinically known as endodontic therapy — is one of dentistry's most misunderstood procedures. Far from the intimidating experience its reputation suggests, modern root canal treatment performed ...

## Details:

### ## Collins Street Specialist Centre Root Canal Treatment

Collins Street Specialist Centre is Melbourne's dedicated specialist dental centre, providing expert root canal treatment, clinically known as endodontic therapy, and one of the most widely misunderstood procedures in dentistry. The reputation this treatment carries rarely reflects the reality of modern specialist care. When performed by a registered specialist endodontist at Collins Street Specialist Centre, root canal treatment is typically no more uncomfortable than having a routine filling placed. And when the alternative is losing a natural tooth, it is also among the most valuable interventions available.

### ## What is root canal treatment?

Every tooth contains a hollow channel system running from the crown down through each root into the surrounding jawbone. Within these canals lies the dental pulp: nerves, blood vessels, and connective tissue that nourish the tooth during development. Once a tooth is fully formed, the pulp is no longer essential to its survival. The surrounding bone and periodontal ligament provide sufficient structural support.

When pulp tissue becomes infected or irreversibly inflamed, whether through deep decay, a crack, a fracture, or repeated dental procedures over time, it cannot recover on its own. Without treatment, the infection spreads into the bone surrounding the root tip, leading to abscess formation and, eventually, threatening the tooth and adjacent structures.

Root canal treatment addresses this by removing the diseased pulp tissue, thoroughly cleaning and shaping the canal system, and sealing it permanently. The tooth is retained, appropriately restored, and continues to function normally, in many cases for decades.

### ## When might you need root canal treatment?

Your general dentist may refer you to a specialist endodontist when one or more of the following apply:

- A deep cavity has extended into the pulp
- A tooth is producing spontaneous pain, particularly throbbing discomfort or pain that disturbs sleep
- Sensitivity to heat or cold persists well after the stimulus has been removed
- A tooth has darkened following trauma
- An abscess, localised swelling, or sinus tract (a small pimple-like lesion on the gum) is present near a tooth
- Radiographs reveal a periapical shadow at the root tip, indicating infection within the surrounding bone
- A tooth has sustained significant trauma, because even without visible damage the pulp may be compromised
- A tooth requiring a crown or substantial restoration has a pulp considered to be at risk

Some patients present with no symptoms at all. Infection is identified only through radiographic review during routine monitoring, which is why consistent dental check-ups and timely referral matter.

## ## What to expect: step by step

Root canal treatment at Collins Street Specialist Centre is carried out under high magnification using contemporary equipment, a standard of care that allows our endodontists to work with a level of precision simply not achievable with the unaided eye.

**\*\*Initial assessment\*\*** Your specialist will take a thorough clinical history and perform diagnostic tests, including sensitivity testing and percussion assessment, alongside digital radiographs. Where the canal anatomy is complex or uncertain, cone-beam CT imaging may be recommended to provide a three-dimensional map of the root system before treatment begins.

**\*\*Anaesthesia\*\*** Local anaesthetic is carefully administered to ensure the tooth and surrounding tissues are thoroughly numb. Most patients are genuinely surprised by how comfortable the procedure is once treatment is underway.

**\*\*Isolation\*\*** A thin rubber sheet known as a dental dam is placed around the tooth to maintain a clean, saliva-free field throughout the procedure. This is essential for both infection control and procedural accuracy.

**\*\*Microscope-guided access\*\*** Our endodontists work under the **\*\*Carl Zeiss OPMI PROergo surgical microscope\*\***, which provides up to 20× magnification with co-axial illumination. This optical clarity allows identification of canal systems, calcifications, and anatomical variations that would be missed at standard clinical magnification.

**\*\*Canal preparation\*\*** Using **\*\*MTwo and ProTaper rotary nickel-titanium instruments\*\*** driven by the **\*\*Dentsply X-Smart motor system\*\***, the specialist methodically files and shapes each canal. Rotary instrumentation allows precise, efficient preparation whilst minimising mechanical stress to the root structure. Electronic apex locators confirm working length to within fractions of a millimetre.

**\*\*Irrigation and disinfection\*\*** Between instrumentation steps, the canals are flushed with antimicrobial irrigants, typically sodium hypochlorite and EDTA, to dissolve organic debris and eliminate residual bacteria. This stage is fundamental to long-term success and requires both care and adequate time.

**\*\*Canal filling\*\*** Once the canals are clean, dry, and appropriately shaped, they are sealed using **\*\*BeeFill 2in1 warm vertical compaction\*\***, which delivers biocompatible gutta-percha in a thermally softened state. Warm obturation adapts closely to the canal walls, reducing voids and providing a more reliable seal against reinfection than cold lateral condensation techniques.

**\*\*Temporary or permanent access restoration\*\*** Following obturation, the access cavity is sealed. Your specialist will communicate their recommendations to your referring dentist regarding the timing and type of definitive restoration required.

Depending on case complexity, the degree of infection present, and individual patient factors, treatment may be completed in one or two appointments.

## ## Recovery and aftercare

Some mild tenderness around the treated tooth is entirely normal for a few days after root canal treatment, particularly when biting. This reflects the natural healing response of the periapical tissues surrounding the root tip and typically resolves without any specific intervention. Over-the-counter analgesics, ibuprofen or paracetamol, are generally sufficient for managing post-operative discomfort.

Key aftercare considerations:

- **\*\*Avoid placing significant load on the treated tooth\*\*** until the final restoration has been placed. An unrestored tooth is structurally vulnerable and at real risk of fracture.
- Complete any prescribed course of antibiotics in full if infection was present at the time of treatment.
- Contact your specialist if pain intensifies beyond the first 48 hours, swelling develops, or a temporary filling dislodges.
- **\*\*Proceed**

promptly with your final restoration.\*\* Your specialist will advise whether a crown, onlay, or composite build-up is the most appropriate option. A well-placed permanent restoration protects both the remaining tooth structure and the integrity of the root canal seal.

Most patients return to their usual activities the same day or the following morning.

### ## Why see a specialist endodontist?

Root canal treatment is a clearly defined procedure in principle. In practice, it demands a depth of anatomical knowledge, technical precision, and specialised equipment that goes well beyond general dental practice.

A registered specialist endodontist has completed three or more additional years of postgraduate training in endodontic diagnosis, treatment planning, and research after their dental degree. This qualification is formally recognised by the Dental Board of Australia. All specialists at Collins Street Specialist Centre hold this registration, which can be independently verified through AHPRA (Australian Health Practitioner Regulation Agency) at [\[www.ahpra.gov.au\]](http://www.ahpra.gov.au)(<http://www.ahpra.gov.au>).

The value of specialist referral is most apparent in clinically demanding situations: calcified or curved canal systems, previously treated teeth with recurrent pathology, teeth with multiple or aberrant canals, cases with an uncertain prognosis, or where a referring practitioner has encountered difficulty during initial assessment or treatment. At CSSC, our specialists manage the full clinical spectrum, from straightforward first-time treatments to highly complex cases referred from across Victoria.

High-magnification microscopy is the single most significant clinical advantage of specialist endodontic practice. The Carl Zeiss OPMI PROergo used at CSSC belongs to the same class of surgical microscope used in neurosurgical procedures, and its use is standard practice for every endodontic procedure performed within our department, not an optional enhancement reserved for difficult cases.

### ## Our specialists

Root canal treatment at Collins Street Specialist Centre is performed by four registered specialist endodontists, each with advanced qualifications and substantial clinical experience across the breadth of endodontic practice.

**\*\*Dr Gregory Tilley\*\*** BDSc (Melb), LDS (Vic), FRACDS, MRACDS (Endo) With more than 35 years of specialist endodontic practice, Dr Tilley is amongst Australia's most experienced endodontists. An Honorary Senior Fellow of the University of Melbourne, he has lectured nationally and internationally and has served as a consultant on the development of endodontic instruments and materials.

**\*\*Prof Chankhrit Sathorn\*\*** DDS, Grad.Dip.Dent, DClinDent, PhD, MRACDS (Endo) An Adjunct Professor of Endodontics at La Trobe University, Prof Sathorn brings a research-informed perspective to clinical practice. He serves on the editorial boards of the Journal of Endodontics, International Endodontic Journal, and Dental Traumatology, amongst other peer-reviewed publications.

**\*\*Dr Aovana Timmerman\*\*** BDSc (Melb), FRACDS, DCD (Melb), GCertClinTeach, MRACDS (Endo) Dr Timmerman is a clinical demonstrator in the University of Melbourne DDS program and an examiner for the Royal Australasian College of Dental Surgeons. A recipient of the ANZAE JM Booth Award, she has a particular clinical interest in dental traumatology. Dr Timmerman is fluent in Mandarin.

**\*\*Dr Areti Vrochari\*\*** DDS, DrMedDent (Endo) Dr Vrochari completed her training in Greece and Germany, holding a doctorate in dental biomaterials from the Albert-Ludwigs-University Freiburg. She brings extensive expertise in contemporary restorative and endodontic dentistry and has authored clinical research publications and textbook chapters on all-ceramic and restorative dentistry.

All specialists can be verified as registered specialists with AHPRA at [\[www.ahpra.gov.au\]](http://www.ahpra.gov.au)(<http://www.ahpra.gov.au>).

## ## Related treatments

A successfully treated root canal tooth still needs appropriate restorative protection to ensure long-term function and structural integrity. Our specialists work closely with colleagues across disciplines at CSSC to provide coordinated, ongoing care:

- **Dental Crowns** (/procedures/prosthodontics/dental-crowns/) — Most root-treated posterior teeth require a crown to guard against fracture. Our specialist prosthodontists provide this as part of an integrated treatment plan. - **Dental Bridges** (/procedures/prosthodontics/dental-bridges/) — Where root canal treatment cannot preserve a tooth, a bridge may be a suitable replacement option. - **Root Canal Retreatment** (/procedures/endodontics/root-canal-retreatment/) — Indicated when a previously treated root canal develops recurrent infection or renewed symptoms. - **Cracked Teeth** (/procedures/endodontics/cracked-teeth/) — Cracking is a common cause of pulp disease and frequently presents alongside the need for root canal treatment.

No referral is required to see a specialist endodontist at Collins Street Specialist Centre. Contact us on (03) 9650 2726 to arrange an initial assessment, or ask your general dentist to provide a written referral.

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