



MODRI ZOB

## INSTRUCTIONS AFTER APICOECTOMY

You have undergone apicoectomy at Modri zob, Ukmarjeva St. 6, 1000 Ljubljana. This surgical procedure is recommended based on your initial examination and requires your consent. We aim to inform you about the procedure and potential unfavorable outcomes through this written explanation and discussion with our periodontist.

### APICOECTOMY

Apicoectomy is a surgical procedure involving the removal of inflamed tissue along with the root apex. It is necessary when an infection develops in the tissue surrounding the tooth root, which cannot be resolved with conventional root canal treatment. Bacteria present in the root apex of a tooth with a dead nerve or previously treated root canal may release toxic and irritating substances into the surrounding bone. The immune system responds with a low-intensity inflammation in the surrounding bone. Such inflammatory foci can slowly expand and involve adjacent roots. During periods of decreased immunity, severe pain and swelling in the gums or even the face may occur. Inflammatory cysts, which dissolve bone tissue, can also develop.

### PROCEDURE DESCRIPTION

After local anesthesia, an incision is made in the gum and it is peeled back from the bone. With water cooling, the bone is trimmed using a drill, followed by the removal of the diseased tooth's root apex along with the inflamed tissue (granuloma, cyst). If possible, a portion of the root canal filling is removed from the remaining root and this area is retrogradely filled - a filling is made at the root apex. The wound is then closed with stitches, which are removed after one week. The resulting cavity gradually fills with healthy bone or connective tissue following the removal of the tooth apex and inflamed tissue.

### POSSIBLE COMPLICATIONS

Postoperative pain is mild to moderate. It occurs once the local anesthetic wears off (approximately after two hours) and typically lasts only a few days. Ordinary pain relievers (Aspirin and similar medications are not recommended as they inhibit blood clotting) can completely alleviate it. Postoperative swelling of the lips and cheek is expected within the first three days after surgery and may be pronounced. It appears later than pain and also subsides later. During the procedure, there may be bleeding. In the upper jaw, there may be an opening into the nasal or sinus cavity, while in the lower jaw, temporary numbness of the lower lip may occur if teeth in the lateral part of the jaw were operated on. All these situations are manageable and will be further explained to the patient.

The operated tooth may feel slightly loose after surgery and will stabilize over several weeks. The body will fill the cavity at the site of the removed inflammatory focus and root apex with bone over the following months. The success of the surgery, assessed by bone healing, will be verified by X-ray six months post-surgery.

Apicoectomy is successful in approximately 80% of cases. Long-term prognosis cannot be accurately predicted because the outcome of apicoectomy depends on the tooth anatomy, accessory canals, and the quality of previous endodontic treatment.

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