

MF07 Apicectomy

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What is an apicectomy?

An apicectomy (also spelt apicoectomy) is a procedure to remove the end (or apex) of the root of a tooth. It is usually performed to get rid of an infection or fix a hole in the root of your tooth.

You will usually have already had root-canal treatment (cleaning out the inside of your tooth and filling it to get rid of an infection). An apicectomy is usually suggested if the root-canal treatment has not worked. Sometimes the root-canal treatment causes a hole in the root canal which needs to be fixed with an apicectomy.

Shared decision making and informed consent

Your healthcare team have suggested an apicectomy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask your healthcare team.

Once the healthcare team have answered all your questions and you feel ready to go ahead with the procedure, they will ask you to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point after signing the form. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

You should have less risk of your symptoms coming back and your tooth should last longer.

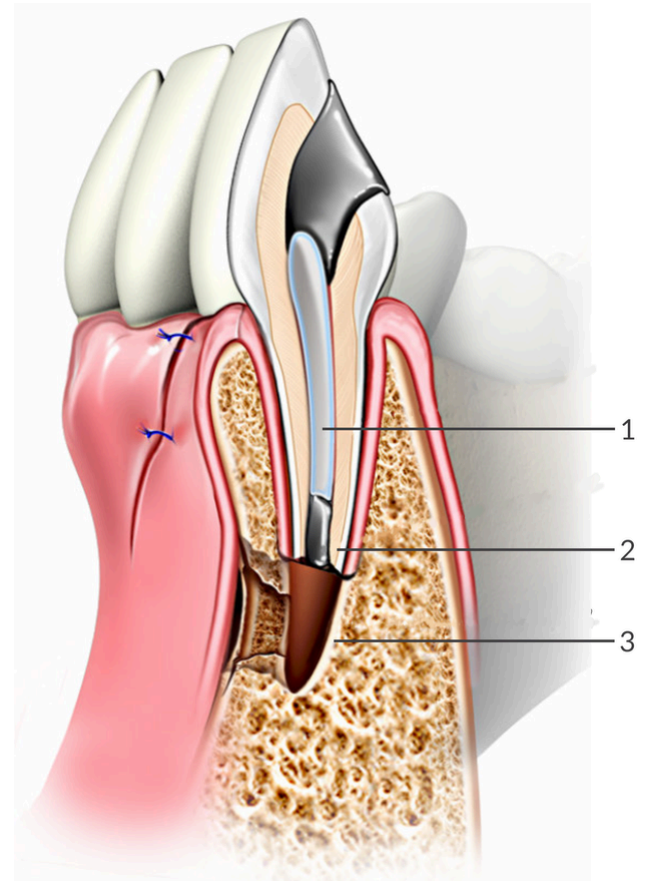
Are there any alternatives?

Your dentist may be able to do the root-canal treatment again. The only other treatment is to remove your tooth.

What will happen if I decide not to have the procedure?

Infection can get worse and spread, leading to jaw bone loss. Infection can also cause a cyst in the bone, making it more difficult to treat your tooth and affecting nearby teeth. There is a small risk of getting a serious, life-threatening infection.

An apicectomy



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1. Standard root filling
2. New filling placed during apicectomy
3. Apex removed

What does the procedure involve?

The healthcare team will ask you to confirm your name and the procedure you are having.

Most apicectomies can be performed under a local anaesthetic. Teeth further back in your mouth are harder to treat as they usually have more than one root. The bottom teeth often lie

close to the nerve which supplies sensation to your lower lip while the top teeth are close to the sinus (one of the air-filled spaces above your upper jaw).

If the procedure is likely to be difficult, your surgeon may offer you a sedative or you may need a general anaesthetic that sends you to sleep. Your anaesthetist or surgeon will discuss the options with you.

The procedure usually takes up to an hour, depending on where the tooth is and how difficult it is to reach.

Your surgeon will make a cut on your gum. They may need to use a drill to remove some of the bone around the end of your tooth. Your surgeon will clean the area, remove the root tip and fill the area.

Your surgeon will need to close the gum with stitches. The stitches may be dissolvable. Your surgeon may also place a pack made of gauze (a thin fabric dressing) on the gum and ask you to bite on it for 10 to 20 minutes to stop any bleeding.

How can I prepare myself for the procedure?

If you smoke, stopping now may reduce your risk of developing complications and will improve your long-term health.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Possible complications of this procedure are shown below.

Some complications may be serious.

You should ask your surgeon if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any procedure

- Bleeding after the procedure. Your surgeon will tell you how to stop the bleeding.
- Swelling and bruising. This usually starts a day later and varies from person to person.

- Infection. Your wound might get infected and become more painful and take longer to heal. You may need antibiotics or more treatment. If the infection keeps coming back, you will usually need to have the affected tooth removed.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your surgeon know if you have any allergies or if you have reacted to any medication or tests in the past.

Specific complications of this procedure

- Damage to nearby teeth. Your surgeon will discuss the risks with you depending on what tooth they are operating on.
- Receding gum. The cut on the gum may shrink back and expose the end of the crown of your tooth.
- Sinus problems. Sometimes an apicectomy in a molar or upper premolar tooth may cause an opening between a sinus and your mouth. This can cause infection (sinusitis), pain and draining of fluid between your mouth and your nose. The opening usually closes but you may need surgery.
- Damage to the nerve that supplies sensation to your lower lip, if your surgeon needed to treat a molar or premolar tooth in your lower jaw. This leads to a loss of feeling in your lower lip on the side of surgery.
- Failed procedure. If this happens your surgeon will need to remove the whole tooth.

Consequences of this procedure

- Pain. This can last up to a week. Usually, pain is easily controlled with simple painkillers like paracetamol or ibuprofen.

What happens after the procedure?

After the procedure your surgeon will make sure that any bleeding has stopped.

If your wound starts to bleed, press on it for 20 minutes with a pack made of gauze, or with a clean handkerchief rolled into a small knot.

You should be able to go home the same day.

Depending on the difficulty of the procedure and the risk of infection, you may be given antibiotics.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Leave your tooth alone for 24 hours. Then rinse your mouth gently with warm, salty water 3 times a day for the next few days. You can start brushing your teeth normally after 24 hours but be careful with the affected tooth.

Avoid exercising and strenuous physical activity for 24 hours at least.

Eat only soft foods for 1 to 2 days, gradually moving on to solid food only when you can chew comfortably. Try to chew using the other side of your mouth.

You may need a few days off work. You should be able to return to normal activities within a week.

The future

Your surgeon may arrange for you to come back to the clinic to remove any stitches or for a check-up. You may have an x-ray to check your tooth and surrounding bone. Your surgeon may need to take x-rays at a later stage to monitor how the bone is healing.

Most people make a full recovery.

Summary

An apicectomy is usually suggested if you have had root-canal treatment that has not worked. The treatment involves removing part of a tooth to treat the infection and stop your symptoms from coming back.

However, complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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