

POST-ENDODONTIC RECOMMENDATIONS FOR PATIENTS

Dear Patient,

You have just had an endodontic treatment. It involves disinfecting the root(s) of the tooth. This treatment is often done on an inflamed or infected tooth. This is why you can have some sensitivity or slight pain during the few days following the treatment.

1 A sensitivity when chewing is a normal reaction, and should not be something to worry about. If this happens, take the following painkillers or anti-inflammatory drugs:

- Dafalgan 1 gr: 4/day (when needed)
- Ibuprofen 400 mg: 4/day (when needed)
- Ibuprofen 600 mg: 3/day (when needed)

These drugs should not be taken systematically, but only in case of pain.

2 If during the days following your treatment, your gum or cheek, become inflamed, it is important to contact us to see if antibiotics are necessary.

3 Please inform us of any allergies you may have. Or contact your General Practitioner before taking any medication regarding your dental problems.

4 Please wait until the effects of the anesthetic disappear before eating, to avoid biting on your lips.

5 It is important not to keep the temporary filling for a long time. It should be replaced by the final restoration as soon as possible by your general dentist so that the treatment is not adversely affected.

6 Check your temporary filling. A sufficient thickness must remain in order to avoid any recontamination of the inside of the tooth by the saliva which contains bacteria. Also, if a provisional crown becomes loose on a recently treated tooth, it is urgent to get it resealed as soon as possible.

7 It is important to understand that endodontic treatment is a medical process and in some cases, despite our efforts, the survival of the tooth cannot be guaranteed

If after reading those recommendations, you still have further questions feel free to contact us by calling +32 2 732 4146 or by emailing us on info@endo-brussels.com.

We will do our best to see you as soon as possible.

Yours cordially,

ENDO-BRUSSELS TEAM

YOUR NEXT NECESSARY DENTAL APPOINTMENT

..... (n° of the Tooth) Your general dentist
..... (n° of the Tooth)



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