

Silicon Valley Endodontics & Microsurgery

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Failed Root Canal: Your Three Options

When a previous root canal is failing, three paths are on the table. You deserve the whole menu before the recommendation. Full guide: svendodontics.com/retreatment-vs-extraction-vs-apicoectomy.

1 Non-surgical retreatment — ~70–85% success at 4+ years

A redo through the crown: the old filling material is removed, the canals are re-cleaned and re-shaped (including any missed canal, like MB2 in upper molars), and the tooth is re-sealed. Usually tried first when the original root canal had a correctable problem — a missed canal, under-filling, or contamination.

2 Apicoectomy (endodontic microsurgery) — ~85–95% with microscope + bioceramic

A surgical approach from outside: a small gum flap, the infected root tip is removed (about 3 mm), sealed with bioceramic cement, and the flap is closed. Preferred when the crown is sound and the problem sits at the root tip, when retreatment isn't feasible (separated instrument, ledge, post in place), or after a failed retreatment.

3 Extraction with implant — reserved for unfavorable cases

Removes the natural tooth and replaces it with a titanium fixture and crown over 4–6 months. The right call for a vertical root fracture below bone, severe resorption, a non-restorable crown, or a tooth where retreatment and surgery have both already failed. Implants integrate well but have a different failure profile and no periodontal ligament.

HOW SPECIALISTS DECIDE — THE FIVE FACTORS

- Quality of the existing root canal — a missed or under-filled canal favors retreatment.
- Quality of the crown — a sound crown favors surgery; a failing crown favors retreatment (redo both).
- Apical anatomy on the CBCT 3D scan — is the root tip surgically accessible?
- Size and location of the infection at the root tip.
- Your medical history, prior treatment on the tooth, and restorability.

The standard reference is the AAE “Treatment Options for the Compromised Tooth” framework.

Get all three options explained — then the recommendation.

(669) 234-2354 — CBCT 3D imaging and surgical microscope in-house. Weekend hours: Saturday and Sunday 8 AM–3 PM.

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Success ranges synthesize the modern endodontic literature (Sabeti 2024; Setzer 2010; AAE Treatment Options for the Compromised Tooth, 2014). Individual prognosis depends on case-specific factors evaluated at consultation. Full sources: svendodontics.com/retreatment-vs-extraction-vs-apicoectomy.