

10 Tips for Successful Endodontic Treatment

1. Methodical Diagnosis-

A quality digital x rays should be opted (instead of regular X-ray over films) which can be manipulated in the software to increase their diagnostic contribution and digital image is usually seen on a 15 by 20 inch monitor instead of a 2 by 3 inch film. This can be of immense importance for diagnosis point of view.

2. Effective numbing- managing a hot tooth-

After correct tooth diagnosis, the lack of profound anaesthesia may be the greatest cause of staff and patient stress in Endo treatment so anaesthetic choice and delivery method become extremely crucial.

As Clinician drills toward the pulp while doing root canal treatment, it may be the cause of the patient's squirm, scream, jump, or running- out off the chair so it is binding duty of Doctor to control pain for patient's compliance, comfort. Staff-peace, and practice enhancement. It is advisable to give a nerve block and supplemental injections e.g.: intra-pulpal, intra-ligamentary or intra osseous etc.

It is also advisable to use a long acting LA salt like Bupivacaine.

3. ISOLATION-

The use of a rubber dam is essential in endodontics.

Always use of floss, tied to both ends of the clamp. While selecting a clamp, one needs to ensure that at least 4 points of engagement around the tooth should be taken off.

4. ACCESS-

In order to beset accessions of canals entire removal of roof of the pulp chamber is suggested rather than to engage in finding canals. If clinician does it proficiently then within that confinement, it enables clinician to successfully locate all canal orifices.

The roof of the pulp chamber is commonly incompletely removed; this begets the need to check for overhangs of the pulp using probe.

Diamond burs are to be used instead of carbide burs as the latter requires more coolant.

Dentist must follow the dentinal map for conservative access cavity preparation.

When Accessing, especially when you are refining, it can be helpful to use piezoelectric ultrasonic as you can cut and see at the same time.

5. LOCATING CANALS-

Following tips and tricks are useful in locating canals of a tooth:

- a. The colour of the dentine in the pulp chamber is different from the dentine of the bulk of the tooth.
- b. The canals are located at the corner of the floor and the wall of the pulp chamber.
- c. Search for canals using a probe at 45 degrees rather than straight down.

6. CANAL NEGOTIATION: (To be done using the following tools and tips)

- a. 10 NO. K FILE IS A MUST before any rotary instrument is engaged down.
- b. File protocol must be obeyed religiously, However **Blue Flex** path finder's/Glide files are to be implied as per the order of protocol for optimum results.
- c. Filing in a dry canal is prohibited.

7. Irrigation: Tips and hints

- a. Do not use NaOCl first in a vital tooth as it causes clogging of the canals.
- b. Do not use NaOCl with pus – clogging
- c. Start with NaOCl in non vital tooth: it will dissolve the tissue
- d. Always use a 30 G side vent needle
- e. Activate the canal ultrasonically

8. Apex locators:

- a. Great tool that lets you know if you are in the canal or outside the canal (or if

you have perforated).

b. Essentially they work by completing a circuit so beware of anything that may cause a short circuit and give a false reading e.g. existing metal restoration, liquid within pulp chamber contacting the outside of the tooth coronally and inflammatory exudates through the apex into the canal.

c. Remove all restorations and rebuild in a non-conductive material, dry canals, seal temp.

9. Select a rotary system: (Preferably **Blue Flex**)

Based on rake angle, wire technology, helical angle, pitch, cross-section, heat treatment & Electroplating whilst PREPARING, make sure you continually clean the flutes of your rotary/hand files. Clogged up flutes dramatically reduce cutting efficiency.

10. GP: (While doing Obturation)

GP can bend at the tip when placing it into the canal, if this keeps happening, try using Endofrost spray to stiffen the tip.

CUTTING GP can be tricky – you can use a dry piezo ultrasonic, ball ended bur with a fast hand piece, induction heater or buy a GP cutter.

Remember, the ideal position to cut back the GP to prevent discoloration laically is 2 mm below the CEJ. Isopropyl alcohol is good to help clean cement and GP.