ENDODONTICS

1. Reduce the occlusion when beginning endodontics and before any x-ray lengths are taken.

2. If treating a tooth that has been previously filed by someone else, be sure to re-check the lengths, via x-ray. Sometimes, different providers somehow manage to get different lengths.

3. Create good access and avoid lateral perforations.

4. Remove all caries.

5. Do not place paper points in canals between visits.

6. Cavit should be used only as a temporary occlusal filling material. When proximal surfaces are involved, consider amalgam, composite or IRM.

EXODONTIA

1. Never extract a tooth without a good x-ray. Use the x-ray to predict potential problems such as root fractures, root tips, etc. Pay attention to such key anatomical features as the maxillary sinus, the mandibular canal and the mental foramen.

PULPOTOMIES

1. Look for interradicular bone changes. If present, the pulpotomy probably will not succeed.

2. If purulence is present in any canal upon opening the tooth, it must either be extracted or a pulpectomy performed and all the canals filled with zinc-oxide and eugenol paste.

3. If one or more of the canals are hyperemic, based on your best judgement, a pulpotomy will not be sufficient and a pulpectomy is indicated.

4. Use hydrogen peroxide to control excessive hemorrhaging if formocresol does not suffice.

5. We prefer an amalgam restoration over IRM as an interim restoration before the stainless steel crown. We sometimes are unable to place the stainless steel crown in a timely manner and an amalgam will hold up for longer as a temporary.