

THE BRAVE NEW WORLD OF ENDODONTICS

Written by Julian Webber



Practising endodontics is easier today than it's ever been, but that doesn't make it easy. Endodontics is a challenging discipline and we are operating in a more challenging environment, says Julian Webber

The aim of this article is to encourage all colleagues who wish to carry out endodontics to do so, and to do so with confidence. I will look at the recent developments which have made it easier to embark on endodontic treatment, as well as changes to both the consent process and to risk management.

My goal has always been to make it easier for colleagues in general practice to carry out endodontic treatment. This has been the motivation for my work in product development in the field of instrumentation. When in 2009 I was asked - by Dentsply (now Dentsply Sirona) - to develop along with some like-minded colleagues, a single file technique for canal preparation, I leapt at the opportunity. Three years later the outcome was WaveOne, a single NiTi file for use in reciprocation which delivers more predictable results compared to stainless-steel instruments. Single-file reciprocating systems have proven advantages over rotary systems and are ideal for those colleagues looking to move into mechanical canal preparation techniques with a simple, safe and efficacious product.

WaveOne and now WaveOne Gold, offer greater flexibility, strength and resistance to cyclic fatigue, signalling a new era in endodontic canal preparation.

PAIN CONTROL

For patient management, effective pain control is essential. Many of my patients present with pain. They have been awake all night and they are not happy. Not only do I need to be sympathetic to their needs but also to ensure that any endodontic procedure they have is carried out painlessly. I use the Wand routinely.



It has been a great investment as a practice builder. Pain free local anaesthesia is pretty much guaranteed with the Wand.

EDUCATION AND PREPARATION

I encourage all colleagues to go for some hands-on training when learning new techniques. You may still find yourself the victim of instrument separation if you do not use the instrument correctly. Keep up to date with literature and ensure your treatments are based on best available evidence.

COMMUNICATION

Equally as important as the new products and the education and training, is the time you spend with your patients explaining the procedure and its risks. Professor Paul Redmond, writing for Dental Protection's Riskwise, says that in our digital age, as growing numbers of services and products move online, there is a growing demand for 'high-specification human interaction'. In other words, the time you spend with your patients is as significant as the outcome to the treatment and will make a difference when they decide how to rate you on the internet.

LITIGIOUS PATIENTS

At the same time that it has become easier and safer for colleagues to carry out endodontic treatment, the possibility of being sued by a disgruntled dental patient has increased. In fact, dental patients in the UK are more litigious than in any other country and endodontics is high on the list of causes for claims. Earlier this year, the Dental Defence Union (DDU) stated that endodontic claims had gone up by 42% over a five-year period and nearly 25% of the claims the DDU handle relate to endodontics. Furthermore, these

claims are far more likely to be met than other claims and the average value is about £5k.

So, dentists are in a situation where endodontics may be easier to execute but the patients are harder to manage. They need to know that a successful outcome can't be guaranteed. My tactic can be summarised in the acronym SIO - or Spell It Out. I know from risk management articles (and I have published on this issue), that best practice involves making sure your patient is forewarned of possible risks, and you should itemise all of them, including:

- A crown requiring replacement

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A specialist in endodontics, Julian qualified from Birmingham University in 1974. He has been a practising endodontist in central London since 1978 and opened the Harley Street Centre for Endodontics in October 2002. Julian lectures extensively in the UK and has travelled abroad on many occasions to lecture to major world dental and endodontic societies. Through his various workshops and hands on courses, he has helped to train many general dentists in the skills of modern endodontic technique. Julian is editor-in-chief of Endodontic Practice, a clinically orientated journal with a worldwide readership, and in 2013 he was recognised for his Outstanding Contribution to Private Dentistry at the Private Dentistry Awards.

WEBSITE: www.roottreatmentuk.com



- Pain or discomfort post treatment
- Risk of treatment failure
- The need for a crown after the root treatment
- Alternatives, including the option to do nothing.

Furthermore, if something goes wrong, during the treatment, you need to tell the patient. Be completely open and transparent at all points in the process and record everything. If a problem occurs, the patient may forget what they have been told, but your notes are there to back you up. So are your radiographs, which should provide a record of the procedure.

My advice is also to be accessible. If you treat a patient on a Friday and they have a worry, they will want to speak to you. Be available. Gratify the need to speak to you and the concerned patient becomes the reassured patient who feels they have been looked after.

PREFER TO REFER?

Having said all the above, there is always the option to refer to a specialist. Colleagues should never feel under pressure to meet all their patients' needs. The roles of the generalist and the specialist are complementary.

The nature of endodontics, dealing with patients who are anxious and in pain, is not for everyone and practices like mine are here to help. The cost of failure is high and a lost tooth can be difficult to explain to a patient who has undergone an endodontic procedure at your hands.

DIALOGUE

What you should expect from the specialist you refer to is a high level of feedback. A dialogue between specialist and referring dentist helps the patient have confidence in the referral process. We gather and share as much information as possible. We use CBCT on many patients. It's invaluable imagery to assess:

- The presence and extent of apical periodontitis
- Complex anatomy
- Iatrogenic issues such as perforations
- The status quo prior to surgery
- The management and assessment of trauma
- The extent and destruction caused by both internal and external resorptive defects
- The presence of fractures both horizontal and vertical.

The information I can gain from CBCT helps both myself and the patient make a decision based on informed consent.

RECORD KEEPING

Record taking and the GDC is a 'hot potato'. Record your treatment protocol, the instruments you used, length control, irrigating solutions used, obturation material and techniques. Did you take intra-oral radiographs? Can you justify why you took the radiograph and did you assess the quality of the radiograph? What local anaesthetic and amounts did you use? Record batch numbers and expiry dates. Leave nothing to doubt.

An up-to-date medical history form is essential. Ensuring patients' records are thoroughly taken and then updated on every visit has become ever important with the growing numbers of patients being diagnosed with Type 2 diabetes and with the issues of bisphosphonate-related osteonecrosis of the jaw.

YOUNG DENTIST ENDODONTIC AWARD

Awareness of the high standards required to carry out endodontic treatments is critical for entrants into the above award, now running for the fourth time. Understanding the evidence for what you are doing, demonstrating the use of rubber dam, producing accurate radiographs, all these aspects are important to be a contender.

I am happy to say that I have been very impressed by the entries I have received and not surprised by the past winners who have established themselves in the specialty. One of the most rewarding aspects of this award is the opportunity I have to spend time with the clinicians of the future. More information about The Young Dentist Endodontic Award can be found here: www.roottreatmentuk.com/html/young-dentist/

CONCLUSION

In summary, we are in a brave new world with so much technology at our fingertips. The converse of this is that patients' expectations are high, sometimes too high. In order to do the best for our patients, all of us who continue to offer endodontic therapy must be open and brave in our communications.●

HARLEY STREET CENTRE FOR ENDODONTICS

Please get in touch for details of training courses and referral service at the Harley Street Centre for Endodontics.

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