Vital Pulpotomy of a Primary Molar

Assess the patient's compliance

Check the medical history and re-obtain consent

Administer local anaesthesia and place rubber dam

Remove and caries present and access the pulp chamber with a high-speed handpiece

Remove the roof of the pulp chamber

Use a large excavator or a slow speed round bur to remove the coronal pulp

Rinse the chamber and apply gentle pressure with a damp cotton pellet soaked in ferric sulphate for 15 seconds

Check that the bleeding has stopped. If not, re-apply for a further 15 seconds

Fill the pulp chamber

Remove the rubber dam

Select an appropriately sized preformed metal crown

Seat with a GIC luting cement

Ask the patient to bite down on a cotton wool roll

Remove excess cement and floss interproximally

Carry out annual radiographic reviews

The patient must be able to tolerate all stages including local anaesthetic, rubber dam and radiographs. If the cooperation level is poor, consider referral to community services or secondary care.

Endo-Z bur or safe-ended access burs are appropriate.

Failure to achieve haemostasis is a sign that the radicular pulp is inflamed - a pulpectomy or extraction is indicated.

Materials of choice:

- · Zinc Oxide Eugenol
- MTA
- Biodentine

Pulpotomy is indicated when a vital restorable tooth has:

- Large proximal carious lesion (including 1/3 or more marginal ridge)
- 2. A carious/mechanical exposure of vital coronal pulp tissue
- 3. No radicular pulpitis (no spontaneous pain, haemorrhage from radicular tissue controlled
- No abscess/fistula or when extraction is contraindicated