## 7.4 Endodontics

## Root Canal Treatment Overview

Check the MH and re-obtain consent

Take a pre-operative radiograph (paralleling technique), administer LA and place rubber dam

Remove any caries and restorations then assess the restorability before initiating treatment. Isolation must be possible at later appointments

Cut an appropriate access cavity for the tooth and locate the canals (See page 64)

Carry out coronal preparation to gain straight line access

Determine the working length

Begin canal preparation (See page 66)

Throughout preparaton, carry out recapitulation, patency and irrigation

Obturate the canals (See page 70)

Heat and cut down GP

Seal the GP with RMGIC

Place an appropriate core

Assess the need for cuspal coverage

Follow up

If there is a weakened coronal structure, or difficulty accessing or visualizing canals, you can reduce associated cusp height by 2mm.

Using ISO files and gates glidden.

Use an electronic apex locator (dry canal) and a working length radiograph.

## Types of irrigant

- 2.5% Sodium hypochlorite: dissolves necrotic and vital organic tissue, antimicrobial, lubricant (range 0.5-5.25%).
- 17% EDTA: dissolves the smear layer, inorganic tissue, lubricant, chelator, decalcifying agent (useful in sclerosed canals)

Remove 1 mm of GP within the entrance of the canals and produce a good coronal seal.

Annual radiographic assessment is indicated (up to 4 years).

All stages of root canal treatment MUST be completed under rubber dam. Magnification is vital.