## Internal Non-vital Bleaching

Ensure a well-sealed and well-condensed obturation

Confirm with a peri-apical radiograph.

Take a pre-operative shade, clinical photographs with and without the shade tab

Open the access cavity and remove 2-3mm of gutta percha below the CEJ

Place 1mm GIC over the GP

Remove stained dentine with a round bur

Etch with 37% phosphoric acid, wash and dry

Place 16% Carbamide Peroxide/6% Hydrogen Peroxide into the access cavity and cover with a cotton pellet

Seal the access cavity with GIC

Check the occlusion with articulating and adjust accordingly

Repeat at weekly intervals

Seal with composite if the results are satisfactory

Take post-operative clinical photographs with and without the initial shade tab

Reassess after 3 sessions.

The inside outside bleaching technique is a common method used to lighten discoloured non-vital teeth. Two bleaching trays are used.

- A cut rigid Essix retainer with reservoirs palatal/ lingual to the discoloured tooth and the adjacent teeth cut away. This prevents the adjacent teeth from bleaching first and the rigid tray prevents tooth fracture of the weak open tooth.
- 2. A full arch soft bleaching tray for the external bleaching aspect.

This method is dependent on good patient compliance. The patient must be shown how to place and change the gel in addition to rinsing and cleaning the access cavity in-between. Gel placement is completed a minimum of 3x/day. Review after 2-3 days, a bonded restoration can be considered if the patient is happy. External bleaching can be carried out in the soft bleaching tray.