Pulp Exposure

Pulp exposure Direct pulp cap: Performed on immediate pinpoint exposures (<1mm) by placing calcium hydroxide/ Trauma/carious exposure but tooth is vital MTA over the exposure, followed by bonded restoration, and kept under review for vitality. To aid in maintaining vitality, consider a Cvek/partial pulpotomy This technique is best suited to immature teeth. Evidence to support this treatment Under rubber dam, remove 1-3mm for mature teeth is limited, therefore, an of inflamed coronal pulp or deeper indirect/direct pulp cap is preferred. to reach healthy pulp tissue Control pulpal bleeding using If haemostasis cannot be achieved, a full pulpotomy bactericidal irrigants e.g. sodium is indicated. If bleeding continues at the canal orifice hypochlorite or chlorhexidine level, a pulpectomy and root canal therapy is indicated. Dress with calcium hydroxide, Biodentine (by Septodent) is a tricalcium-silicate Biodentine or MTA based material. Permanent dentine substitute.

Place RMGIC

Restore with a bonded restoration

Follow up- check vitality

Devitalised (Root canal/pulpectomy) (See page 62)

Pulpotomies are only performed on vital teeth and must be kept under long term review for devitalization.