Are we deluding ourselves?

Michael Sultan discusses the point of perfection in treating root canals

Over the years dentists have been preparing root canals with the intention of removing infected and inflamed material and ultimately making them easy to seal. The result of all their efforts would reveal itself in a post-treatment X-ray as a pretty, neatly shaped root filling fully sealing the mythical region known as the “apical third”. When we saw those satisfyingly smooth, regular shapes we deluded ourselves into thinking that we had done the perfect job.

However, if we were to clear that tooth, we would uncover an irregularly shaped canal system with an intricate network of interconnections. Years back the only reason the radiographic result looked so wonderful was because the material we used to create these root fillings - the silver point - was so radio-opaque. The reality, as we all know, is that the tool we rely on most - the radiographic film - is a two-dimensional image of a three-dimensional space and is woefully inadequate.

Gutter Percha

And so we moved on to gutta percha; after all, how can a rigid piece of metal possibly seal an irregular canal? However, this material wasn’t rigid and the canal needed to be well prepared so that we could adapt our filling material. Yet again we were under the illusion that we were doing a good job. Yes, our radiographs would reveal impressively filled canals, but what they did not show us was actually how clean the canal was, whether a rubber dam had been used during treatment, whether our irrigant had been saliva (no dam) or the industry-gold standard of bleach.

In the old days clinicians would use stiff, rigid, stainless steel files to try and shape these canals, the results often had little bearing on the canal’s original anatomy but just enlarged in the direction the file wanted to go in. We then moved onto the next instrument that, again, gives us a false sense of security: NiTi. These are actually wonderfully efficient cutting instruments that prepare a canal much faster than was previously possible. In reality, all these instruments do is create pretty shapes that bear no relation to the canal’s natural anatomy. This nicely shaped canal, narrow at the tip and gently flaring out to the orifice, hopefully encompassing the whole canal system somewhere in between, is really being shaped to receive our filling materials.

Basic Flaw

The problem is that the instruments are so conducive to efficiently cutting the canals, but what they did not show us was actually how clean the canal was, whether a rubber dam had been used during treatment, whether our irrigant had been saliva (no dam) or the industry-gold standard of bleach.

Your compliance with Clinical Governance and Patient Outcomes will be questioned with the introduction of the Care Quality Commission, HTM 01-05 and the increase in PCT practice inspections.

Would you like to know how you would fare when your practice is inspected and have the opportunity to take corrective action?

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- Information governance including Freedom of Information Act, manual and computerised records, Data Protection and security.
- Training, documentation and certificates.
- Radiography including IRR99 and IR(ME)R2000 compliance.
- Cross infection and decontamination including HTM 01-05 compliance and surgery audits.
- Medical emergencies including resuscitation, drugs, equipment and protocols.
- Training, documentation and certificates.
- Waste disposal and documentation and storage.
- Practice policies and written procedures.
- Clinical audit and patient outcomes including quality measures.

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to access the canals, and be activated properly, it must be able to reach the right area. It has to be active the solution has to get to the site of infection. Irrigation is vital. However, debris and bacteria, of course, still have this same basic flaw.

NiTi file system we use as they produced which is resistant to alkaline solutions anyway. To compound problems further, the purpose of a root canal filling is to entomb any residual bacteria so that they are no longer viable.

This fluid tight root filling will deprive the bacteria of their food supply and cause them to wither and die. The problem is that all root filling materials leak (it is just a question of extent) and the bacteria themselves lay dormant, waiting patiently for leakage and their next supply of food.

Despite all our best efforts, even when we think we have a technically beautiful root filling and an excellent 3D seal of the canals, we still heavily rely on the final coronal seal which is resistant to alkaline solutions anyway. To compound problems further, the purpose of a root canal filling is to entomb any residual bacteria so that they are no longer viable.

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