

# NEWSLETTER #4 – ROOT CANAL ACADEMY

## Best of The Best One-Liners That Actually Work

### **PRE-OPERATIVE**

- 1) Nervous patient- “I’m sorry. Everyone hates to see us. I promise I’ll take good care of you or you can punch me.”
- 2) Patient- “Why do I need a root canal?” Lesion present- “You have a bone infection.”
- 3) Pulp necrosis case- “You have an infection inside your tooth and we don’t want it to spill out into the bone.”
- 4) Lesion present- “There is a 70-80% success rate on these ones. They are not perfect, but you have good odds. Just don’t be a 20%er.”
- 5) Irreversible pulpitis case- “You know how your ankle swells when you sprain it, well the tissue in your tooth is swollen. You have a sprained tooth.”
- 6) “You need a root canal” (say it with confidence)
- 7) Older failing root canal- “Sometimes root canals come unsealed.”
- 8) “Root canals take an hour to an hour and a half and may take two visits” (take the pressure off to complete it in one visit)
- 9) Patient asks, “What is a root canal?”- “We are going to roto rooter out your canals and then place a root filling.”
- 10) Patient asks, “What is a rot canal?”- “Well we are going to remove your nerve and then seal in a new “synthetic” nerve.”

### **ANESTHETIC**

- 1) “More numb is better than less numb right”
- 2) “I’m going to let you marinade for a few minutes.” (If you need more time say 10-15 minutes)
- 3) “I need you numb. I don’t want you to throw an over the shoulder punch at me.”
- 4) Difficult time getting the patient numb. Blame the tooth not yourself. “This is the perfect storm. A lot of nasty bacteria with lots of inflammation and nerve swelling. We need to let the storm passes.” Perform pulpotomy or pulpectomy and place Ca(OH)<sub>2</sub>. “Let the storm pass” and then bring them back in 1-2 weeks for completion of the root canal.

### **CBCT**

- 1) We charge \$197 per scan (“out of pocket”)- “We need a 3-D scan to look at the bone infection and to see where it’s at and how big it is.”

## **CLINICAL PROCEDURE**

- 1) "I am placing a dental dam to keep your tooth clean and dry."
- 2) After rubber dam placed- "If you need anything let me know. You are in control bud. Restroom? No problem. Suction? No problem. Just let us know."
- 3) "Here is a small resting block. This will help you rest your jaw during treatment."
- 4) If you don't want the resting block (bite block) no problem. Just open wide when I'm working and relax when I'm out." Have them practice this prior to access.
- 5) If you need 10-15 minutes of time to evaluate or start another patient- "I am going to let this tooth soak with anti-bacterial solution to help kill the infection. Be back in about 10-15minutes."
- 6) Cone Fit Radiographs- "Okay we are almost done. I have cleaned out the tooth and we are just about ready to seal it. We are going to take a few digital pictures now (never say x-rays)."
- 7) Running out of time and need another appointment to finish- "I am now placing an antibacterial paste (Calcium Hydroxide) to help to continue to kill the infection. We will bring you back in 1-2 weeks and then seal the tooth." I say all of this with the rubber dam still on.

## **POST-OPERATIVE**

- 1) "Don't chew on the tooth for 4-5 days. Let it heal."
- 2) "I put medicine (Calcium Hydroxide- recommend Ultracal XS from Ultradent) inside the tooth to help kill the inside infection and I'm giving you antibiotics to help kill the outside the tooth infection."

## **POST-OPERATIVE PROBLEMS**

- 1) Patient- "Why does my tooth still hurt when I touch it with my finger or tongue. It's sore when I floss. I thought root canals meant the nerve is gone?" My response- Use profanity (in head), "Can you chew on it? Yes. Okay the ligament (PDL) surrounding the tooth may still be healing. Let's give it more time. Sometimes it takes up to 6 months for things to calm down."
- 2) Patient- "Why does my tooth still have feeling? I thought the nerve was gone." My response- Root canal treatment is not a natural process. We are removing the nerve inside a canal in a tooth that is sitting in bone in your jaw. Its not a perfect process and sometimes we have to give the tooth time to heal and sometimes we have to Retreat the root canal so we can reseat it."
- 3) Symptomatic failure of my RCT (biting and percussion pain and/or aching)- "Sometimes the first root canal doesn't take. I will clean it out again and re-seal it and this usually does the trick."
- 4) Failed RCT (apical lesion is not healing) that I did- "Sometimes treatment doesn't work. I cleaned out the tooth but the bone didn't heal. Time to remove the tooth and think about replacing it with an implant."

## **MISTAKES**

- 1) Separated file- “The small end of a file separated inside your tooth. It has become part off the filling.”
- 2) Perforation- “While looking for your calcified canals a small perforation occurred. This is a small hole the size of a period. I sealed it back up and I recommend that we watch this tooth.”

## **LECTURE- PROCEDURAL UNDERSTANDING**

- 1) Negotiation to patency- “Walk the apex”- “Take the file (with a small apical curve) on a walk around the apex” and try to find where the canal curves. Once it drops in do not remove, instead perform 25-50 microsmoothies (push/pull)
- 2) “Don’t just peck the apex on the cheek with your shaping file but gently make out with it 3-4 times”. In other words, once your shaping file reaches working length, don’t remove it instead shape the apex with 3-4 gentle up and down strokes. This helps achieve deep apical shape.



THIS IS WHAT HAPPENS WHEN YOU HAVE POOR COMMUNICATION.