

FOCUS: PLACING CALCIUM

HYDROXIDE (2 VISIT ENDO)

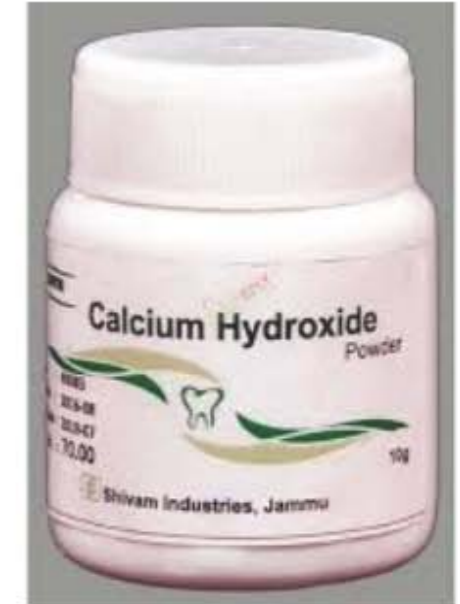
(CASE #4)

**JUST IN CASE YOU
MISSED THIS-
EXCELLENT JOB!**

**OVERFILL OF CALCIUM
HYDROXIDE- WHOOPS!**



CALCIUM HYDROXIDE OPTIONS



↑ I TYPICALLY DO NOT LIKE Ca(OH)_2 WITH IODOFORM IN IT- IT IS VERY DIFFICULT TO REMOVE FROM THE CANAL. USE A WATER BASED Ca(OH)_2 ↑

MY FAVORITE



COURTESY: ULTRA.DENT



CALCIUM HYDROXIDE

SLIGHT $\text{Ca}(\text{OH})_2$ OVERFILL



Ca(OH)₂- TIPS AND TRICKS



What do you tell the patient? “I need to place an antibacterial medicine inside your tooth to help kill the infection.” This statement works every time because the patient equates antibacterial with antibiotic. They like this and they understand that you are trying to help them. Sometimes I will also give also give an antibiotic and tell them, “I am placing an antibacterial medicine to kill the infection inside the tooth and then giving you an oral antibiotic to help kill the infection on the outside of the tooth.”

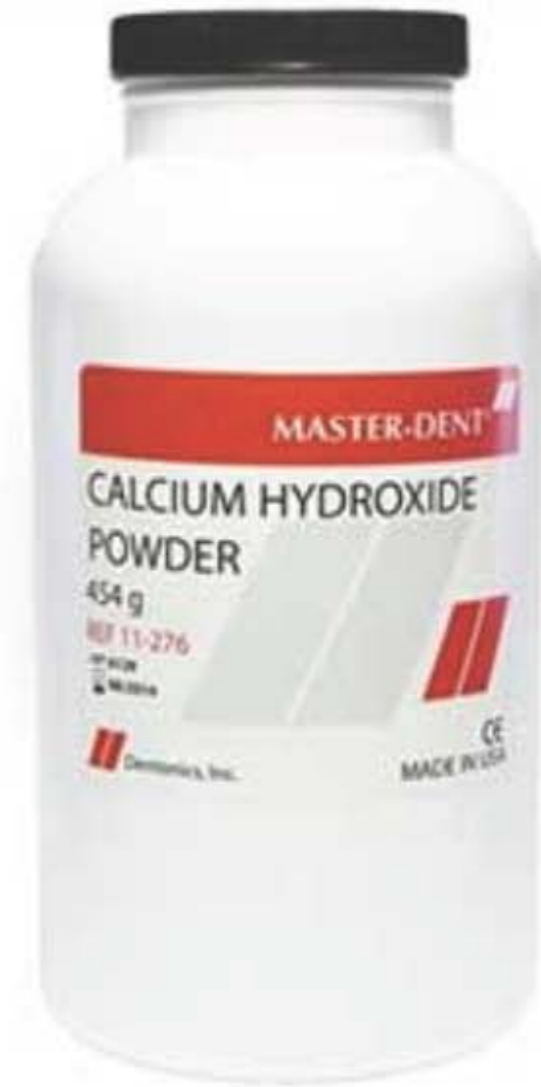
How do you place Ca(OH)₂? My favorite paste is Ultradent’s Ultracal XS. It is more expensive and the blue dispensing tips often get clogged, but when it works it is the easiest and most efficient manner to place Ca(OH)₂. Put the tip 4-5mm from working length and GENTLY express the Ca(OH)₂ as you slowly come up and out of the canal. The needle must be loose in the canal (just like your bleach needles!!!). You can also by the powder and mix with distilled water or just water and place the paste in with a hand file, rotary file, endoactivator or spiral (lynchnlow) file. The Ca(OH)₂ does not have to go to working length and it’s effects will work apically. Overfills of this stuff hurts, so don’t express it out of the canal if you can help it (loose needle, gentle slow expression of the paste, 4mm back-you are an artist not a construction worker).



2 VISIT ENDO- TIPS/TRICKS: CALCIUM HYDROXIDE

Let's be honest. 2 visit endo sucks! It sucks for you, it sucks for your patient and it sucks for your production. Nobody wants to come back and get more injections and then have the damn rubber dam placed for another exciting visit. But the fact of the matter sometimes 2 visit endo is needed. **When?** #1 Not enough time to do a good job (ER patient/inadequate shaping/disinfection), #2 Purulence or Serous fluid is draining into the tooth from the periapical tissues. #3 Patient can't handle an hour to an hour and a half of treatment. #4 The tooth is extremely necrotic, stinks, has a large or a few PA lesions (this does not mean you have to do it in 2 visits). #5 Calcified canals- you thought it would be an easy case to access and now you can't find a canal. #6 You are just fuckin' tired. It's at the end of the day and you are at the brink from jumping 5 stories and so you decide it's probably better to just place calcium hydroxide and finish this treatment at the next visit.

By rule my 2 visit endo always looks better than if I hurry through a case and fill. These "hurry, let me produce shit cases" are sometimes the ones that seem to come back months later still slightly symptomatic.



**#30 and #31- Dx: Pulp
necrosis/Symptomatic
apical periodontitis**

**Periapical radiolucencies
(PARL) or apical lesions**