

NEWSLETTER

1 Visit vs. Multi-Visit Endodontics. An evidence based, practical approach.

An ongoing debate in the Endodontic world is whether a maximal treatment outcome can be achieved in 1 visit. This is a brief review of some of the pertinent considerations.

Short Term Considerations

- **Can we achieve our mechanical objectives (clean, shape, and seal all of the root canal system) in 1 visit?** This can be challenging in multi-rooted, calcified or dilacerated roots.
- **Is there an increased chance of a flare-up or post operative pain when treatment is done in 1 visit?** Multiple studies (Perkuhn, Olier, Roane, Eleazor) indicate that the incidence of flare up or post operative pain is **lower** with single visit treatment.

Long Term Considerations

- **Vital cases**

The long term success rate of Endodontics performed on teeth with vital pulps is very high (97%) and is not affected by the number of visits as long as **all** of the tissue can be removed from the root canal system. Adequate exposure time to NaOCl to dissolve all pulp tissue (minimum 28 minutes) is crucial.

- **Necrotic cases with apical periodontitis.**

Apical periodontitis is caused by bacteria in the root canal system (Kakehashi). Several studies (Trope, Bystrom) suggest that complete elimination of bacteria requires 2 visits with Ca(OH)₂ as an inter appointment dressing. Comprehensive shaping techniques and better irrigating solutions (MTAD- A mixture of doxycycline, citric acid and detergent) may allow us to perform predictable 1 visit treatment on these case.

- **Retreatments**

Physical obstacles (posts, separated instruments) and a resistant bacteria flora (E. Faecalis) often dictate that these cases be treated in 2 visits with Ca(OH)₂ as an inter appointment canal dressing.

Although the vast majority of cases can be performed in 1 visit, it is always best to manage our patient's expectations by discussing the possibility of needing multiple visits.

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