It is no secret that the economic situation facing this country and other markets has made an impact in most dental practices. Just an hour or two sifting through Dentaltown.com's rich and insightful message boards is enough to tip us off. Tough times are affecting the dental community and are likely to affect our collective well-being. Many of us are seeking answers to flagging patient loads, empty schedules, getting more productivity out of our day and maintaining at least the status quo.

The message boards are filled with our colleagues and peers exploring methods for smarter marketing, search-engine optimized Web sites, social networking, more efficient management of our resources (chairtime, staff salaries, cost of supplies, etc.), additional clinical treatment offerings and many other topics. One such clinical offering, which has always been an important and robust part of my private practice in Southern California, is a comprehensive endo program. In my opinion, if general endo isn't a big part of your practice, you might be missing out on opportunities to maintain or improve cash flow, improve patient care and enrich your career trajectory on numerous levels.

A poll of Dentaltown.com members published in the January 2010 issue of this publication showed that 90 percent of 757 respondents perform root canal treatments in their offices. This is an encouraging statistic that reflects a collective understanding among the population of general dentists that endo treatment is important, but subsequent questions on the same poll reveal a different picture.

Only 61 percent of respondents said they perform molar endodontics “routinely.” Moreover, only 42 percent of respondents felt “very confident” they could finish a root canal once it was started.

It can be surmised from this polling data that a significant number of general dentists who claim they are performing root canals in their offices are suffering from the following symptoms: lost revenue when minimally or moderately difficult procedures are referred out, inefficient scheduling and planning for root canal procedures and a collection of stagnating endo equipment and supplies in drawers and cupboards.

So, what if you have made an attempt to try molar endo or moderately difficult endo procedures in your office and found the experience lacking? What if you spent a few thousand dollars on equipment and supplies and tried tackling root canals on a regular basis but discovered you (or your staff) weren’t prepared for the unique challenges that root canal procedures can bring?

I have a few recommendations, from one wet-gloved general dentist to another, which I’ve extracted from my own personal experience, from those of my closest colleagues and from the hundreds of dentists I meet at my seminars.

**Determine if endo is something you don’t mind doing.** If opening and treating a root canal is something you will never enjoy, then you can stop here. However, as the previously mentioned poll shows, at least 90 percent of us (on average) claim to offer some type of endo treatment. Still, if you’re not among that group, don’t even think of performing endo. Stick with the stuff you like to do and get rid of the stuff you don’t. In my practice, I enjoy root canal therapy and find great satisfaction in successfully diagnosing the condition, treating the root canal and restoring it in a single visit (more on this subject later).

**Evaluate your current endo system.** Perhaps it was a separated rotary file that turned you off. Maybe it was the high cost of consumables. It might be a root canal that failed due to any number of factors and caused you to have to juggle an unexpected retreatment or worse yet, send it to a specialist for salvaging. All of these might be the result of ineffective tools or a lack of comprehensive knowledge on how your specific endo system works. All of them are unique and bring different pros and cons to treatment. Personally, I’ve used and instructed hundreds of students on Ultradent’s anatomical, counter-rotating system, which has remained my go-to system for a number of reasons –

**General Dentists and Endodontics Strategies to Spark Your Endo Program**

by James T. Jesse, DDS, MS

Second opinions are common in health care; whether a doctor is sorting out a difficult case or a patient is not sure what to do next. In the context of our magazine, the first opinion will always belong to the reader. This feature will allow fellow dental professionals to share their opinions on various topics, providing you with a “Second Opinion.” Perhaps some of these observations will change your mind; while others will solidify your position. In the end, our goal is to create discussion and debate to enrich our profession. — Thomas Giacobbi, DDS, FAGD, Editorial Director, Dentaltown Magazine

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I’ve never separated an instrument, the consumables used by the system are less expensive than nickel-titanium systems, and the reciprocal action of the mechanical files allows for great versatility from anterior to second molar procedures.

If you have a system, whether it’s Ultradent’s system or a system from Dentsply Tulsa Dental, Brasseler, Guidance Endo, Discus or any number of other alternatives, the bottom line is that you have to be educated and informed on how to use it most effectively. It might be obvious to most of us, but it needs to be stated: these companies are more than happy to do whatever it takes to mobilize your endo practice and get you performing more root canals. If you need or want training, contact your system’s manufacturer and tell them. If they require you to pay additional fees for a training session from a rep, or a DVD, then resist. They collect more than enough revenue from the consumables you’ll be ordering as you proceed with treatments.

So if you have a dusty endo system in your drawer, get it out, call the manufacturer and get training, or consider replacing it altogether with a new system that has comprehensive training as part of the package deal.

Finally, consider your assistants as you revive your root canal treatment offering. Can they get excited about your endo system and doing more root canal procedures? Are there systems out there that are more “assistant friendly?”

Consider doing molar endo, build-up and prep in a single visit. Advances in technology have given us the opportunity to do comprehensive and accurate diagnosis, treatment and restorative work in a single sitting for maximum efficiency. Of course, there are other factors at play such as having knowledgeable staff that can take care of some of the preliminary and intermediate steps (i.e. applying topical, taking preliminary impressions and so forth). Never underestimate the value of an assistant or two who are knowledgeable in your endo system and the available tools and techniques to make the procedure as efficient as possible.

Incorporate additional technologies to make endo more exciting. There are a number of technologies that are growing in acceptance and use in the general practice that offer significant benefits for root canal procedures.

Advances in obturation materials and techniques are making gutta percha a thing of the past. Obturation advances in resin cones (Resilon, SybronEndo), resin-based filling material (EndoREZ, Ultradent) and other advances have made it possible to fill canals in a truly three-dimensional format with a better seal than ever before.

Another technology that continues to surprise me in terms of patient response and my ability to accurately diagnose root canal treatments in a three-dimensional environment is a cone beam computed tomography (CBCT) machine. Although it was a significant investment for my practice, I use my CBCT machine (Prexion 3D) to take a scan at every patient’s initial prophyl. The dazzling images and ability to show the patients their dentition in a compelling way has raised the bar for commonly understood collaborative diagnosis and treatment planning. Although these types of devices have been commonly relegated to oral surgeons, implant dentists and periodontists, I strongly believe that CBCT technology can be very beneficial to an endo treatment program. Being able to rotate an image, zoom in on a tooth and show a patient a lesion in vivid detail from every conceivable angle has opened up numerous preventative treatment pathways for patients far before their condition becomes acute.

Diode lasers can be used for “photo activated disinfection” (PAD) to aid NaOCl in the disinfection of e. fæcalis. Also, if you reach a point where you are treating, prepping and restoring the tooth in a single visit, diodes can be effective for quick toning and tissue sculpting. Thanks to companies like AMD Lasers, diode laser devices have become more affordable. If you incorporate lasers in any endo treatment, it is imperative that you invest in proper training and certification.

Several dentists have told me they just don’t like performing root canals. When I ask why, they tell me they don’t have confidence in the ability to adequately perform endodontic treatments. So, I recommend they take 10 extracted teeth and perform the treatment of whatever system they desire. After that practice session they will be surprised how much their abilities have improved. Root canal therapy can be an important part of your practice as you hedge against economic factors. Moreover, offering a comprehensive endo treatment can help improve patient care, add versatility to your practice and give you an opportunity. Of course, it is incumbent upon all general dentists to be sure they can handle a root canal treatment before embarking on it – and if the diagnosis calls for treatment beyond the skill of you and your staff, refer it to an endodontist. But for the most part, modern technologies, materials and techniques have given general dentists more opportunity to provide root canal therapy than ever before.

Author’s Bio

James T. Jesse, DDS, graduated from Loma Linda University’s School of Dentistry in 1973. He has been running a private practice in Colton, California for the past 34 years. In addition to his practice, Dr. Jesse has returned to his alma mater as an assistant professor teaching applications of the YSGG laser. He is also part-time faculty at Columbia University’s School of Dentistry in New York. Dr. Jesse is an active member of the American Dental Association, the California Dental Association and the Academy of Operative Dentistry. Dr. Jesse also lectures nationally and internationally, with the Masters of Laser Dentistry group, on various topics including laser application in dentistry and endodotics. Dr. Jesse can be contacted at jamesjessedds@aol.com.