

Intracoronary Bleaching of Endodontically Treated Teeth



There are many situations to perform intracoronary bleaching. You will find great tips here.

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LDModugno

Member Since: 08/19/06
Post: 1 of 23

Does anyone have a favorite technique for this? Two patients of mine have a central incisor that has had endo done. These centrals are in perfect condition except for discoloration (darkened) due to endo. The patients do not want crowns or veneers. ■

AUG 19 2006

drbean

Member Since: 03/01/04
Post: 2 of 23

I've found that the only predictable approach is a layer of porcelain on the facial aspect of the tooth.

Maybe check into the no-prep style of laminates. I'm not sure how predictable or long-lasting they are but their opacity would be a question. ■ **Jackson**



AUG 19 2006

charlie22

Member Since: 06/20/05
Post: 3 of 23

I've done fine on this by just putting some Superoxol in the access and warming the tooth with a thing made for the purpose by, I think, Brasseler. It's a sort of beavertail soldering iron; you put it on the facial surface. About five minutes and it was done. Years ago I did walking bleach a few times, and that worked too. Takes a few days. Of course you have to get all the composite off of the internal surfaces of the access, the H₂O₂ can't work through a plastic coating. Since you probably don't have one of those tooth-heating gizmos, something like a 7A wax spatula should work.

In all, I think I've done this two dozen times, and I don't remember it ever not working. ■

AUG 21 2006



flyfishdr

Member Since: 02/26/04
Post: 4 of 23

I would do as Charlie says. Make sure you seal the root canal and root dentin with a bonded composite before you bleach. If you don't, you can get resorption and then you will sure wish you did as Dr. Bean said. Incidentally, you don't have to heat the Superoxol. It just takes a bit longer. ■



AUG 21 2006

Mike Hatcher

Member Since: 01/09/06
Post: 6 of 23

In my opinion, I do not think that we should still use Superoxol. I've seen too many cases with external root resorption. I was told by my mentors in my one-year AEGD that sodium perborate seems to cause less external resorption. Also, I would use a glass ionomer to seal the canals and not composite. The sodium perborate will take longer to bleach, but I think that it's worth it in the long run. Typically, after sealing the orifices, we place the sodium perborate (mixed with sterile saline) and have a follow-up in two weeks. Continue until the desired value is reached. Actually, I try to talk my patients into bleaching them a little more, because these teeth will get a little darker over the next few months. Hope this helps. ■ **Mike Hatcher**

AUG 21 2006

flyfishdr

Member Since: 02/26/04
Post: 4 of 23

Mike, the Superoxol is fine – if you seal it. If it is not sealed, you shouldn't use it. You will get resorption as you say. The root dentin must be sealed, as with the root canal, then you're OK the way Charlie recommends, in my opinion. ■



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Nigel Tufnel

Member Since: 07/21/04

Post: 10 of 23

It really doesn't matter what you use to seal the gutta percha. You are in fact, sealing off access of your Superoxol to everything apical to the CEJ, so you want to contour your seal to mimic the CEJ. Glass ionomer is very predictable because of its chemical adhesion to the inorganic dentin components. I regularly use Vitrebond because I can tease its shape and manipulate it easily. And I use a combination of Superoxol and sodium perborate in a "walking bleach" technique. Rarely do I get satisfactory results on the first "walk." Usually after the second or third try I get a dramatic result.

A few of my personal tips on non-vital bleaching:

1. Be sure to remove all of any composite in the chamber. Go ahead and take out some of the really dark dentin too, but be smart about it. Trust the bleach to penetrate.
2. Make a paste of Superoxol and sodium perborate. Load it into the chamber and tamp it in with a cotton pellet. At this point you can add a spot of the juice (Superoxol) to "rehydrate" it.
3. Temporization is difficult in bucco-lingually narrow incisors. It is easy for the temp to either fall out or in. And the juicier your bleach, the messier the temporization will be. I just use composite in layers. Once you have the first layer down, the rest is easier and more predictably bonded.
4. Don't get fooled into thinking that a B1 in the chamber as a final restoration will compensate for a poor bleaching result. It will look unnatural and gray. You really need a dentin shade and opacity to "vitalize" the tooth.
5. Results are not guaranteed. It is probably more predictable to mow off those labial 1-2mm of tooth and glue some glass over it, but you really can't substitute for a natural enamel surface – especially if the neighbors are unrestored. At least it is an option for those patients who barely swallow the fee for the RCT and can't chase it down with an equally priced veneer.

Final note – studies have reported favorable results with carbamide peroxide (noted in earlier post), heated Superoxol (ditto) and combination internal/external techniques (using acid etch or air abrasion of enamel). It isn't a procedure that will give you an earlier retirement – just another tool in the bag. ■

AUG 25 2006

burntorange

Member Since: 12/21/05

Post: 12 of 23

Just finished Barghi's course on veneers but he went over his technique for this and showed

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great results. I have done one (#9) since and the patient was very pleased. Barghi removes the gutta percha above the CEJ, seals it with composite or a glass ionomer and then places Opalescence Xtra Boost into the chamber and on the buccal surface for 15-minute sessions as if it were chairside bleaching. Hope this helps. ■

AUG 31 2006

LDModugno

Member Since: 08/19/06

Posts: 15 & 21 of 23

Wow this Dentaltown message board is amazing. This is the first post I have done. I have really enjoyed hearing from so many dentists all over the USA and even the world! As dentist we get isolated practicing alone in our offices but now we have this family community of dentistry where we can all share information, ideas and our experiences. Thank you, Dentaltown.

[Posted: 1/20/2009]

I started this board in 2006 and since then I have treated at least 10 non-vital teeth (all anteriors) with the technique that Dr. Weed outlined earlier in this thread. The only exception to the technique is I only use sodium perborate with water. I feel this is safer than Superoxol. I have had great success. ■ **Lenny**

SEP 3 2006

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