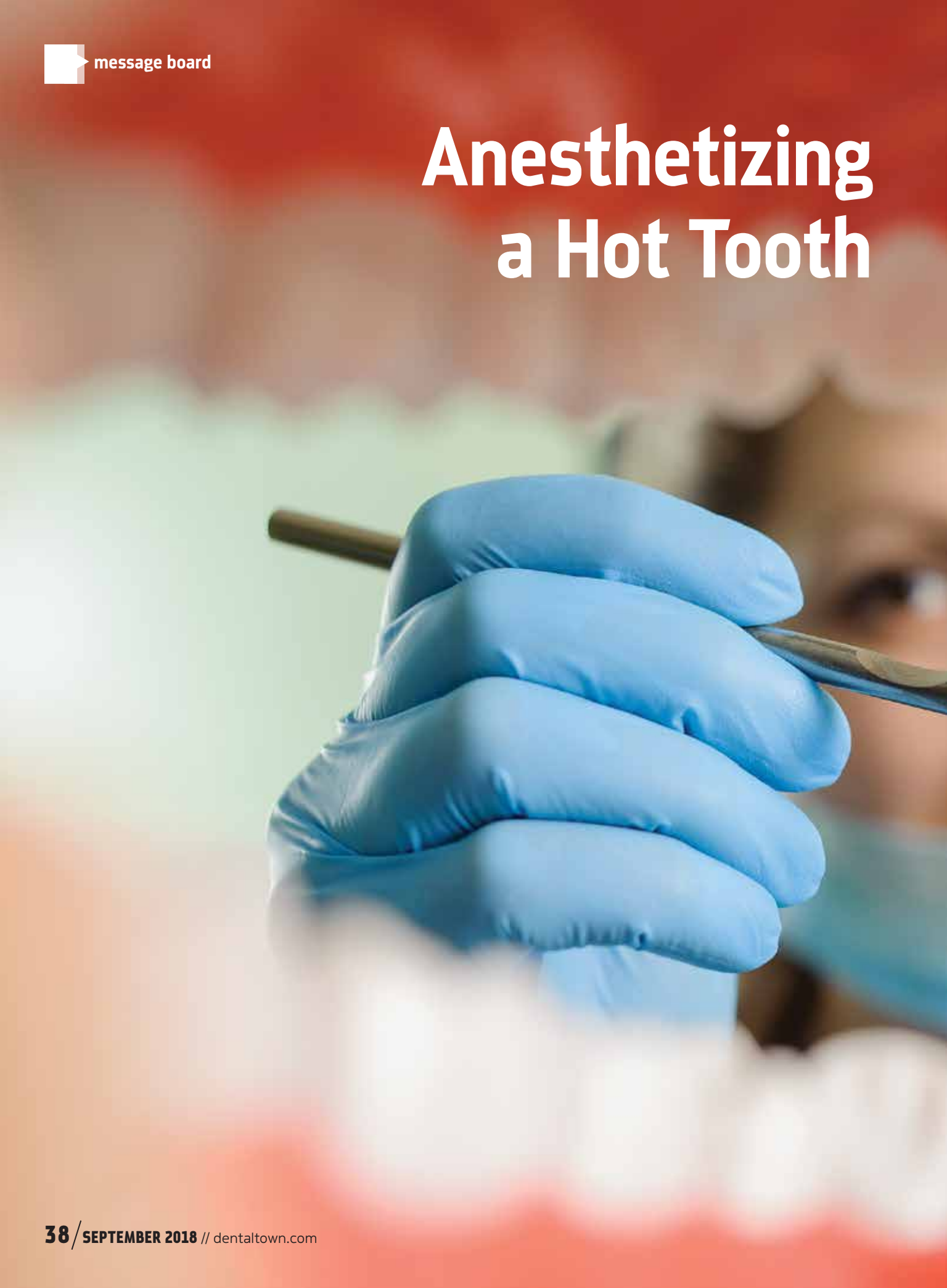
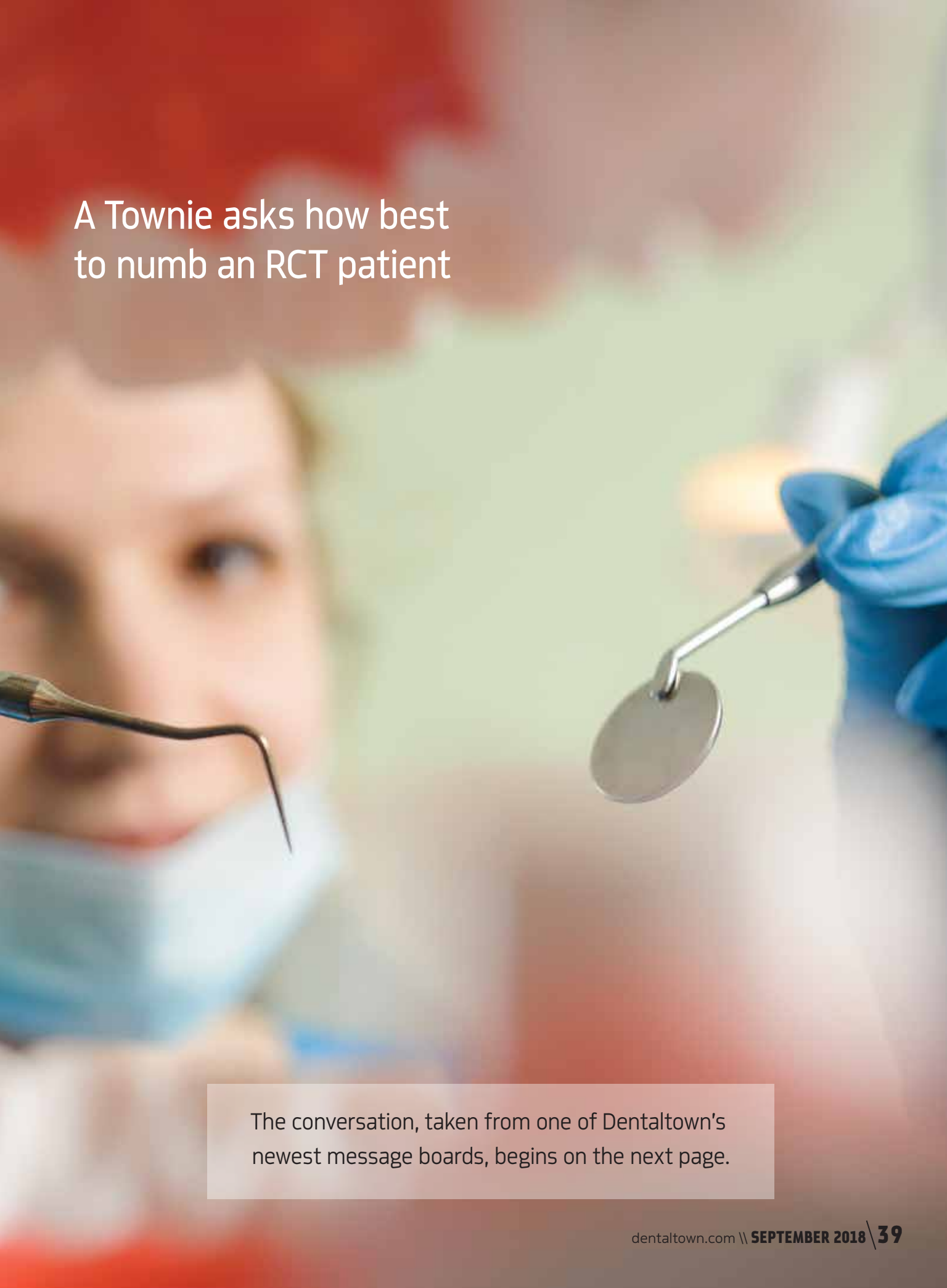
Anesthetizing a Hot Tooth



A Townie asks how best to numb an RCT patient



The conversation, taken from one of Dentaltown's newest message boards, begins on the next page.

Options to Anesthetize a Hot Tooth

A Townie with hot tooth troubles asks the boards how to numb an RCT patient

Guitar Hero
Member Since: 05/29/08
Post: 1 of 50

Today was my first encounter with this situation: A patient came in for RCT #18, straightforward case. IANB two carps 2% Lidocaine with 1:100,000 epi.

I don't start until the patient says that lip feels fat. On occasion sometimes I have to give an intrapulpal injection. But this patient ... I couldn't even get into dentin. He feels whole left side numb except this tooth. Sensitive to cold. I gave him intraligamental, all around tooth and long buccal and another block ... still sensitive.

Did not proceed and referred to endodontist. I want to learn something new. When you guys encounter a situation like this, what do you do? ■

6/22/2018

JermyMan
Member Since: 11/29/15
Post: 2 of 50

Interosseous comes after PDL/reinforced blocks but before intrapulpal in my book. Stabident or X-Tip. Also, was this patient anxious or phobic? That can also lower pain threshold. ■

6/22/2018

BlindDentist
Member Since: 04/12/15
Post: 3 of 50

These can be frustrating but you're doing something right if this was your first encounter! I do everything you do; with each new IA block I try and put it in a slightly different spot. I will also use a buccal infiltration of Marcaine and just let it marinate for a good 20 minutes. ■

6/22/2018

roadrunnercc
Member Since: 01/31/12
Post: 4 of 50

I think you handled it perfectly ... might want to explore Gow-Gates block. ■

6/22/2018

kidesperanto
Member Since: 08/03/09
Post: 6 of 50

Take a tiny bur and use it to quickly prep just into the pulp chamber. Warn the patient first. Then intrapulpal. ■

6/22/2018

cgoudy
Member Since: 10/14/16
Post: 7 of 50

As long as I didn't get to a point of no return I'd reappoint him as you did and place on ABX and NSAIDs or steroids. I always supplement IANB with an Articaine infiltration personally. If IANB fails and I felt like I was in the right place, then I go to Gow-Gates on my second block. I may be a jerk but if I'm close enough I'll try to get into the pulp quickly and then intrapulpals work very well. Better than redoing IANBs with no improvement and risk of paresthesia. ■

6/22/2018

roadrunnercc
Member Since: 01/31/12
Post: 8 of 50

Your patient might have just needed more anesthetic. ■

6/22/2018

Maninthearena
Member Since: 02/16/14
Post: 9 of 50

There are a lot of good suggestions here. However, when teeth have been diagnosed with irreversible pulpitis (especially lower posterior teeth), I've had some success with having the patient take 800mg of ibuprofen about an hour before they come in for endo. Seems to at least somewhat decrease the inflammation that messes with the environment our anesthetics work

in. I find that blocks are more effective or at the very least I can give a more comfortable/effective intrapulpal or intraosseous injection. Obviously, this is tougher to do when it's an emergency visit. ■

6/22/2018

tinker-bell
Member Since: 11/01/03
Post: 11 of 50

Gow-Gates always work. And PDL on lingual with Septocaine. ■

6/22/2018

dr mauro
Member Since: 12/01/14
Post: 12 of 50

"I have now done both a ligament infiltration and a central nerve block, and yet this tooth is still feeling pain. Either of them, singularly, should be way more than enough to numb this tooth. This means there is massive inflammation of the pulp and the only remaining way is intrapulpal—which is going to hurt, I'm not going to lie, but at least will be pretty fast to subside after I inject. Either this or I have to send you back home since I won't be able to continue, and oh boy, if this tooth won't take it out on you in the upcoming days. Now, you decide." Up until now, no one has opted to be sent back home. ■

6/22/2018

HaasEndo
Member Since: 11/28/15
Post: 16 of 50

Dr. Al Reader from Ohio State has shown in tons of human studies on teeth with irreversible pulpitis that no matter what and how block you use for lower posteriors, it will absolutely not work in 50 percent of the cases. Period. Your only hope for profound and immediate pulpal anesthesia is intraosseous. That's it. Or intrapulpal but your patient won't be happy.

For 20 years, the only thing I use for pulpitis in lower posteriors is Stabident (You could also use X-tip.) I don't even bother with a block or PDL (no fun afterward). I use 1:200epi and 1 carpule at most. You'll get at least 30–45 minutes. so long as you do it right. But intraosseous has a learning curve and I'll admit isn't that simple to master.

Good luck next time.

Take care. ■

6/22/2018

SFain
Member Since: 05/16/05
Post: 17 of 50

Sometimes you have to reappoint. Put them on antibiotics and pain meds and then next time use nitrous and maybe Halcion or Ativan. ■

6/22/2018

mykitchen
Member Since: 11/16/04
Post: 18 of 50

I stopped giving IAN blocks, Gow-Gates years ago. Even for hot teeth. So, for a lower molar, after a buccal infiltration, I give intraligamentary all around the buccal and lingual—these are for 1–2 minutes, with 2% lido with 1:100,000 epi.

With this, 99 percent of the time, even for a hot tooth, patient gets numb. Works with my clumsy hands. ■

6/22/2018

Guitar Hero
Member Since: 05/29/08
Post: 19 of 50

Excellent suggestions. Thanks. I'll look into Stabident and X-tip. I'm also comfortable with intrapulpal infiltration. It is a solution for stubborn teeth during RCT and sometimes extractions. Unfortunately, in this case I have just barely started caries removal and patient jumped, barely through dentin I was far from exposure; I didn't want him to go through that much pain.

I also told the patient that I didn't want to proceed and get to a point of no return because it might complicate things if his tooth won't get anesthetized.

Also, a possible contributing factor is that patient takes 10mg Oxycodone three times a day for his back pain. ■

6/22/2018

Definitely Stabident for me in these cases. Instant and profound. Just have to get good at remembering how you angled in and get the syringe tip in. Sometimes you'll get some high back pressure, so I like the intralig gun injector for it, too.

I tried X-tip and find the outer housing too thick. Needs a lot more force to get it through the plate (I worry a little more about heat generation), and the plastic collar can obscure your line of sight a little. One time it got stuck in the buccal plate and I struggled for five minutes prying it out with a hemostat, all while trying not to make the patient suspicious of what was going on! Definitely like Stabident more. ■

6/22/2018

mcnicho3
Member Since: 05/13/14
Post: 22 of 50

Was the patient presenting with a lot of pain? Those teeth are very challenging to anesthetize due to sensitization and inflammation. If the tooth wasn't painful to start with, it's not a hot tooth. It's possible that there's accessory innervation for lower first molars such as lingual or long buccal. I would have attempted intrapulpal.

Next time before patient comes in, tell him to take ibuprofen 600 mg one hour before appointment. ■

6/23/2018

likeaduck
Member Since: 08/15/16
Post: 29 of 50

Join the discussion online!

Search: "Hot Tooth"

Ever had a tooth you just couldn't numb? This Townie tried nearly everything to prep a patient for RCT, but still came up wanting. Check out **dentaltown.com** and under message boards, search "hot tooth." This thread will be the top result.