

Endo cases: Should you refer?

Dr Raphael Bellamy presents guidelines for assessing the difficulty of endodontic cases

In my 18 years as a general dentist, I would have rarely referred my patients outside of the practice for treatment. If it were so, then it would have been for complicated orthodontics, oral surgery or unexplained pathology. I took pride in being able to do everything myself – what some call these days a ‘one stop shop’!

On reflection, my behaviour may have been a reflex protective mechanism because of an early trauma to my psyche. An early referral of a mandibular pathology turned out to be an ameloblastoma! That disturbed me as Prof. Wright, our pathology teacher in UCC, clearly stated in his deep Yorkshire accent: ‘You don’t see them... ’av not ‘ad one in my lifetime... You’re not goin’ tut see one...’ As he was over 65 years of age at the time, it seemed likely that he was correct.

I recall my utter fear prior to the unfortunate lady’s recall appointment. Would it be rage I was greeted with for

causing her disfigurement? Actually, to my surprise I was greeted with a warm, appreciative, albeit a little off-centre, smile. That lady trusted me like a puppy dog and stayed with my practice for 15 years.

So what is my point? It is that I was of the opinion in those early days that if I did everything to the best of my ability then that was correct for me, as well as being morally defensible.

Well times have changed, and although we have all reached the basic standards of clinical ability to provide routine care through our dental degree, both patients and the profession demand that care is provided at a higher level.

This ultimately led to my withdrawal from general dentistry. I found it quite impossible to be as good as I wanted to be, or needed to be, at all the disciplines we practise as general dentists. Better to concentrate my efforts in one specific field and strive to excel at that. I

suppose I came to terms with my limitations.

We all have our limitations, our strengths and our weaknesses, and there is no doubt that we should play to our strengths if we are to enjoy our work and attain satisfaction while minimising the exposure of our weakness. In other words, as Kenny Rogers so eloquently sang, ‘Know when to hold them ... Know when to fold them.’

Did I really do my patients a service by providing a ‘one stop shop’ all those years ago? In retrospect, I don’t think so.

Endodontic case difficulty assessment form

After arriving at a diagnosis on endodontics, practitioners should consider all conditions associated with a specific procedure to be potential risk factors that could complicate treatment. Levels of risk are sets of conditions that may not be controllable by the dentist. Risk factors can:



Raphael Bellamy BDS (NUI) Cert. Endo. is a graduate of University College Cork and The Goldman School of Dental Medicine in Boston, Massachusetts, where he completed his postgraduate studies in endodontics. He is currently in private practice limited to endodontics in Dublin. You can contact Dr Bellamy at RBe15553@aol.com

Using the Endodontic Case Difficulty Assessment Form

To evaluate risk and determine the appropriate clinical disposition of a particular endodontic case:

1. Complete the Endodontic Case Difficulty Assessment Form by evaluating risk levels and assigning a rating of (1) for average risk, (2) for high risk, and (3) for extreme risk for each entity.

1 = Average Risk: Preoperative condition indicates average or routine complexity (uncomplicated) and no treatment or patient impediment factors. Achieving a predictable outcome should be attainable by a competent practitioner.

2 = High Risk: Preoperative condition is complicated, presenting more treatment or patient impediment factors. Achieving a predictable treatment outcome will be challenging for a highly skilled practitioner.

3 = Extreme Risk: Preoperative condition is exceptionally complicated, presenting one or more difficult treatment or patient impediment factors. Achieving a predictable treatment outcome will be challenging for even the most highly skilled practitioner.

2. Review your evaluation of risks involved in this case to determine disposition. If any one or more factor is rated high (2) or extreme (3) risk, then referral to an endodontist may be appropriate.

3. Record disposition on the lower portion of the form.

CLINICAL

Patient Considerations

Medical History	
<input type="checkbox"/>	cardiovascular diseases
<input type="checkbox"/>	cerebral vascular considerations
<input type="checkbox"/>	bleeding disorders
<input type="checkbox"/>	renal dysfunction
<input type="checkbox"/>	medical prostheses
<input type="checkbox"/>	abnormalities in host defense
<input type="checkbox"/>	diabetes
<input type="checkbox"/>	mental impairment
<input type="checkbox"/>	acute systemic disease
<input type="checkbox"/>	pregnancy
<input type="checkbox"/>	need for pre-medications
<input type="checkbox"/>	other systemic conditions

Local Anesthetic Considerations	
<input type="checkbox"/>	vasoconstrictor contraindication
<input type="checkbox"/>	anesthetic allergy
<input type="checkbox"/>	history of difficulty in obtaining profound anesthesia

Personal Factors and General Considerations	
<input type="checkbox"/>	limited ability to open mouth
<input type="checkbox"/>	gagger
<input type="checkbox"/>	fear of dentistry
<input type="checkbox"/>	motivation to preserve dentition
<input type="checkbox"/>	physical impairment—difficulty holding film
<input type="checkbox"/>	limitation to be reclined
<input type="checkbox"/>	size of mouth

Objective Clinical Findings

Diagnosis	
<input type="checkbox"/>	inconclusive or contradictory findings

Radiographic Findings	
<input type="checkbox"/>	difficulty in obtaining films of diagnostic value

Pulpal Space	
<input type="checkbox"/>	calcification
<input type="checkbox"/>	chamber
<input type="checkbox"/>	orifice
<input type="checkbox"/>	canal
<input type="checkbox"/>	number of canals

Root Morphology	
<input type="checkbox"/>	curvature
<input type="checkbox"/>	dilaceration
<input type="checkbox"/>	long
<input type="checkbox"/>	recurvature
<input type="checkbox"/>	length
<input type="checkbox"/>	long
<input type="checkbox"/>	short

Apical Morphology	
<input type="checkbox"/>	open

Malpositioned Teeth	
<input type="checkbox"/>	buccal version
<input type="checkbox"/>	rotated or tipped
<input type="checkbox"/>	too far distally

Additional Conditions

Restorability	
<input type="checkbox"/>	isolation challenge
<input type="checkbox"/>	caries
<input type="checkbox"/>	need for crown lengthening

Existing Restoration	
<input type="checkbox"/>	porcelain crown
<input type="checkbox"/>	PBMPFM
<input type="checkbox"/>	gold castings
<input type="checkbox"/>	impaired access to root canal
<input type="checkbox"/>	abutment
<input type="checkbox"/>	long axis of crown vs. long axis of root
<input type="checkbox"/>	size of crown
<input type="checkbox"/>	crown anatomy vs. original anatomy
<input type="checkbox"/>	post and core (Rate 2 or 3 only)

Fractured Tooth	
<input type="checkbox"/>	crown
<input type="checkbox"/>	root

Resorptions	
<input type="checkbox"/>	internal
<input type="checkbox"/>	external
<input type="checkbox"/>	apical

Endo-Perio Lesion	
<input type="checkbox"/>	tooth mobility
<input type="checkbox"/>	attached gingiva minimal/inadequate
<input type="checkbox"/>	furcation involved
<input type="checkbox"/>	periodontal prognosis
<input type="checkbox"/>	root section or hemisection consideration

Trauma	
<input type="checkbox"/>	avulsion
<input type="checkbox"/>	luxation

Previous Endodontic Treatment	
<input type="checkbox"/>	Rate 2 or 3 only

Perforations	
<input type="checkbox"/>	Rate 3 only

- Alter the course and outcome of treatment
- Influence the ability to provide care at a consistently predictable level
- Impact the appropriate provision of care and quality assurance.

The Assessment Form makes case selection more efficient, more consistent and easier to document. Referring dentists may also choose to

use the Assessment Form to help with referral decision making and record keeping.

Endodontics is probably the most demanding of the disciplines we practise. It can induce rage in the most sane of us and bring tears to the eyes of our staff. A difficult case can tear apart a successful working day in a moment and be remembered for a lifetime by all

concerned. To this end I recommend the AAE Endodontic Case Difficulty Assessment Form in the hope that its use will improve all our lives and that includes the lives of our patients as well.

My teacher Dr. Schilder, in his wisdom, told me: 'We treat two people when we carry out endodontics, the patient and the dentist. Take away the dentist's pain.'

References

AAE Document (1998) *Appropriateness of Care and Quality Assurance Guidelines*. 3rd Edition

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