

To Refer or Not to Refer?
*The AAE's Endodontic Case Difficulty
Assessment Form Offers Answers*

Establishing a successful dental practice requires more than just hiring skilled staff members and purchasing office furniture and equipment. During your first years in practice, you'll also be cultivating a patient base and building a reputation in the community you serve. Developing mutually beneficial relationships with dental specialists during this time can help you forge a reputation for delivering quality care and putting the interests of your patients first.

As a general practitioner, you'll frequently encounter patients who require root canal treatment. Whether you perform these procedures yourself or refer them to an endodontist is an important decision that impacts the quality of care you deliver. It's also a decision that needs to be made on a case-by-case basis by taking into account the condition of the patient as well as many diagnostic and treatment considerations.

To provide guidance on which cases to perform and which to refer, the American Association of Endodontists (AAE) has created an Endodontic Case Difficulty Assessment Form that helps general practitioners quickly evaluate the difficulty of each case and weigh it against their endodontic experience.

“Since general practitioners are held to the specialist's level of care, it's important that they take on only those cases for which they can predictably achieve a successful outcome,” says David Hansen, D.D.S., an endodontist in Iowa City, Iowa. “The Case Difficulty Assessment Form makes it easy for them to make the right decision for their practice and, most importantly, for the patient.”

Referral of difficult cases to an endodontic specialist is common among even the most seasoned general practitioners. In fact, a study conducted by the AAE showed that 97 percent of general practitioners had referred a patient to an endodontist within the past year. Not surprisingly, a separate AAE study indicated that endodontists receive more than 85 percent of their patients from general practitioner referrals.

While some general practitioners prefer to concentrate on aesthetic dentistry and avoid endodontics altogether, others opt to treat endodontic cases of minimal to moderate difficulty. But for optimal patient care in more difficult cases, it's best to rely on a specialist – particularly as a new dentist with limited endodontic experience.

“Establishing a good relationship with an endodontist has been vital to my success,” says Pam Everson, D.D.S., a general practitioner in Healdsburg, Calif. “I refer all molar endodontics because I know that when it comes to difficult cases, my endodontist's expertise can get my patients out of pain and treated more quickly. My patients leave satisfied, and I end up looking good, too.”

Armed with advanced training in endodontics, experience in administering anesthesia, and proficiency in using technologies such as digital imaging and operating microscopes, endodontists have the skills to tackle complicated root canal treatment with a high rate of success and minimal patient discomfort.

“Many students complete dental school without ever attempting more complicated root canal treatment involving molars, crowns or post removal,” says Michael Lowery, D.M.D., an endodontic resident at Tufts University. “Knowing your limits is crucial - as a young dentist building your reputation, you want to choose cases you know you can handle successfully.”

Here are a few considerations described in the Case Difficulty Assessment Form that can make root canal treatment difficult enough to warrant referral:

- **Inclination or rotation of the tooth**
Extreme inclination or rotation of the tooth in the arch is one variable that signifies a difficult case.
- **Curvature of the canal and root**
Moderate or significant curvature of the canal and root increases the difficulty of treatment and is an indication that referral is warranted.
- **Radiographic appearance of canals**
A pulp stone can almost obliterate the pulp chamber space, making access to the pulp chamber and canals very difficult, and putting a tooth in the high-difficulty category.
- **Presence of a crown or post**
Radiopacity in the periradicular bone makes length determination more difficult, while the presence of crowns makes access more challenging.

For many more examples of patient and diagnostic considerations that can affect the outcome of endodontic procedures, consult the Endodontic Case Difficulty Assessment Form. By using it regularly, you'll quickly discover what factors make root canal treatment more complex, and learn how to make sound referral judgments that provide your patients with top-quality care that keeps them coming back to your practice year after year.

For more information, or to obtain a copy of the Case Difficulty Assessment Form, visit www.rootcanalspecialists.org, or call the AAE at 800/872-3636.