

Friday June 7 2002 Day 2 (Part 3)

Dr. John Stropko – Microsurgical update



When you have the kind of surgical expertise that John has, its easy to show how its done. (I was especially impressed with the great surgical results – no scarring at all.) Stropdude ran through the entire surgical spectrum.

Some of his suggestions:

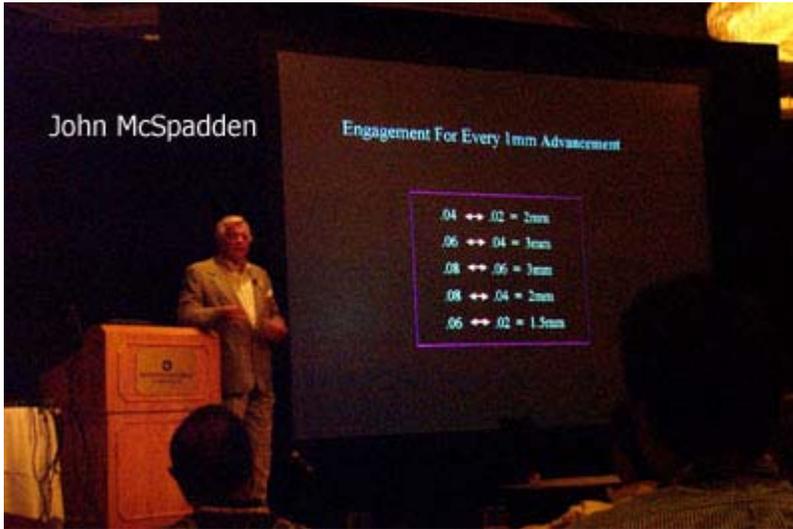
- When surgerizing roots with an isthmus, make small "dots" along the isthmus with an ultrasonic tip. This allows you to create a "tracking groove" that prevents your ultrasonic tip from wandering off the isthmus. Then its just a matter of "connect the dots" with your ultrasonic tip. Neat trick.
- Crypt Control is crucial during surgery . He uses Monsel's solution, Epidry and CaSO₄.
- Plan your sutures at the time you make the incision.
- He uses the Dovgan CaSO₄ carrier. John also likes Joey's idea of

using the opposite end (the stick end) of a cotton applicator to gently pack the CaSO₄ into the crypt.

- He is not intimidated by working in the sinus and when necessary packs it with 1 long strand of ½ inch plain sterile gauze (one continuous piece tied with a safety suture.)
- John sees great potential for the new BMP (Bone Morphogenic Protein) as an aid to healing and in guided bone regeneration.
- His protocol for composite retroseal – 1. rinse prep with alcohol 2. Etch with Ultradent Blue Gel 3. Place Optibond with Carr explorer, allowing it to flow into the prep 4. Cure with light.

All I can tell you is that once I've had a little more experience with my scope, I'm giving some serious thought to joining him and Joe Dovgan for one of their courses in Arizona.

Dr. John McSpadden – New Developments in Rotary instrumentation



Dr. McSpadden's lecture was basically a repeat of his AAE presentation in Chicago. (Unfortunately, the 3D component had to be omitted at the last moment due to the costs involved in setting it up.) Dr. McSpadden is one of the world's foremost authorities on instrument design, metallurgy, testing and reasons for fracture. He showed us pictures the machines he designed for testing rotary instruments. (Big bucks there !)

He focused mostly on the scenario we all dread – Ni-Ti rotary instrument breakage. His philosophy was summed up as "Excellence while accommodating for risks and time" (What a practical solution!!) John believes that understanding the reasons for failure will make it less likely that we will break them. He discussed the two factors (Fatigue and Torque) that cause failure. He stated that he believed Crown Down Technique (without first

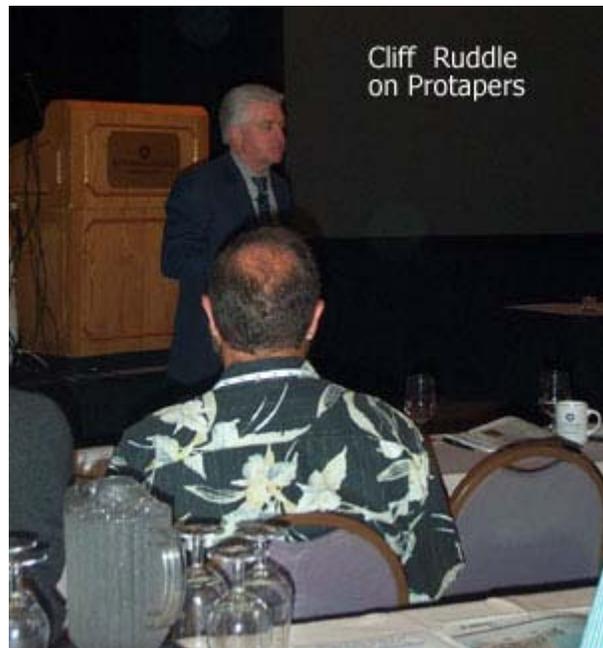
creating room for instruments) means that you are working with the tip and this can lead to breakage.

McSpadden also told us that with his experience in testing these instruments, he can determine the degree of curvature position and size of the canal. John does this by "feeling" the canal with the pressure required to create the shape with the rotary file itself. I trained on hand files and used them for many years because I believed that Rotary instrumentation lacked this "feel". If he can do this, it is a remarkable achievement that we need to strive for.

It is obvious that he truly loves this type of investigation and ROOTS is fortunate that he interacts with us on a regular basis. His posting on ROOTS some time ago (where he tested and described his findings) should be a classic paper and needs to be read by those contemplating use of this technique. Truly a giant in the Endo Tech world. Thanks for joining us John, your contribution was greatly appreciated and enjoyed by all.

Dr. Cliff Ruddle – The Protaper System

Cliff came out with guns blazing. Spurred on by Dr. McSpadden's presentation, Ruddle opened with my favorite topic: The Issue of the Literature vs. Practicality of Treatment. He said that although Endodontics has progressed, we still are faced with the problems of 1. Confusion 2. Technology and 3. Misinformation (I believe Dr. Schein's post about this and Cliff's phone call to



him have cleared this up #3.) The confusion lies in that we currently have no true agreement such subjects as frequency of irrigation, size of access, conservation of tooth structure, heating of irrigation, the effects of radial lands file design on tubule blockage, apex vs. coronal first treatment, or ideal taper.

In one of the rare “exchanges” during the seminar, Ruddle took issue with some of John McSpadden’s remarks about the Protaper. It was one of the few times where we saw strong disagreement between presenters. While respectful of Dr. McSpadden’s contributions to rotary instrumentation, it was obvious that he was disappointed about Dr. McSpadden’s findings regarding the ProTaper instruments Cliff helped design. He felt that the lab tests were not truly representative of their use in the clinical setting. He believes that constant taper instruments with lands are not representative of the most efficient modern files and that the different tapers in the ProTaper series represent a newer Third generation of instruments.

With so many different instruments, designs, hybridization of techniques, it was refreshing to hear him go through the ProTaper technique in a clear concise manner. Cliff believes in the concept of the “scouting file” to explore the canal space as you work. Here is a brief synopsis of his technique as I understood it:

- (1) Establish straight line access to the canals by determining that the Scouter files “stand up straight” in the access. This will determine whether the case is considered “On-Axis” or “Off-Axis”. There should be no “preconceived exact mm length” for the canal prior to this point ie/ a length to which you MUST get your instruments. Scouter files are used short of the apex initially. Do the Scouter file work on the “outstroke” only. (I can’t help but notice that many of Cliff’s concepts are straight out of the BU technique.)
- (2) Protaper S1 placed to Scouter file length (short). Look for debris at the top of the file (not the tip!).
- (3) Protaper SX used in a brush stroke if “Off Axis. NO PECKING !
- (4) Now go to estimated length with a #15 file/ EAL. (This is important because the initial straightening of the canal may have reduced the working length by as much as 1 mm. (If take a working length before you remove the coronal dentin, your rotaries may end up working 1 mm long in molars. This can result in tearing of the apex.) With this method you are more likely to maintain true working length.
- (5) Protaper S1 to same length . THIS may be MINIMALLY “Long”! Check patency with #10 file. Irrigate.
- (6) Protaper S2 . This cuts in the MIDDLE 1/3rd of the root.
- (7) Maintain patency and NOW confirm working length with EAL and film. This is the final working length you want.
- (8) Protaper F1 . This blends the apical 1/3rd with the middle third. When it is ½ to 1mm short, remove it. If it does not go to length, recapitulate and irrigate again.
- (9) In Big, thick canals and when shape dictates – use F2 and F3 short of the apex. (rare)

| ProTaper Sequence | | |
|-------------------|--------------------------|--------------------------|
| | On-Axis | Off-Axis |
| Scout Cor. 2/3 | 10, 15 Files | 10, 15 Files |
| Shape Cor. 2/3 | S1, S2 | S1, Sx |
| Scout Ap. 1/3 | 10, 15 Files | 10, 15 Files |
| Finish Ap. 1/3 | S1, S2, F1 F2, F3 prm | S1, S2, F1 F2, F3 prm |

He explained the reasons for the various tapers along the instrument, the value of having fewer instruments to use and also addressed the possible reasons for fracture when the instruments were not used in the correct sequence. In a nutshell, he believes that if you can place a STRAIGHT (not precurved) N-Ti hand file to the apex, then you are ready to use rotary instruments to that length...not before. I hope I described his technique correctly. Cliff, let me know if I made an error.

It is obvious why he is so successful at getting his message across. Cliff is a skilled lecturer and dynamic speaker. He is passionate about Endodontics. Again, we are fortunate to have him think so highly of ROOTS and I look forward to his future involvement with us.

Dr. Joe Maggio – The K3 Rotary System

Dr. Maggio had a tough act to follow. His presentation about the K3 was less controversial and stuck to the “K3 script”. As such it really came across as more of a “brochure read” and didn’t offer a lot of insight as to why we should be using this instrument instead another type. Joe addressed the “cross section” controversy that was generated at the AAE. (During that meeting, one lecturer presented what was proptred to be a K3 instrument – in cross section- that looked nothing like the supposed K3 shape). Dr. Maggio assured us that this was not the case. He described the K3 technique as recommended by Kerr Sybron. There wasn’t much that didn’t fit the manufacturer’s standard script. Overall, an average presentation. I would have preferred a little more comparison with other instruments and discussion of why we should use it over other designs. Many of our ROOTS members have just begun using this file successfully and it still may be too new for us to have comparison data and studeis. A updated presentation at ROOTS 3 would be a good idea.

Lunch and Learn – Joe Dovgan Diagnostic Dilemmas

What a pleasant surprise ! We all knew that Joey D. knew had the right stuff. He proved it last year with his ROOTS presentation on Office Asepsis. Although this year’s talk seemed to address the more basic concepts of diagnosis (most of the Endodontists in the room know this stuff as second nature and I got the impression it was geared more toward the Generalist) I was most impressed with the graphics and presentation. So much so that **I’d like to get a copy of the PPT file if I could** . I especially like the referred pain skull illustrations. (**Joey D. , PLEASE ?? I promise all graphics will get credit.**) Just great meat and potatoes diagnosis from a guy who knows how to present a no-nonsense tutorial. We also have to understand that this was being done while he, Peter and Fred were handling all the other myriad of duties associated with running ROOTS 2. Thanks, Joey D.

Dr. John West – Creating the Endodontic Practice of Your Dreams

ROOTS Summit II did not limit itself to the purely clinical. John West’s presentation dealt with the important topic of practice satisfaction. What is it that makes us come to work each day? What makes our work fulfilling for us as a person? How can we make our overall environment conducive to producing more energy and positive motivation? John showed us pictures of his new \$3M dollar clinic and explained his philosophy of practice. Wow. That’s some edifice and some committment. He explained the “Stages” of practice and how we often are afraid to make the changes that will let us create the practice of our dreams. (Raise your fees- for one.) I’m not sure that all of his concepts are applicable to my situation here in Canada or other countries. (The idea of patients “paying more” for quality healthcare is profoundly influenced by having a socialized medical system. That’s something J.W. doesn’t have to confront in the US.) However, my initial skepticism was won over by his obvious dedication, enthusiasm, conviction and true belief in himself. He is obviously interested in maintaining the highest of standards both clinically (another BU guy!) and philosophically when it comes to what we all do for a living.

Dr. Jim Simon – Success and Failure

Dr. Simon’s lecture took me completely by surprise. I was expecting another “let me show you why this failed” lecture. Instead, he had some shocking news for me: Not all lesions heal, even when you do the endo perfectly. (This is **not** what I was led to believe in Grad school.) Dr. Simon discussed such interesting concepts as “apical plaque”, “pseudomonas and actinomycetes in apical infections and their relation to failure of apparently good endodontic cases”. He concluded with a discussion of possible viral involvement in periapical lesions (a topic that I had presented as a possible master’s thesis in 1984 but that was rejected because “viruses weren’t a factor in periapical disease”.) Talk about “rock your world” ! Although I now feel a little less guilty when one of those perfectly packed cases fails to heal, it does make me wonder about what we can do with these cases in the future. Dr. Simon believes that in order to get healing some cases just have to be surgerized to remove the infected tissue. That was both comforting and alarming at the same time. Just when I thought I had a handle on success and failure.

Friday Night featured our own Dr. Peter Cancellier pounding the skins with his band at the Redfish Restaurant. Unfortunately, I was unable to attend due to a other commitments. From the rawness of Peter’s hands the next morning it looked like it was quite a party. I was sorry I missed it.

Saturday June 8, 2002 Day 3

Carlos Boveda – The Endo Restorative Continuum

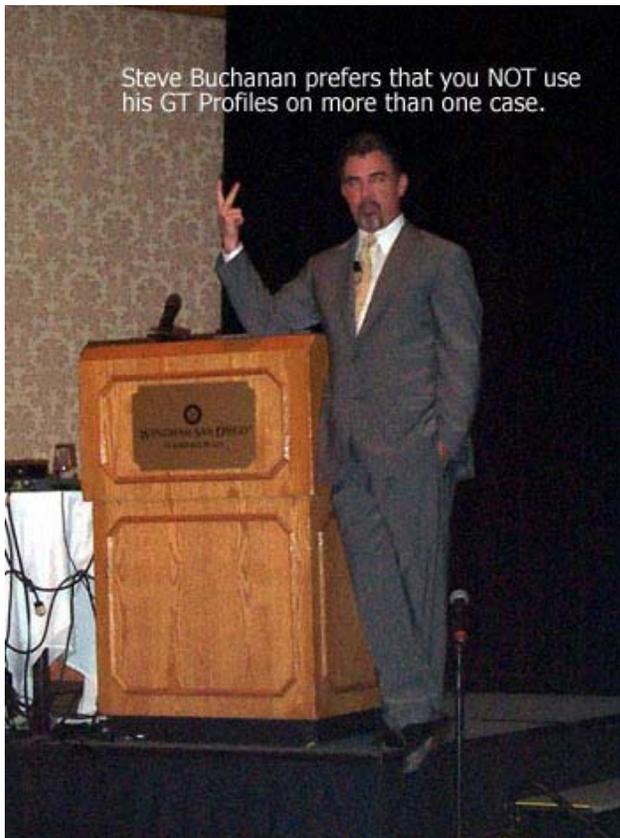


Have you seen Carlos' website? www.carlosboveda.com Its done with a Mac and it shows. His presentation was similarly spectacular. Complete with references and some beautiful cases. Rather than bore you with text descriptions that could never ever do him justice, I suggest that you log on to his website. It will give you an idea of the kind of stuff we saw. Very, very nice. We need to bring him back next year. I know of one rooter who taped the whole lecture and gave a copy to him. I'm going to see if I can get a copy from Carlos, just to review it again. Considering that English is not his first language, Carlos and other presenters like Dr. Stier are to be commended for their courage. It must have been very tough to stand on the podium, considering the level of knowledge and expectations of the audience. An outstanding job. BTW, Carlos says he is always looking for interesting cases to post on his site. Check it out soon.

Dr. S. Lind The AET System

Dr. Lind gave us some insight into Ultradent's AET instrumentation and resin sealer systems. The premise behind the instrumentation system is that canals are not round and that pure rotary instrumentation does not address this problem adequately. With the reciprocating handpiece design and motion of the files, he claims that canals are more thoroughly cleaned. Unfortunately, I missed the sealer portion due to a bathroom break. Maybe someone else can provide the details.

Dr. Steve Buchanan The Pro-GT System



The man who popularized Ni-Ti rotary and brought it to the masses was with us. He explained how the instruments were developed, his preferred method of treatment and the need for prolonged "soaking times". (That is another interesting concept. I'm not sure that clinicians (who can clean and shape canals in a few minutes) will have the patience to let their patients sit in the chair for 40 minutes to let the NaOCl work. There is a LOT of pressure to produce in the average practice and the temptation to pack these "shaped" canals without adequate contact time with NaOCl is very high.)

Dr. Buchanan raised a few eyebrows with a couple of comments. With regards to instrument breakage through repeated use, he said that if you are going to use GTs more than once, he preferred that you NOT use his instruments. He felt that the speed and ease of treatment more than made up for the additional cost. (Although that may be true in the US, there are ROOTS members – especially those dealing with fixed fee socialized national dentistry- that may find that concept hard to swallow.)

I know some ROOTers in the front row had a real tough time with the concept that any particular case could be cleaned and shaped with "only one instrument". I congratulate ROOTS for bringing Steve B to the meeting. It's just one more example of how quality attracts quality. People are starting to understand about ROOTS and are attracted by our need to learn, explore and understand. The fact that we could get Steve B. for free is a measure of how the Endodontic community is catching on to Kendo's concept of the Nexus.



Lunch and Learn – Dr. Fred Barnett – Endodontic Treatment of Traumatic Injuries

Hey! This guy can teach. Fred gives everyone a great “lecture” (and not just when he’s on ROOTS vbg)...he’s not just a walking footnote. Naturally, CaOH is his solution for a LOT of the problems associated with trauma. (He’s a Viking!) Fred gave us an overview of types of injuries, the treatment and prognosis for each. (He did admit that Andreasen nearly caused a riot recently when he suggested that treatment of some roots treated with CaOH may cause weakened dentin and for that disclosure I must commend him. It must have been VERY hard for Vikings to hear that. ☺ Don’t worry Fred; I’m sure your Scandinavian friends will somehow find a way to disprove that!) I was very impressed with his overall knowledge, lecture style and comfort level...even when faced with the noisy lunch crowd. He even took one potshot at ME.

Dr. Barnett also provided a copy of a recent published article on this topic. I’m sure he can send it to you by E-mail if you didn’t get a copy or are interested. Deserved to be there, for sure. We also owe him a debt of gratitude for helping things run smoothly. He’s now patent, he’s now puffing. ...Watch out, his conversion to the Dark Side is almost complete.

(And NO, the anticipated knock down, drag em out fight between us that many people were anticipating did **not** occur. We shared opinions, learned something about each other and gained respect for each other’s point of view. That’s what ROOTS is all

about.)

Dr. Ken Reed – Total Pain Control

Dr. Reed gets the ROOTS II Speedmeister award for most words per minute! Man, does he talk fast! (I think he even left some of us native English speaking guys wondering what he said. I can only imagine what some of our foreign guests must have thought.) Although 80 % of the patient’s he works on are asleep (lucky him!!!) he did give us a great overview of pain control and the medications used to deal with it. Fortunately, he gave us printed handouts of his material and has also posted on the Kerr-Sybron Summit 2 website. If you are interested in his techniques for anesthesia (such as The Greater Palatine approach that anesthetizes the WHOLE side of the maxilla), check out the site.

Here are some highlights:

- Uses larger gauge (mostly long) needles (25,27) because of higher rate of breakage associated of 30 gauge short needles.
- Does not like the “bent needle ” technique or “hubbing ” short needles because of risk of breakage. (Both techniques that I have been using successfully for more than 20 years! Oh well.)
- Described techniques for mandibular blocks.
- Believes problems with paresthesia are more associated with 4% solutions.
- Discussed X tip/Stabident that he recommends you use WITHOUT vasoconstrictor. With this technique Marcaine gives you 40 mins. anesthesia, Carbocaine 20 mins.

Most importantly, he described the Ceiling Analgesic Dose (CAD). This is the “best” that you can do with the medication you prescribe. You want to get as close to this as possible. Exceeding this is not necessary and often not effective. They are:

ASA 1000 mg Acetaminophen 1000 mg Codeine 60 mg Hydrocodone 10 mg Oxycodone 10 mg

He likes:

Vicodin = Acetaminophen 500 mg Hydrocodone 5 mg. 2 tabs of this med matches the CAD exactly.

Lortab = Acetaminophen 500 mg Hydrocodone 5 mg. 2 tabs of this med matches the CAD exactly. (One formulation of Lortab has ASA 500 mg instead of Acetaminophen)

Percocet – RARELY required. Use this version Acetaminophen 500 mg Oxycocone 7.5 mg (ie/ has extra oxycocone in patients with extreme discomfort)

Tylox - Acetaminophen 500 mg Oxycodone 5 mg (He describes as a “good choice”)

NSAIDS- Naproxen, Anaprox, Aleve – Good for soft tissue problems

MOTRIN (Ibuprofen) – Basically the drug of routine choice. 400-600mg for pain, 800 mg has good anti-inflammatory properties. For acute pain you can give up to 3200 mg/day, for chronic use maximum daily dose is 2400 mg.

ORUDIS – another of his favorites but hard to find. Ceiling Analgesic dose 50 mg. He suggests you write script for 75 mg. Capsule 1 tab q6-8 hrs. Max daily dose 300 mg.

TORADOL- 10 mg tabs Toradol 10 mg = 6mg IM morphine for dental pain. Injected version – 15 mg = 12 mg IM morphine. It comes in 60 ml vial (liquid- 4 doses) and can be injected IM or injected orally). He suggests following up with 40 mg oral tabs. (I’ve used this medication with variable results)

Dr. Liviu Steier – The Endo restorative Continuum

I can only imagine how difficult it must have been for Dr. Steier to walk up to the podium and do his presentation in English. He did a marvelous job of explaining proper postoperative endodontic restorative procedures. Most importantly (for me) he showed that the newer posterior composite restorations could work when they are placed properly ! Congratulations on some beautiful illustrations and some great work.

Dr. Ilan Rothstein – Intracoronal Bleaching



Dr. Ilan Rothstein

Dr. Rothstein showed us that he had a sense of humor and understood that everyone was just plain worn out by this time. (Hence the “last speaker” joke he started with.) He had a good chuckle when the audience suggested that the best tool for consistent bleaching of discolored teeth was.... Photoshop 6.0!! (Ha!) No photo funny business here, all cases were done legitimately. There were certainly some dramatic results shown.

Dr. Rothstein suggested that use of heat and Superoxol in non-vital bleaching cases was the source of many problems, such as post op external resorption and that these should not be used in treatment. He suggested that equally good results could be obtained merely by the use of sodium perborate (without the Superoxol) although I got the impression that the treatment may take a few more appointments over a longer time. Dr. Rothstein also emphasized the need for proper base placement over the gutta percha filling in order to protect the tooth from factors that could cause external resorption.

(I personally have encountered this problem with many of my generalist referrals and it places the endodontist in the very uncomfortable position of trying to explain to patients why apparently successful endodontic treatment has deteriorated to the point where the tooth often has to be extracted. NOT a good situation for the referral, the patient or me!)

I looked around at around 5 pm and there were still lots of people glued to their seats. Tired, but still there. The final draws were made during the last two days and we were pleased to see a Dental student win the big prize that included a complete GT system – rotary engine, files and obturation system, graciously provided by Tulsa Dental. Vista Dental also contributed an irrigation system (I believe the list price was over \$2000!). I was fortunate enough to win two prizes! (My hunch about buying 4 tickets was correct.) I am now the proud owner of some new Gary Carr mirrors (just in time for my scope installation!!) and a set of 5 Spartan Ultrasonic Retroprep tips. Awwright! Lucky me!

I saw lots of activity at the vendor booths and I hope that ROOTS members bought lots. (Or plan to buy when they get home.) Your support of these vendors and their products is crucial to their assisting us in the future. I would also personally ask you to encourage your fellow Endodontists and referrals to log on and attend the next Summit. If each of us convince just one or two people to join us (I managed to convince a couple of dentists in the Compuserve Dental forum – Drs. Mark Portnoy and Allan Huber) we can double or triple attendance.

Once the lecture was over, we adjourned to an adjacent room where a few of ROOTers had brought some of their favorite spirits from their home countries for us to sample. I was bushed but still managed to have a glass of a very strong Brazilian concoction that I don't remember the name of. (That says something about the drink itself!) There was more talk, some more shared opinions and a lot of questions about how and who could possibly make things even better next year. SD 2002 would be tough to beat.

Because of family commitments (my 8 year old daughter's dance recital) I had to leave at 6 a.m. on Sunday so I missed the Sunday presentations and the Gattling Gun session. Perhaps another ROOTer could provide us with a synopsis.

Thanks for reading and as always, comments (online or via rmk@endoexperience.com) are welcome. If you missed a portion of the story, you can read it again when I post it on my website www.endoexperience.com in a couple of weeks.

See You in Salt Lake City, UT in 2003 at ROOTS 3

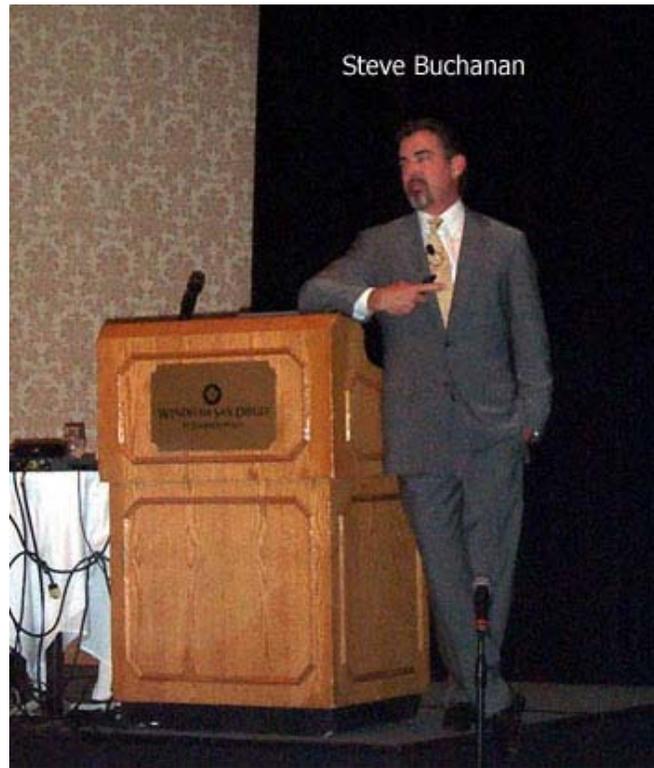
Breakfast



GI

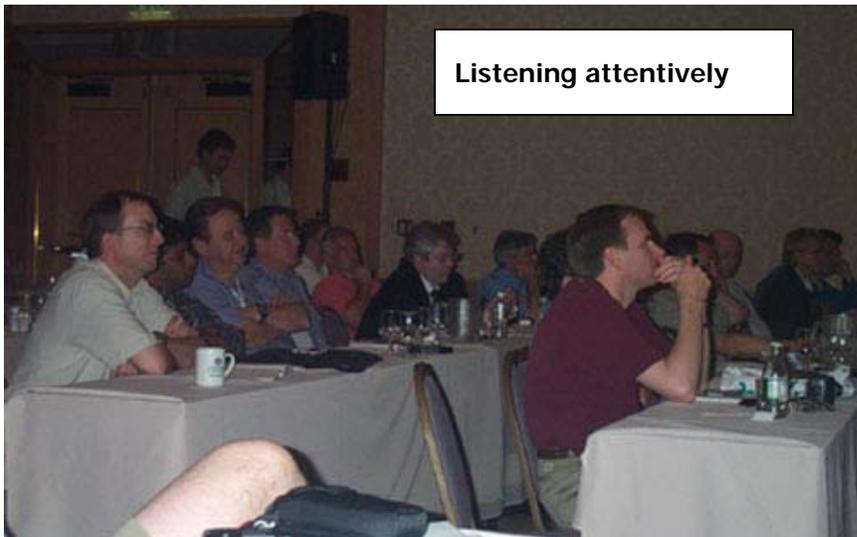
This 7:20 a.m. business is tough on you. Especially day 3 !
Phil Kochanski (foreground) (l to r background) Tim McManus,
Mike Gossack and Willy Hermann have breakfast.

Steve Buchanan



Steve Buchanan showing us the way.

Listening attentively



Full House





Sashi

Glen

Sashi Nallapati and Glen Doyon
 Glen is off to Endo Grad School. Good luck and don't get too busy to keep visiting Roots.

Prize Draw – I won TWO prizes!! (A set of Carr mirrors and set of Spartan Ultrasonic tips!) I never win ANYTHING! Thanks to all the sponsors for the goodies. It was an unexpected surprise.

DRAWING THE RAFFLE PRIZES



Joe Dovgan

Fred Barnett



Holger Dennhardt

Peter Cancellier

Bob Gannon

Joe Dovgan

Fred Barnett

Rob Kaufmann

Thanks again to all the organizers, sponsors and volunteers for making it such a memorable event. It keeps getting better each year!

See you all next year in Salt Lake, UT 2003 for ROOTS 3.