

ROOT WORDS

Promoting just a little bit of knowledge...and a whole lot of Healthy Smiles

Mission Statement

To provide excellent endodontic care in a professional, friendly environment by a highly trained and motivated team!

We work to fulfill our mission by making patient care our #1 goal.

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Minimally Invasive Endodontics

Endodontics, like any clinical specialty, is constantly asking the question "How can we do it better?" To that end, the concept of minimally invasive endodontics is being defined and evaluated. Last summer I was privileged to participate in an international endodontic workshop exploring the topic.

Minimally invasive endodontics may be defined as the treatment and prevention of pulpal pathoses and apical periodontitis while preserving the strength and function of the endodontically treated tooth to last a lifetime. It involves factors too far-ranging and complex to completely address here, but we can look at some practical issues of concern to clinicians. It all begins with an accurate diagnosis and critical evaluation of the periodontal architecture and structural integrity of the tooth. Cone-beam computed tomography plays an important role and its use is expected to increase as exposure levels fall. Attention to the minimal crown to root ratio (1:1), facial and lingual ferrule height (1.5 – 2.0 mm), ferrule wall thickness after endodontic shaping (1.0mm), biologic width (2.0 – 2.5 mm) and height of ferrule to crestal bone (4mm) is critical to long-term success.

Once the decision is made to treat a tooth, how much dentin should we remove? We can look forward to the day computer access becomes the standard of care. Until then, the concept of "just

enough" says it all when considering the size and shape of endo access. Gas, laser or other technologies may one day make us capable of disinfecting canals without any shaping at all. For now, the consensus is current technology (rotary instrumentation) allows us to adequately prepare the apical half of the canal, but we should give consideration to decreasing taper in the coronal half. Be especially judicious with instruments designed for coronal flaring.

Remember, only about two-thirds of the canal wall is touched during instrumentation, perhaps less if access becomes more conservative. Better irrigants that can detach biofilm and tools that can predictably deliver irrigants apically in smaller diameter canals will be required.

Obturation will likely require smaller-sized obturators, or injectable paste-like materials that may lose the radiographic esthetic of today's materials. Perhaps a new class of materials based upon nano particles will emerge. The ultimate minimally invasive

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Dr. Myron Hilton
earned his D.D.S. degree from the University of Oklahoma College of Dentistry and completed his specialty training in endodontics at Texas A&M Baylor College of Dentistry.



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obturation will one day be re-vascularization using stem cell technology.

What considerations should be made in order to retreat a tooth using a minimally invasive approach? Again, proper diagnosis of the cause of failure is key. The endodontic history of the tooth should be carefully reviewed and selective or focused root treatment should be considered. In certain cases, apical surgery may be less

invasive than retreatment. Root length, thickness and curvature may dictate surgical vs. nonsurgical retreatment. If properly diagnosed and treatment planned, retreatment should not cause root fracture. Operator experience, skill and training of course play significant roles.

An honest discussion with the patient about risks, benefits and treatment options is essential. Restoration of the tooth should always be considered as part of

the treatment recommendation. Treatment options that minimize the potential for future additional procedures and costs are important. In some cases, removal of the tooth and placement of a bridge or implant may represent the least invasive treatment option.

We appreciate, as always, your trust in the doctors of Endodontic Associates to provide the latest technology, materials and methods coupled with our extensive experience to assist you with your endodontic referrals.

Congratulations...March Madness Winners!**1st**

Two Fit Bit Flex Bands

Katie Lyal

Dr. Bryan Sorgen's Office

**2nd**

\$100 Visa Gift Card

Ashley Colbert

Dr. Nathan Proud's Office

**Last**

Two \$25 Movie Packs

Linda Wilson

Dr. Robert Adair's Office

**3rd**

\$100 Visa Gift Card

Dr. Brooke Snowden**4th**

\$100 Visa Gift Card

Dr. Tamara Berg**Lottery**

\$50 Visa Gift Card

Dr. Chelsea Harper

Please share
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Quality Patient Care in a Comfortable Environment

Save the Date for August 22!

Endodontic Associates, along with Dentsply Caulk, are excited to welcome our speaker for this year's seminar, Dr. Stephen Poss. Dr. Poss will be speaking on the topic of Advanced Anterior Esthetics for this doctors-only seminar.

The seminar will be held at the Sheraton Reed Convention Center in Midwest City. CE is five hours. Registration begins at 8 a.m. and Dr. Poss will speak from 8:30 a.m. to 1:30 p.m.

Breakfast will be served. We hope to see you there!



Dr. Stephen Poss

Couple Completes Residency

Dr. Hilton's son Bryan Hilton, DMD, and his wife Corry Marcincin, DMD, both completed general practice residencies in Denver last year. They began practicing in Dillon, Colorado in July 2013. The couple resides in Breckenridge. Their hobbies include skiing, hiking and kayaking. Congratulations to Bryan and Corry!



Bravo

■ We want to congratulate Jessica, business assistant at EA, on her new baby girl Eliyah. Eliyah was born on April 26, weighing 8 lbs. 4 oz. and was 20-1/2" long. Congratulations, Jessica!



(Left) Corry Marcincin and Bryan Hilton. (Below Left) Bryan and Corry in front of their Dillon office. (Below) Bryan and Corry enjoying one of the many outdoor activities available in Colorado.

