

The Endo Files



Behrents Endodontic Specialists
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September 2015

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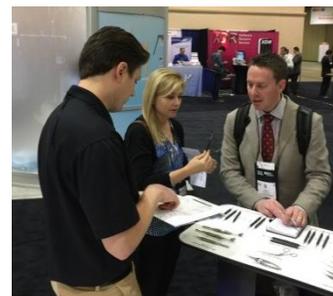
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#BESGivesBack

American Association of Endodontists Annual Conference 2015



This May the doctors and staff all attended the 5 day American Association of Endodontists Conference in Seattle, WA. We all had a spectacular time at both the conference and exploring the area! Here are some highlights of the takeaways from the conference.

- ✓ Technology is constantly changing and we have to be up-to-date in order to stay ahead of the curve. This provides efficiency and helps make a better experience for our patients.
- ✓ Non-verbal communication skills are incredibly important! The TRUTH is in a non-verbal message.
- ✓ Everyone in the office plays a part on helping the doctor make the most accurate diagnosis.
- ✓ During legal and ethical dilemmas in clinical endodontics, the patient is the 1st priority, NOT "A" referrals.
- ✓ All successful endo offices have SYSTEMS so that all of the parts become whole and have specific results.
- ✓ Great customer service will keep patients coming back.
- ✓ Having an updated website at all times is not only important but also necessary.
- ✓ There are essential skills to have to ensure intent equals impact with dental team communication.
- ✓ Understanding common endodontic myths to education patients

Can/Should the Tooth be Saved? *Root Canal or Dental Implant?*

This question comes up daily in our practice. In fact, it is probably the most asked question we get. In today's modern dental treatment world, we need to adapt the wording of that question to "Should the tooth be saved?" Replacing the word "can" with "should" reflects the change from short term thinking to long term outcome thinking. "Should" implies that we expect a good, long term outcome rather than the short term, "yes, we can save the tooth but only for a year or two." With the progression of technology, dental implants have given us a better option than bridges in many cases.

There are many factors when deciding whether to save a tooth with endodontic therapy or to replace the tooth with a dental implant. Probably the most common questionable cases are those where a vertical root fracture is suspected, but it cannot be confirmed by the traditional methods of periapical radiography or clinical tests. Cone Beam Computed Tomography, or CBCT radiography, has added a third dimension to the diagnostic process. It also allows us to help determine what procedures will be needed to replace a tooth if the tooth is not able to be saved long term. The ultimate goal should be to provide the patient with treatment that will withstand the test of time. Sometimes this is with endodontic therapy and sometimes this is with a dental implant. Since we are trained in both disciplines, we can provide an unbiased opinion to the patient as to the best long term option for their treatment and then provide that treatment, be it a root canal or dental implant.

In our practice, we use Nobel Biocare dental implants with conical connections that provide built-in platform shifting and, based on long term studies, have shown to be very successful. We also try to make the dental implant process as affordable as possible, so that cost factors less into the decision on the best treatment option available. We are equipped to do any implant case, freehand all the way up to fully CBCT guided cases. We work closely with you, the referring doctor, to provide all the services you request. We are able to simply place the healing abutment or provide the final abutment for you. We also place custom healing abutments and, where esthetics is involved, custom temporary crowns to provide the proper emergence profile for your final restoration. All of this combined with our option for IV moderate sedation allows us to provide virtually all procedures necessary for dental implant placement.

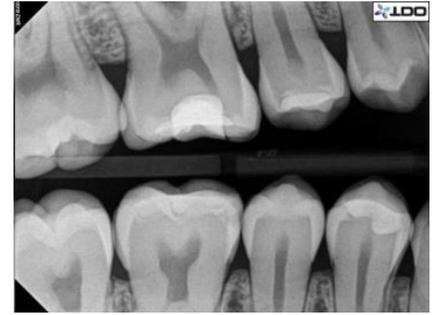
"Once again, Behrents provided exceptional service! They seem to sincerely care about their patients. They give thorough explanations of the procedure and make sure all your questions are answered before leaving. I highly recommend Behrents!" -RF



→Call our office for more details about dental implant treatment for your patients.

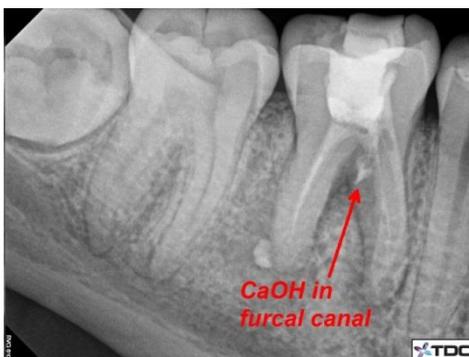
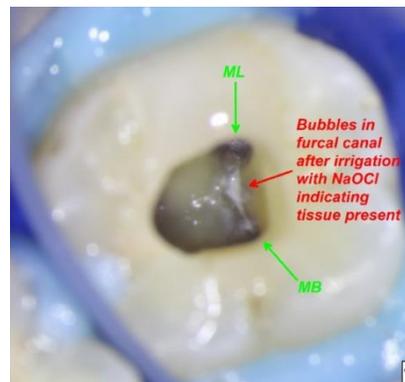
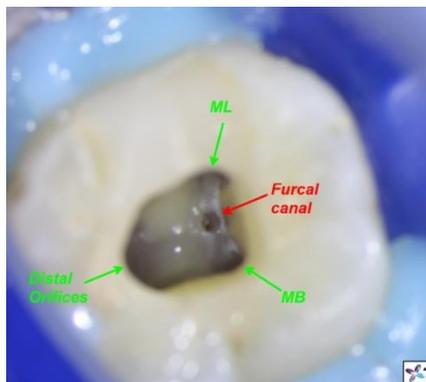
A Look Through the Microscope

Dr. Katherine's Case Presentation



An 18 year old girl presented in our office with a buccal sinus tract and pain on biting tooth #30. Radiographs were taken and pulpal and Periradicular testing done revealing tooth #30 was necrotic with chronic apical abscess. There was some concern about the large furcal radiolucency present. In many cases this can indicate a fracture, but with no additional signs of fracture present we decided to initiate root canal treatment with interim Calcium Hydroxide therapy.

After the tooth was accessed and cleaning and shaping initiated, it was apparent that there was a furcal canal responsible for the radiolucency in the furcation. The furcal canal was cleaned and shaped along with 2 mesial canals and 3 distal canals. After one month of calcium hydroxide the mesial and distal canals were filled with gutta percha and the furcal canal was filled with gray MTA. A composite core buildup was placed in the chamber.



#BESGivesBack

BES featured Fayetteville Parks and Recreation as our second quarter philanthropy. We adopted a trail by our office to keep clean! The clean-up days were a blast and Kendall and Luke were GREAT help!

Keep checking our Facebook page for updates on our current philanthropy and ways to get involved!

“Well done, hope I don’t have to do it again. All though you are the best. Thanks for saving my tooth.” - NC



Providers for: Delta Dental, AR BCBS, Cigna, Aetna, ARKids

We will gladly bill any dental insurance; however for out of network insurance we will collect 30%-50% of fees and keep a credit card on file.

Financing is available through: Care Credit, Citi Health Card & The Help Card



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