

A Special Note For Dentists Performing Endodontic Procedures

As a part of our ongoing initiative to provide valuable risk management information to insured dentists like you, we are sending this letter to highlight an area of dentistry which has been the subject of litigation against dentists, and subsequently, malpractice claims within the program. Specifically, root canal therapy is one of the most common procedures performed in dentistry today and a recent analyses of claims data within the PPP revealed that root canal therapies were associated with over 40% of malpractice claims. Our Risk Management team has compiled an outline of recommendations that can help to improve the likelihood of good patient outcomes for root canal procedures. We hope that you find this pro-active risk management guidance useful for your practice.

Patient Safety

Ensuring patient safety when performing root canal therapy can not only safeguard the patient's health but helps mitigate risk and reduce liability. After an initial assessment and diagnosis of a root canal, the treating dentist should confirm that the patient is **medically cleared for the procedure**. This can be accomplished through a current medical history. It may be prudent to obtain a medical consultation with certain medical conditions (i.e., diabetes, immunocompromised, coagulation therapy). Next, the treating dentist will want to ensure proper imaging is completed. Imaging is vital for success utilizing perapicals, Panorex, and even Cone Beam Computed Tomography (CBCT). CBCT is strongly suggested as there is consensus that it provides predictability and successful outcomes. It is one of the most important diagnostic tools during the initial treatment planning phase and management of various dental procedures. High-resolution 3D imaging can positively affect all phases of treatment.

It is very important for any provider to analyze the treatment and its degree of difficulty. If the root canal is beyond the expertise of the treating dentist, then it is the dentist's duty to refer the case to an endodontist.

Day of Procedure

On the day of the procedure, it is critical that the treating dentist take time to review the treatment plan with the patient which includes confirming the tooth number for the root canal, ensuring the patient complied with all pre-op medications, especially prophylactic antibiotics, and above all, that the treating dentist has obtained and received proper medical clearance to proceed with the procedure.

After the patient has been fully educated on all aspects of the procedure, **it is highly recommended to obtain a written informed consent signed by patient, witness and treating dentist.**

Documentation of clinical treatment is critical to good patient care and in the event of a claim. If using templates in computerized records, make sure they are accurate. Documentation of anesthesia (amount and type), rubber dam, working lengths of all canals, clinical findings (like possible fractures), type of obturating material, sealer, medications prescribed, and post operative instructions should minimally be included. Rubber dams are considered standard of care to reduce the risks of swallowed and aspirated objects. Separated instruments and perforations should be documented and disclosed to patient at appointment. A separated instrument and perforation are not always standard of care deviations unless it was not disclosed to patient. A general dentist may consider an endodontic

referral to remove a separated instrument or repair a perforation to allow the patient the best chance of outcome success.

After the Procedure

Upon completion of the procedure, the clinician should obtain an accurate post-op x-ray, clearly showing all apices, recommend the next steps the patient should take to safeguard the integrity of the tooth, which will include the final restoration. If a patient complains of persistent pain with tooth, the permanent crown fabrication should be delayed until the symptoms resolve. **A dentist needs to critically evaluate endodontic outcome and decide if an endodontic referral is needed for a possible missed canal or inadequately cleansed and filled canals. A general dentist is held to the standards of an endodontist.**

In conclusion, root canal therapy is a very common procedure, but does pose challenges that can result in a claim. By utilizing the recommendations within this letter, you can reduce risk and liability within your office and help to safeguard the patient and their outcome.

We look forward to providing additional valuable risk management information on trending areas of dentistry in the future to help safeguard your practice.

Sincerely,
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Risk Management Program Director

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