EDUCATIONAL SESSIONS

8 a.m. – 5 p.m.

S-100 Room 16

Endodontic Microsurgery Workshop
Richard A. Rubinstein, D.D.S.

Workshop Fee: $800 early/$850 standard (includes continental breakfast and lunch)

This all-day course is designed to provide participants with the opportunity to learn about contemporary microsurgical armamentaria and techniques. After a review of microsurgical armamentaria and a clinical demonstration of a simulated maxillary molar apical microsurgery, participants will assist each other using state-of-the-art typodont models. They will incise and reflect simulated gingiva, make an osteotomy, remove simulated granulomatous tissue, and perform an apicoectomy, retroprep, retrofill and suture on simulated maxillary anterior, bicuspid and molar teeth.

At conclusion, participants should be able to:
- Identify and utilize microsurgical armamentaria.
- Use a surgical operating microscope.
- Advance skills in performing apical microsurgery.

10:30 – 11:30 a.m.

SP-100 Room 14B

How Can Advanced Imaging Techniques Help in Diagnosis, Treatment Planning and Follow-up of Apical Periodontitis?

Elisabetta Cotti, D.D.S., M.S.
Cagliari, Italy

Moderator: Ove A. Peters, D.M.D., M.S., Ph.D.
Mill Valley, Calif.

The most advanced imaging systems available in endodontics are computerized tomography, cone-beam tomography and real-time echotomography. These techniques enable the clinician to make the differential diagnosis of lesions in bone; to visualize the anatomic details on lesions, maxillary bones and endodontic space; to disclose the content and vascular supply of the lesions, and to monitor the response of the tissues to the different phases of treatment. The techniques and their application in cases of apical periodontitis will be discussed in light of the most recent literature and based on clinical experience.

At conclusion, participants should be able to:
- Describe the basic principles of the advanced imaging techniques.
- Discuss which technique is more indicative for the diagnosis, follow-up, treatment planning and treatment monitoring in cases of apical periodontitis.
- Evaluate the risks/benefits of using each imaging technique.
10:30 a.m. – noon

HTC-100
Room 1

Apical Diameter–Large vs. Small

L. Stephen Buchanan, D.D.S.
Santa Barbara, Calif.

E. Steve Senia, D.D.S., M.S.
San Antonio, Texas

Moderator: Linda G. Levin, D.D.S., Ph.D.
Durham, N.C.

The goal of root canal treatment is to reduce bacteria and toxins as much as possible. Mechanical instrumentation is the primary means to this end, aided by effective irrigation. Management of the apical third of root canals has been controversial for as long as dentists have been saving teeth with endodontic therapy. Perhaps the greatest disagreement of all has been about the appropriate diameter of enlargement that should be cut into the ends of root canals. This debate will explore the rationale, research, clinical experiences and the preparation methods attendant to the two main camps of opinion—those clinicians who prefer to keep the apical preparation as is practical and those who want apical preparations taken to much larger diameters. Of particular interest will be descriptions of apical anatomy and the choices of instruments and procedures available to prepare the apical third.

Attendees will have an opportunity to participate via an audience response system.

At conclusion, participants should be able to:
• Describe the rationale and research behind the two viewpoints.
• List the instruments and procedures used to achieve the desired apical preparation outcomes discussed.
• Make more informed clinical decisions about appropriate apical preparation diameters.

HTC-101
Room 2

Coronal Seal

Franklin R. Tay, B.D.Sc., Ph.D.
Augusta, Ga.

Moderator: James F. Wolcott, D.D.S.
Colorado Springs, Colo.

Successful root canal treatment relies on preventing microorganisms and toxins from the oral flora from penetrating the periradicular tissues. This is achieved by filling the root canal space completely, including the coronal and apical ends. Inadequate obturation of the root canal has been found to be the most frequent cause of failure after endodontic treatment. Leakage, whether from a coronal or apical direction, adversely affects the success of root canal treatment. Although apical percolation has always been considered a factor in endodontic failure, the significance of recontamination of filled canals via the coronal route of an inadequate restoration has been increasingly acknowledged as the major deterrent to the success of root canal treatment. This presentation will describe the different techniques and materials that are currently employed for achieving a coronal seal and discuss whether a good coronal seal alone can replace high-quality endodontic treatment in achieving successful treatment outcome.

At conclusion, participants should be able to:
• Describe the difference between an apical seal and a coronal seal.
• Provide the rationale for establishing a secondary coronal seal prior to the placement of a permanent restoration.
• List the different intraorifice barrier materials that are currently available for creating a secondary coronal seal.
10:30 a.m. – noon continued

**HTC-102** Room 5

**Carrier-Based Obturation—Point/Counterpoint**

Wm. Ben Johnson, D.D.S.  
*Tulsa, Okla.*

Denis E. Simon III, D.D.S., M.S.  
*Baton Rouge, La.*

Moderator: Frederic Barnett, D.M.D.  
*Narberth, Pa.*

This presentation will evaluate carrier-based endodontics with an emphasis on the controversial aspects of the technique. Highlights from multiple cases where retreatment for nonhealing lesions was required with conventional gutta-percha techniques will be provided and analyzed. This presentation will try to address the controversy that surrounds carrier-based obturation and whether the problem lies with the technique or the skills of the operator. Technique sensitivities, poor case selection, and inadequate cleaning and shaping will be discussed in point/counterpoint as reasons for the technique’s controversial place in mainstream endodontics.

At conclusion, participants should be able to:

• Assess adequate cleaning and shaping.
• Recognize inadequate difficulty assessment and cleaning/shaping deficiencies as pitfalls in techniques.
• Describe why most endodontists are not in favor of this technique.

**NS-100** Room 8

**We’re Endodontists—We Save Teeth**

C. John Munce, D.D.S.  
*Santa Barbara, Calif.*

Moderator: Tota Shimizu, D.D.S.  
*Glendale, Calif.*

Claims that dental implants are nearly failure-proof challenge the rationale for complex endodontic procedures. Endodontists now risk losing tooth-saving skills hard-won over generations and difficult to re-learn should we discover the implant is not the panacea it was purported to be. Patients who prefer to retain natural teeth or who are not suitable implant candidates often require extraordinary endodontic skill. This lecture promotes the preservation of that skill-set through high-magnification clinical videos demonstrating management of a variety of complex endodontic challenges.

At conclusion, participants should be able to:

• Describe important concepts in the field of dental pulp tissue engineering.
• Assess the potential for the use of stem cells and morphogenic factors in dental pulp tissue engineering.
• Critically evaluate challenges that will have to be overcome before the translation of dental pulp tissue engineering to the clinic.

**NSR-100** Room 3

**Engineering of Functional Human Dental Pulps**

Jacques E. Nor, D.D.S.  
*Ann Arbor, Mich.*

Moderator: Graham R. Holland, B.D.S., Ph.D.  
*Ann Arbor, Mich.*

Tissue engineering depends on our ability to induce angiogenesis to provide for an adequate influx of oxygen and nutrients to the cells that will give rise to the new tissue. More specifically, the dental pulp tissue poses a unique challenge for tissue engineering due to the limited accessibility for new blood vessels through the tooth’s apex. In this presentation, we will discuss our recent research efforts that have resulted in the successful engineering of a tissue that has morphological and phenotypic features that resemble those of a dental pulp. We will present data that demonstrate that dental pulp stem cells differentiate into functional odontoblasts and vascular endothelial cells *in vivo*. In addition, we will discuss our attempts to enhance the vascularization of the engineered dental pulp tissue by local delivery of angiogenic factors.

At conclusion, participants should be able to:

• Describe clinical steps and advantages of a variety of creative isolation techniques.
• List clinical steps involved in various obstruction management techniques.
• Describe clinical steps, case selection and advantages of instant extrusion techniques.
NSR-101 Room 9

Translating Science Into the Art of Pain Management
Sharon M. Gordon, D.D.S., M.P.H., Ph.D.
Baltimore, Md.

Moderator: Priya Sharma-Chand, B.D.S., M.D.S.
Baltimore, Md.

Pain is the primary reason for unscheduled clinic visits and many dental procedures result in orofacial pain. Poorly controlled pain can contribute to its prolongation. Studies of pain pathways may reveal therapeutic targets to prevent or ameliorate pain. This session reviews the multi-step process of pain and discusses how each step in its transmission is subject to intervention to reduce or block nociception. Concepts presented can be applied as flexible pharmacologic strategies to prevent or manage pain.

At conclusion, participants should be able to:
• Describe physiologic and neurologic processes of pain and analgesia.
• List targets for pharmacologic intervention.
• Discuss strategies for pain prevention and management.

NSR-102 Room 11

Regenerative Endodontics—Biology and Clinical Update
Kenneth M. Hargreaves, D.D.S., Ph.D.
San Antonio, Texas

Moderator: Ashraf F. Fouad, B.D.S., D.D.S., M.S.
Baltimore, Md.

Practitioners across the world are successfully completing endodontic revascularization/regeneration cases. This session will summarize regenerative endodontic case reports and case series, demonstrate how practitioners can submit cases to the AAE Revascularization/Regeneration Database and present the information from the database. Treatment recommendations will be made based upon the findings from the database.

At conclusion, participants should be able to:
• Describe microorganisms in endodontic infections.
• Describe different systems available for enhanced irrigation.
• Describe possible incidents that may occur during root canal irrigation with different solutions.

SP-101 Room 4

Update on Irrigant Agitation Techniques and Devices
Bettina R. Basrani, D.D.S., M.S.D., Ph.D.
Toronto, Ontario, Canada

Moderator: Robert A. Handysides, D.D.S.
Loma Linda, Calif.

Microorganisms in the root canal system can initiate periapical inflammatory lesions. The aim of the root canal treatment is to eliminate microorganisms from the infected root canal and to prevent reinfection. Biomechanical preparation greatly reduces the number of bacteria. Nevertheless, organic and inorganic residues and bacteria cannot be reached completely. Therefore, various substances and delivery systems have been used during the canal preparation to enhance the outcome. Currently, effective irrigant delivery is a prerequisite for successful endodontics. This lecture will present an overview of the irrigant agitation methods currently available, their debridement efficacy and their potential risks.

At conclusion, participants should be able to:
• Describe microorganisms in endodontic infections.
• Describe different systems available for enhanced irrigation.
• Describe possible incidents that may occur during root canal irrigation with different solutions.
10:30 a.m. – 5 p.m.

NSR-103 Room 17

Endodontic Revascularization Technique Workshop

Todd M. Geisler, D.D.S.
Edina, Minn.

Alan S. Law, D.D.S., Ph.D.
Lake Elmo, Minn.

Moderator: Daniel J. Simon, D.D.S.
San Francisco, Calif.

Workshop Fee: $700 early/$750 standard (includes lunch)

This workshop will familiarize participants with the objectives and application of clinical revascularization/regenerative endodontic techniques. Specifically, this hands-on course will focus attention on human autologous fibrin matrices (hAFM), such as platelet-rich plasma, previously suggested for use as a regenerative scaffold material. Participants will prepare and place antibiotic paste, learn basic venipuncture techniques, prepare and place hAFM in a simulated root canal system, and place a final restoration.

At conclusion, participants should be able to:

• Define hAFMs and describe their potential benefits in regenerative endodontic procedures.
• Discuss basic venipuncture and blood collection techniques/armamentarium.
• Prepare and deliver hAFM into a simulated root canal system.

1:45 – 3:15 p.m.

HTC-103 Room 1

Single- vs. Multiple-Visit Endodontics

Stephen Cohen, D.D.S.
San Francisco, Calif.

Terrell F. Pannkuk, D.D.S., M.S.D.
Santa Barbara, Calif.

Moderator: John F. Hatton, D.D.S., M.S.
Edwardsville, Ill.

Endodontic treatment protocols remain a continuing controversy. In earlier years, culturing and multiple visits were accepted as a universal standard of care but in modern times culturing is all but abandoned and single-visit versus multi-visit endodontic treatment has become the debatable topic in our endodontic specialty. In this session, a rationale for supporting single-visit endodontic therapy will be presented as well as a multiple-visit rationale. Both will provide references to existing evidence, biologic rationale, practical concerns and clinical presentations that may affect decision-making. Philosophical reasons for selecting a treatment plan protocol will be highlighted as it pertains to known limitations of outcome evidence and patient acceptance. At the end of this lively discussion, the audience will have a thorough understanding of this topic and how it relates to their own clinical practice.

Attendees will have an opportunity to participate via an audience response system.

At conclusion, participants should be able to:

• Describe outcome evidence, clinical conditions and other circumstances that affect the decision to perform root canal treatment in single or multiple visits.
• Describe the limitations of root canal treatment techniques, materials and clinician skill sets, and how it affects the choice of treatment protocol.
• Use the best available information to make the best treatment decision.
Endodontic pioneer Dr. Louis I. Grossman listed 10 desirable qualities of an ideal obturation system. An additional could be a solid (monoblock) material to totally and permanently seal the canal system. A bonded filling material was introduced recently to replace gutta-percha. The introduction of the material continues to create some controversy as to advantages or disadvantages versus the present standard material, gutta-percha. Dr. Trope will propose that years of research and clinical experience has borne out the original claims as to its superiority versus gutta-percha. Dr. Walton will take a different position—that data does not support the proposition that the bonded material fulfills its promise.

At conclusion, participants should be able to:

• Describe the concept of bonded root-filling materials.
• Evaluate the experimental and clinical evidence of this bonded material versus gutta-percha.
• Assess the advantages and disadvantages of the bonded material and the gutta-percha systems.

Atypical Odontalgia and Phantom Tooth Pain

Glenn T. Clark, D.D.S., M.S.
Los Angeles, Calif.

Jennifer L. Gibbs, D.D.S., Ph.D.
San Francisco, Calif.

Moderator: Josanne M. O’Dell, D.D.S.
San Juan Capistrano, Calif.

The peripheral and central neural mechanisms of nociceptive, inflammatory and neuropathic pain will be discussed, and the concept that symptomatic irreversible pulpitis likely involves all of these mechanisms will be explored. The problem of persistent post-treatment pain and how this can lead to chronic orofacial pain conditions will be reviewed. Clinical cases of atypical odontalgia and/or phantom tooth pain as the diagnosis will be presented. Approaches for diagnosis and management of these cases, especially the use of anticonvulsant medications and topical medications will be discussed.

At conclusion, participants should be able to:

• Describe the difference between neuropathic pain and other types of pain.
• List risk factors for persistent post-treatment pain.
• Describe diseases of atypical odontalgia and phantom tooth pain and recommended medications for the management of these conditions.

Rotary NiTi files represent a great progress in endodontics; nevertheless they all have in common certain limitations. These limitations will be defined and discussed, leading to the conclusion that an out-of-the-box approach in file design is required to overcome them. A revolutionary endodontic file will be presented—the self-adjusting file. The mechanical properties of the new file will be presented together with microCT and SEM analysis of the shaping and cleaning of the root canal. Clinical results will also be presented and discussed.

At conclusion, participants should be able to:

• Identify the limitations of current NiTi rotary files.
• Describe the concept of the new self-adjusting file and its mode of action in cleaning and shaping root canals.
• Describe the results of obturation in flat, oval, root canals treated with the self adjusting file and compare them with those obtained in root canals prepared with rotary NiTi files.
Clinical Perspectives on Cleaning and Shaping

Alexandre A.P. Fleury, D.D.S., M.S.
Dallas, Texas

Wm. Ben Johnson, D.D.S.
Tulsa, Okla.

Richard E. Mounce, D.D.S.
Vancouver, Wash.

William L. Wildey, D.D.S.
Hurst, Texas

Moderator: Dean P. Suanico, D.D.S.
Los Angeles, Calif.

Nickel-titanium rotary instruments have been an essential component of endodontic treatment for years. Current literature supports the efficient and safe application for most of the different designs of these instruments for cleaning and shaping the root canal system. This presentation will focus on the application of a rotary instrumentation system to achieve the principal goals of cleaning and shaping.

At conclusion, participants should be able to:

• Determine the importance of preserving radicular dentin through a more conservative preparation.
• Safely incorporate a rotary instrumentation system as an alternative for achieving a predictable preparation of the root canal system.
• Assess the viability of the long-term retention of the tooth through integration of endodontics and the restorative process.

Microbial Biofilm Communities in Endodontic Infections

Christine M. Sedgley, B.D.S., M.D.S., M.D.Sc., Ph.D.
Ann Arbor, Mich.

Moderator: Tatiana M. Botero, D.D.S., M.S.
Ann Arbor, Mich.

Biofilms are complex aggregations of microorganisms attached to a surface. There has been a recent shift toward describing endodontic infections in terms of biofilm communities. This is of particular interest to endodontists since microorganisms in biofilms can display increased resistance to antimicrobials. In this presentation, current information on biofilm communities in the infected root canal will be presented, as well as the evidence available for the efficacy of new approaches to clinical management of endodontic biofilms.

At conclusion, participants should be able to:

• Describe characteristics of biofilms, in particular their role in virulence and pathogenesis.
• Interpret current knowledge about biofilm communities in endodontic infections.
• Discuss the available evidence for the clinical management of endodontic biofilms, including biocompatible products, for their removal.

Endodontic Practice Transitions: A Thoughtful Process

Roswell, Ga.

Kathleen E. Hamilton, D.D.S., M.B.A.
Dallas, Texas

Joel C. Small, D.D.S., M.B.A.
Plano, Texas

Patrick J. Wood, J.D.
Irvine, Calif.

Moderator: Chad A. Campanelli, D.D.S.
Madison, Wis.
Whether you are selling or buying an endodontic practice in today's economic environment or simply considering a future transition, this presentation will provide useful information. The current processes of endodontic practice appraisal, marketing, financing and legal documentation will be discussed. In addition, we will discuss the pros and cons of solo versus group endodontic practices and why some doctors are better suited for certain practice styles. The presentation will also include recent research findings relating to long-term practice success. We will identify “Critical Success Factors” that will ultimately determine whether an associateship or partnership will succeed or fail.

At conclusion, participants should be able to:

• Describe the appraisal process for endodontic practices.
• Describe the Critical Success Factors for associateships and partnerships.
• Describe how to avoid common pitfalls of practice acquisitions and sales.

Managing Accounts Receivable and Collections

Lois J. Banta
Grain Valley, Mo.

Moderator: Howard J. Sorensen, D.D.S.
Yuma, Ariz.

Are your accounts receivables out of control? Does your insurance claims report weigh more than your desk? Learn to develop proven systems to track A/R more effectively and follow-up on past-due claims more efficiently without stressing yourself to the max. Design systems for collecting from patients without being perceived as the “bad guy.”

At conclusion, participants should be able to:

• Describe how to collect payment at the time of service.
• Describe how to get money off the books and into the bank.
• Track statistics easily and identify trends.

Professional Staff Round Table: Employee Training and Marketing

Michael S. Austin, M.B.A.
Tucson, Ariz.

Debra L. Welters, R.D.A.
Eagan, Minn.

Michele M. Whitley
Peabody, Mass.

Moderator: Lynda L. Davenport
Nashville, Tenn.

We can all learn from each other’s successes and failures. Attendees will have an opportunity to share ideas and guidelines on issues affecting all endodontic offices, including customer service training, marketing activities and overall employee training. The audience will participate in a majority of the presentation with the speakers rotating to each informal group to facilitate discussion on a topic for both clinical and administrative attendees. Suggested questions/topics can be sent in advance to ldavenport@nashvilleendo.com.

At conclusion, participants should be able to:

• Describe new tips and tricks for training employees to provide top-level customer service.
• Describe the importance of all staff participating in referral-based marketing.
• Describe tools you can use to consistently prepare new employees to fulfill the needs of the office and the endodontist.
**1:45 – 5 p.m.**

**MC-1**

**Hall A**

**Nonsurgical Retreatment**

Wyatt D. Simons, D.D.S.  
San Clemente, Calif.

**Moderator: Alan H. Gluskin, D.D.S.**  
San Francisco, Calif.

This nonsurgical live demonstration will cover endodontic retreatment. A wide spectrum of clinical techniques and applications will be reviewed and illustrated in an attempt to help clinicians ensure and streamline necessary treatment objectives for success. Complete disassembly, anatomic exploration, thorough disinfection and 3-D warm vertical obturation will be reviewed and demonstrated. Upon completion, attendees will be able to compare and contrast the treatment outcome with three-dimensional imaging using cone beam-computed tomography.

At conclusion, participants should be able to:

- Describe various methods to accomplish and ensure complete disassembly and thorough canal exploration upon nonsurgical retreatment.
- List and compare several methods to enhance the disinfection of the root canal system and the potential for these additional steps to increase success.
- Describe and assess the importance of treatment objectives in nonsurgical endodontic retreatment in relation to their impact on successful outcomes, overall patient care and personal fulfillment.

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**3:30 – 4:30 p.m.**

**SP-103**

**Room 14B**

**One File to Shape, One Obturator to Fill**

Adam Lloyd, B.D.S., M.S.  
Memphis, Tenn.

**Moderator: Jared W. Cardon, D.D.S.**  
Bossier City, La.

Using one file to completely prepare a canal has been a long time coming. Recently, a novel alloy has been developed significantly changing the torsional and cyclic fatigue behavior of nickel-titanium instruments. Advanced 3-D imaging techniques will illustrate how changes in file design and a return to reciprocated motion provide the more conservative preparations your restorative dentist is asking for. Coupled with a core carrier-based obturator, closing all portals of exit efficiently and predictably will be shown.

At conclusion, participants should be able to:

- Describe the different modes of instrument fracture and how to minimize instrument separation.
- Incorporate a reciprocating technique with a single-file, single-use protocol.
- Explain the advantages of using a core-carrier obturation technique.
EDUCATIONAL SESSIONS

3:30 – 5 p.m.

HTC-105  Room 1
Educating General Dentists: A Panel of Perspectives

George Bogen, D.D.S.
Los Angeles, Calif.

Robert A. Goldberg, D.D.S.
Buffalo Grove, Ill.

Gary R. Hartwell, D.D.S., M.S.
Newark, N.J.

Ronald R. Lemon, D.M.D.
Las Vegas, Nev.

Kim C. Livesay
Tulsa, Okla.

Clifford J. Ruddle, D.D.S.
Santa Barbara, Calif.

Moderator: Donna J. Mattscheck, D.M.D.
Billings, Mont.

A framework for the basic controversy and challenges surrounding endodontic education of the general dentist will be brought forth by the moderator. An introduction comprised of information produced by an AAE background paper will serve as a starting point for discussion on this topic. A panel of endodontic educators, private practice endodontists, as well as a representative from industry and an instructor of hands-on CE courses will share their perspectives based on questions from the audience.

Attendees will have an opportunity to participate via an audience response system.

At conclusion, participants should be able to:
• List the different types of endodontic education available to general dentists and the different venues and in which they are offered.
• Discuss the pros and cons of general dentists receiving education from various endodontic sources.
• Develop and discuss opinions on endodontic education of the general dentist based on understanding the perspectives of others affected by the subject.

NS-102 continued  Room 2
Atypical Odontalgia and Phantom Tooth Pain

Glenn T. Clark, D.D.S., M.S.
Los Angeles, Calif.

Jennifer L. Gibbs, D.D.S., Ph.D.
San Francisco, Calif.

Moderator: Josanne M. O’Dell, D.D.S.
San Juan Capistrano, Calif.

This is a continuation of an earlier session; see page 21 for a complete session synopsis.

NS-103 continued  Room 4
Clinical Perspectives on Cleaning and Shaping

Alexandre A.P. Fleury, D.D.S., M.S.
Dallas, Texas

Wm. Ben Johnson, D.D.S.
Tulsa, Okla.

Richard E. Mounce, D.D.S.
Vancouver, Wash.

William L. Wildey, D.D.S.
Hurst, Texas

Moderator: Dean P. Suanico, D.D.S.
Los Angeles, Calif.

This is a continuation of an earlier session; see page 22 for a complete session synopsis.
3:30 – 5 p.m. continued

**NS-104**

**Irrigation: On the Cutting Edge**

Markus Haapasalo, D.D.S., Ph.D.

Vancouver, British Columbia, Canada

*Moderator: Kenneth C. Trabert, D.D.S.*

Santa Monica, Calif.

The presentation will be a cutting-edge analysis of the chemistry, physics, biology and methods of irrigation. Evaluation of present and future ways of irrigation will be based on clinical and research evidence including the newest approaches such as computational fluid dynamics. Recommendations for safe and effective irrigation will be given.

At conclusion, participants should be able to:

- Identify the chemical and biological effects of various irrigating solutions.
- Describe the available methods of irrigation.
- Identify the challenges and possibilities for irrigation by the canal anatomy.

**PM-100 continued**

**Endodontic Practice Transitions: A Thoughtful Process**


Roswell, Ga.

Kathleen E. Hamilton, D.D.S., M.B.A.

Dallas, Texas

Joel C. Small, D.D.S., M.B.A.

Plano, Texas

Patrick J. Wood, J.D.

Irvine, Calif.

*Moderator: Chad A. Campanelli, D.D.S.*

Madison, Wis.

This is a continuation of an earlier session; see page 22 for a complete session synopsis.

**PM-101 continued**

**Managing Accounts Receivable and Collections**

Lois J. Banta

Grain Valley, Mo.

*Moderator: Howard J. Sorensen, D.D.S.*

Yuma, Ariz.

This is a continuation of an earlier session; see page 23 for a complete session synopsis.

**PS-101**

**Professional Staff Round Table: Team-Building and Practice Branding**

Michael S. Austin, M.B.A.

Tucson, Ariz.

Debra L. Welters, R.D.A.

Eagan, Minn.

Michele M. Whitley

Peabody, Mass.

*Moderator: Lynda L. Davenport*  
Nashville, Tenn.

We can all learn from each other’s successes and failures. Attendees will have an opportunity to share ideas and guidelines on issues affecting all endodontic offices, including team-building, patient education tools and practice branding. The audience will participate in a majority of the presentation with the speakers rotating to each informal group to facilitate discussion on a topic for both clinical and administrative attendees. Suggested questions/topics can be sent in advance to ldavenport@nashvilleendo.com.

At conclusion, participants should be able to:

- Describe ways to promote harmony and employee longevity in a practice.
- Implement patient education tools for treatment information including procedure, payment and after-hours care.
- Describe the important of practice branding through customer service, including ideas for creating “wow” service.
Save or Extract Teeth: What Do Systematic Reviews Reveal?

Mahmoud Torabinejad, D.M.D., M.S.D., Ph.D.
Loma Linda, Calif.

Shane N. White, B.Dent.Sc., M.S., M.A., Ph.D.
Los Angeles, Calif.

Moderator: Mychel M. Vail, D.D.S.
Indianapolis, Ind.

For decades, the primary goal of dental care has been the preservation of natural dentition through root canal treatment, periodontal therapy and restoration. However, the relatively high “success” rates of dental implants have affected treatment planning across all disciplines, including endodontics. Clinicians are frequently confronted by difficult choices. Should a tooth with pulpal problems be saved by root canal treatment or be extracted and replaced by an implant or a fixed partial denture? Should an unhealed root canal-treated tooth receive endodontic retreatment or apical surgery? Is there still a place for intentional replantation or autotransplantation? What do patients think? Acquiring complete, unbiased information to help dentists and their patients to make informed choices requires systematic reviews of the literature of the outcomes of these procedures. The purpose of this presentation is to present new systematic review data comparing a wide variety of endodontic procedures with alternative treatments.

At conclusion, participants should be able to:
• Describe the effects of relatively high success rates of single-tooth implants on treatment planning.
• Identify the differences between conventional literature reviews and systematic reviews.
• State the outcomes of nonsurgical initial root canal treatment, nonsurgical as well as surgical retreatment, intentional replantation, autotransplantation and single-tooth implants.

Elevating the Bar in Microsurgery: From Success to Service

Garrett M. Guess, D.D.S.
San Diego, Calif.

Moderator: Michael M. Hoen, D.D.S.
West Bloomfield, Mich.

Endodontic microsurgery provides a definitive means to save a patient’s tooth with predictable methods that are a valuable service to our patients. In light of the treatment planning challenge that involves deciding to save a tooth versus placing an implant, as endodontists it is our mission to educate our referrals and patients on the success, service and advantages of this procedure. This presentation will discuss evidence-based factors affecting the success of endodontic microsurgery with a focus on the methods that maximize the success of endodontic surgery from tooth survivability, soft tissue esthetics and patient comfort. Also covered will be case treatment examples that will highlight the treatment decisions involved with choosing this treatment option over nonsurgical retreatment or extraction and implant placement. Finally, we will discuss methods of educating patients and referrals on the spectrum of surgical endodontics using documentation capabilities offered by today’s microscope-facilitated imaging.

At conclusion, participants should be able to:
• Assemble a knowledgebase of the current and past research on endodontic microsurgery.
• Implement a strategic method to communicate to referrals and patients about the benefits and capabilities of contemporary endodontic microsurgery.
• Assist patients and referrals to make evidence-based treatment planning decisions.