Decades ago, the giants of modern endodontics put together the standards of root canal treatment, and we have been following them ever since. At the time, they had only ideas and rather simple research techniques and yet managed to formulate golden standards for a whole field of therapy.

Shaping and cleaning the root canal system (as proposed by Schilder) is a key phrase from Seltzer and Bender: it is more important what we take out from the root canal system than what we put into it (even today, with the warm vertical technique of obturation).

Images obtained with simple methylene blue dye showing the complexity of the system was their precursor of our sophisticated micro-CT scanning, and yet it was them who opened our eyes to the root canal system complexity. And such examples are many.

Today, we need to ask ourselves—especially when new, marketing-driven concepts are promoted to us—what are we doing to our patients and are we still following those concepts? It is true that with new tools we are able to work faster and potentially safer; it is also true that we managed to add to those concepts or modify them a bit—nevertheless, we still work in the spirit of those guidelines.

At the end of the day, we need to see one simple thing—with all the great studies and publications serving the same purpose—the outcome of the root canal treatment that we perform in our chair for our patient. This is where we need to focus. What kind of service are we offering to our patients and what is the viability of our treatment? Are we putting our skills and knowledge to the test? Are we recalling our patients in order to check if what we did is still standing true and healthy?

It is definitely a difficult task, and takes huge effort from our staff and from our patients; especially when they say, “I am fine and I am busy, I don’t feel a thing and maybe I cannot manage to pass by the clinic for a follow-up.” It has to be a joint effort (maybe even included as a clause in the consent form the patient signs, to make sure the patient understands that they need to come for regular check-ups on a yearly basis). Hopefully, we will then be able to publish more data and learn from what we see from the recalls—and use real-life clinical experience to introduce change to some of our protocols.

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Guest Editor