Better **technology and referral relationships**—Are they related?

**Advancements in technology** have made it easier for dental professionals to deliver successful endodontic treatment. Nevertheless, endodontics continues to be a specialty that is best handled by trained experts.

It is appropriate for a general dentist to perform endodontic treatment on a patient when he or she is properly trained to perform the said procedure, has the appropriate equipment and possesses the requisite skill set for the treatment. However, if there is any doubt that the clinician can perform the procedure to the same standard of practice as an endodontic specialist, the case should be referred out. The American Association of Endodontists offers its case difficulty assessment form and guidelines to help general practitioners with case selection.

Rapid advancements in endodontic technology have permitted dental professionals to enjoy higher success rates. Patients can retain their teeth for as long as possible, reducing the need for retreatment and/or extraction, and thereby limiting the high costs they once faced.

The dental operating microscope is a prime example. As it enables clinicians to visualise the anatomy of the pulp chamber, they can locate the canal anatomy more proficiently and offer minimally invasive treatment by keeping access openings as small as practical while maintaining the structural integrity of the tooth. In addition, practitioners are able to maintain a more ergonomically favourable position, thereby reducing stress on their back and neck.

Ultrasonic instruments with specially designed endodontic tips allow clinicians to uncover calcified canals, remove pulp stones, refine access preparations, and remove posts and cores. They aid in the debridement of the root canal system during irrigation protocols in a controlled and predictably safe manner.

Cone beam computed tomography (CBCT) offers unprecedented accuracy and acuity. We can visualise the tooth in 3D; it is like a road map to the anatomy of the root canal system. In addition, the resolution of the CBCT is higher than that of traditional radiography, allowing the detection of periradicular pathology, which may have otherwise gone undetected. The type, location and extent of internal/external resorption can now be definitively diagnosed and the relationship of normal anatomical structures can be assessed with ease.

Dental service organisations offer specialists like endodontists an opportunity to connect with general dentists and their patients, who may require advanced care. An open dialogue between endodontists and their general dentist colleagues will help ensure that patients receive the best possible treatment. Plus, the accessibility of the patients through their general dentist’s office is often more practical and convenient, both for the patients and the practitioners.

Communication and continuing education are key components of the relationship between endodontists and general dentists, noting that a true partnership between practitioners ultimately leads to better patient care.

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