

Root Canal Treatment is Performed on Molar Teeth by General Dentists

Saddam Hussain*

Department of Orthodontics, King Georges Medical University, India

Abstract

The aim of this study was to evaluate the level of knowledge general dentists working in private dental offices have regarding root canal therapy. It was distributed to 400 general dentists who answered the surveys. To analyse the responses to the questions, simple summary statistics were employed. A total of 252 medical professionals or 63% replied. Most of the responses (59%) and (32%) were from Egyptians and Syrians. 91 percent of responders admitted to performing root canals on patients. Rubber dams were employed to keep patients isolated by just seven clinicians (3%) who performed root canals.

Keywords: Root canal therapy; Irrigate canals; Cold lateral condensation; Endodontic treatment

Introduction

In order to irrigate canals while receiving treatment, 55% of the respondents used saline. As a treatment in between sessions, 46% of doctors used form cresol. The majority of participants (91%) favoured the standardised and step-back preparation techniques [1]. The majority of dentists (97% of them) utilised stainless steel hand tools to prepare root canals, and 92% employed gutta-percha to seal them [2]. Cold lateral condensation was mentioned by 74% of responders. The normal root canal operation included the acquisition of four radiographs. A molar tooth's root canal procedure, according to 93% of respondents, normally requires three or more visits. The permanent repair of the teeth should be put off for one or two weeks, according to 88% of the practitioners [3]. The results of this study provide credence to the idea that many general dentists do not follow appropriate endodontic treatment standards.

Endodontic therapy is a necessary component of comprehensive, high-quality dental care. A remarkable success rate of over 90% for root canal therapy has been shown by controlled trials. However, the majority of this study included data from endodontic specialists and university clinics [3, 4]. When used to estimate the approximate 65-75% success rate of endodontic therapy in general practise, these data could be deceptive. The differences in the technical quality of the endodontic treatment may be the cause of this discrepancy in success rate. However, there are surprisingly few data on how general dentists approach endodontic therapy [5]. The majority of general dentists, according to these studies, do not follow the established quality standards and academic standards of care set forth by the American Association of Endodontics or the European Society of Endodontology.

Although modern dentistry was first brought to Saudi Arabia some 50 years ago, major developments did not happen until 1975, the year the dental school in the nation's capital city of Riyadh was founded [6]. The locations of highly specialised endodontic procedures are frequently the government health institutes and the dentistry schools that are affiliated with them [7]. Such government agencies often adopt and administer well-established endodontic training programmes, which are supervised by trained endodontists. The majority of endodontic therapy is carried out by general dentists in private dental offices in the Kingdom due to a lack of endodontists.

Case Studies

This study set out to determine how skilled general dentists working in private dental offices were at performing canine root canals [8]. A

questionnaire about the availability of endodontic treatment in their practises was given to 400 general dentists working in private dental clinics in five distinct major cities and provinces of the Kingdom of Saudi Arabia, namely Riyadh, Jeddah, Mecca, Tabouk, and Dammam, between May 12 and June 10, 2008 [9]. The form included a cover letter with explanations and 21 questions with multiple-choice answers. The questionnaire underwent a comprehensive piloting procedure before being made available in order to increase its scope and clarity.

The completed questions were gathered and analysed using straightforward summary statistics. When calculating frequencies and %ages, only one clear response was used; any blank or multiple responses were all labelled as missing values [10]. Sixty-two percent of the 250 general dentists who responded to the survey were generalists. The bulk of respondents (59%) were Syrians; the remaining respondents hailed from Egypt (32%), Saudi Arabia (3%) Saudis (2%) Sudan (2%) Filipinos (2%) and other countries (2%); 229 (91%) of them had had a root canal.

Conclusion

89% of dentists included permanent molar teeth in root canal operations, but only 6% of patients were referred. Lack of knowledge, materials, and tools required to do such treatment were the root of the problem. 5 percent of those surveyed chose extraction.

Acknowledgement

None

Conflict of Interest

None

References

- Abbott PV (1990) Medicaments: aids to success in endodontics. Part 1A. Clinical recommendations Aust Dent J 35: 491-496.

*Corresponding author: Saddam Hussain, Department of Orthodontics, King Georges Medical University, India, E-mail: hussain.saddam19221@gmail.com

Received: 13-Oct-2022, Manuscript No: JOHH-22-81174, **Editor assigned:** 15-Oct-2022, PreQC No: JOHH-22-81174(PQ), **Reviewed:** 29-Oct-2022, QC No: JOHH-22-81174, **Revised:** 03-Nov-2022, Manuscript No: JOHH-22-81174(R), **Published:** 10-Nov-2022, DOI: 10.4172/2333-0702.1000345

Citation: Hussain S (2022) Root Canal Treatment is Performed on Molar Teeth by General Dentists. J Oral Hyg Health 10: 345.

Copyright: © 2022 Hussain S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

2. De Moor RJ, Hommez GM, De Boever JG, Delmé KI, Martens GE (2000) Periapical health related to the quality of root canal treatment in a Belgian population. *Int Endod J* 33: 113-120.
3. Ingle JI (1961) A standardized endodontic technique utilizing newly designed instrument and filling materials. *Oral Surg Oral Med Oral Pathol* 14: 83-91.
4. Marshall K, Page J (1990) The use of rubber dam in the UK: a survey. *Br Dent J* 169: 286-291.
5. Wasilkolf PC, Maurice CG (1976) Role of endodontics in current dental practice. *J Am Dent Assoc* 93: 800-805.
6. Whitworth JM, Seccombe GV, Shoker K, Steele JG (2000) Use of rubber dam and irrigant selection in UK general dental practice. *Int Endod J* 33: 435-441.
7. Bergenholtz G, Lekholm U, Milthorpe R, Heden G, Ödesjö B, et al. (1979) Retreatment of endodontic fillings. *Scand J Dent Res* 87:217-224.
8. Estrela C, Sydney GB, Figueiredo JAP, Estrela CRA (2009) Antibacterial efficacy of intracanal medicaments on bacterial biofilm: a critical review. *J Appl Oral Sci* 17:1-7.
9. Pécora JD, Capelli A, Guerisoli DMZ, Spanó JCE, Estrela C (2005) Influence of cervical preflaring on apical file size determination. *Int Endod J* 38:430-435.
10. Holland R, Otoboni-Filho JA, Souza V, Nery MJ, Bernabé PFE, et al. (2003) A comparison of one versus two appointment endodontic therapy in dogs' teeth with apical periodontitis. *J Endod* 29:121-125.