

Direct Pulp Capping for the 21st Century

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Michael Teitelbaum D.M.D., F.A.G.D.

President Greater New York Academy of Cosmetic Dentistry

1312 Pleasantville Road

Briarcliff Manor, NY 10510-1601

914-941-2000, Fax: 914-941-7770, Dr@DentistSpa.com, www.DentistSpa.com

Principles of Occlusion

- 1) Simultaneous, pinpoint, contact in centric
- 2) Immediate anterior disclusion in all excursions
- 3) Progressive anterior guidance
- 4) Narrow Bu-Li occlusal width
- 5) Class III lever system
 - a) Excursive forces distributed on anterior teeth
 - b) Unable to generate destructive lateral forces on posterior teeth
- 6) Progressive Anterior Guidance
 - a) Gradual canine guidance
 - b) Progressive transfer of guidance to incisors
 - c) Rounded, convex lingual surfaces

Review of Bonding Steps

- 1) Clean surface
 - a) Sandblast with IntraOral Sandblaster, or
 - b) Pumice (if IntraOral Sandblaster unavailable)
- 2) Total Etch Technique
 - a) *Sensitivity is caused by open tubules, NOT Etching Dentin*
 - b) A few seconds
 - c) Rinse Thoroughly
 - d) Leave dentin “glisteningly” moist; Dry only to remove “puddles”
 - e) Recipe for mixing liquid etch:
24 ml USP phosphoric acid+76ml distilled H₂O+3-4 drops glycerine
Add food coloring (3-4 drops) if desired
- 3) Re-Moisten any dry enamel/dentin
 - a) 2% aqueous Chlorhexidide Cavity Cleanser
 - b) Water (or a HEMA containing liquid)

Direct Pulp Cap

1)Criteria

- a)Sensitivity upon exposure
- b)Ability to stop any bleeding
- c)NO Sensitivity once sealed
- d)Relieve occlusion slightly

2)Technique

- a)Can't bond to blood
 - 1)Make sure bleeding stops within 1 min
 - 2)Stop more quickly
 - i)Epinephrine (Pellets or from anesthetic on cotton pellet)
 - ii)Visine (it gets the red out)
 - 3)Pt. may feel sensitivity, relieved after pulp successfully sealed
- b)Sandblast
- c)Etch
- d)Moisten (Cavity Cleanser or water)
- e)Prime
- d)Do not force restorative material past bond, into pulp
 - i)Flowable Composite
 - ii)Self-cure Composite
 - iii)Small increment Composite
 - iv)amalgam (should be bonded, i.e. *no* base or liner)

People only pay for what they want, only want what they value,
and only value what they understand

“Trifles Make Perfection and Perfection Is No Trifle”

Michaelangelo

NOTES