

> PAIN MEDICATION & ROOT CANALS

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For many patients the term root canal is synonymous with pain. Diagnosis and definitive dental treatment are important for removing the causative factors for pain and pulpal pathology. However, despite the removal of causative agents drugs are often required to reduce post-operative pain. Post-operative pain can result in patient dissatisfaction with the treating clinician.

The goal is to use an analgesic regimen that helps the patient avoid discomfort and compliments both the diagnosis and endodontic treatment. For most endodontic procedures it is advisable to consider pretreatment with an NSAID (non-steroidal anti-inflammatory drug) such as Ibuprofen. This will reduce post-operative pain and may provide aid in attaining adequate local anesthesia. The use of a long-acting local anaesthetic has been found to help reduce post-operative pain and its extended action allows more time for the post-operative analgesics to take effect.

A typical post-operative regimen starts with nonnarcotic analgesics (usually an NSAID) taken by-the-clock not by-the-symptom for the remainder of the day. In cases where post-operative pain is considered likely, acetaminophen can be taken in tandem with an NSAID. The addition of acetaminophen to an NSAID regimen almost doubles the analgesic effect. Narcotics are to be used in cases where moderate-to-severe pain is still present despite following a by-the-clock analgesic regimen. Often this involves substituting Tylenol No. 3 for regular Tylenol.

Patients often request antibiotics to help alleviate post- or pre- operative pain. However, antibiotics do not relieve pain even when bacteria are present. In addition, the overuse of antibiotic leads to patient sensitization and bacterial resistance. The benefit of antibiotic use in cases of irreversible pulpitis is strictly placebo in nature.

It is important to discuss the analgesic regimen with a patient prior to considering endodontic treatment. Firstly, patients perceive this discussion as informative if it occurs prior to treatment and as defensive if it occurs only when pain arises. Secondly, the regimen needs to be flexible in order to adapt to a patient's needs and avoid medical contraindications. Thirdly, pre-operative pain is reliable predictor of post-operative pain.

We look forward to becoming a part of you dental team. If you have any questions about this newsletter please contact us at your convenience. Included is a sample of the pain hand-out regimen we review with each patient at Richmond Endodontic Centre.

Regards,



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Extended hours are also available

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If you have any questions about this or other newsletters please contact our office.