Endodontic Criteria

Endodontic Clinical Offer Post COVID-19 priority list of conditions that we will accept and those which at the present time we will not accept for treatment

Conditions that we will prioritise
Conditions that will be seen as routine
Conditions that we will not accept at the current time

	Management of complex acute dental trauma
	Advice on complex pain diagnosis, or extensive apical pathology noted radiographically (this may be provided via attend anywhere and/or communication with referring dentist). An assessment of odontogenic pain should have been carried out in practice, prior to referral, to include TMJ/myofascial source, dentinal hypersensitivity, and periodontal assessment. In addition, all active caries should have been treated, teeth/roots of hopeless prognosis extracted, and all heavily restored teeth should have pulp tests and periapical radiographs (to be submitted with the referral) This includes referrals redirected to us by Oral Medicine.
	Pathological root resorption which is thought to be rapidly progressing
	Perforation repair in anterior teeth (incisor/canine) deemed amenable to repair in one visit by vetting consultant (up-to-date radiograph and clinical diagram showing site of perforation essential)
	Location of root canal with evidence of canal obliteration radiographically, where GDP access attempt has failed (access must have been attempted)
	Complex root canal morphology including apical bifurcation, canal curvature >30 degrees, ‘S’ shape, ‘C’ shape, dens invaginatus, open apex.
	Periradicular surgery where chance of success is high as assessed by the endodontic team
	Removal of separated instrument, silver point or fractured post where chance of treatment success is high as assessed by the endodontic/restorative specialist
	Post removal, where there has been a meaningful attempt and provisional coronal restoration provided
	Patients unwilling to meet financial costs out with GDH. Direct referral to the BDS undergraduate clinics could be considered as an alternative if straightforward primary care. https://www.gla.ac.uk/schools/dental/practitionerreferrals/
	Endodontic treatment for teeth of dubious prognosis such that extraction and prosthetic replacement would be a more predictable treatment option
	Failure of local anaesthetic (advice only at vetting stage)

	Limited mouth opening
	Assessment of restorability
	Whitening of discoloured teeth
	Treatment of 7's and 8's. 7's will be considered if only functional molar remaining in that quadrant. (Must also meet other endodontic acceptance criteria)'
	Post removal, if no meaningful attempt has been made in practice
	Endodontic retreatment where multiple attempts at re-RCT have been made and a further attempt is unlikely to be successful
	Treatment to avoid extraction due to medical conditions that does not meet the endodontic acceptance criteria
	Treatment under sedation or general anaesthetic
	Iatrogenic damage including perforation in a posterior tooth (premolar/molar), or an anterior tooth which could not be predictably repaired
	Management of combined periodontal/endodontic lesion unresponsive to primary endodontic treatment in the primary care setting that does NOT also fulfil post Covid-19 periodontal criteria
	Patients with uncontrolled periodontal disease or primary carious lesions