

such a situation. Once the paste has been spun down the canals excess moisture may be absorbed with a large paper point, which also condenses the dressing, as shown in Figure 3. Alternatively, proprietary non-setting calcium hydroxide pastes may be injected into the canal using a disposable plastic tip. At the next visit the paste is simply flushed from the canal before obturation. This is greatly facilitated by irrigating with EDTA solution rather than sodium hypochlorite alone.

POSTOPERATIVE INSTRUCTIONS

It is always good clinical practice to explain to the patient what has been carried out and what they may expect over the next few days. Considerable disruption will have been caused to the periradicular tissues, bacteria, medicaments and infected dentine may all have been extruded inadvertently, and some inflammation is almost inevitable. The patient should be warned to anticipate some pain and

discomfort for a few days, and advised to take anti-inflammatory analgesics (in fact, provided they are not medically contraindicated, these should be taken for two days whether or not pain is experienced, rather than waiting for the pain to start). Also, tell your patients that, if the pain increases or is not controlled, they should contact you at once. Many patients have expressed appreciation at a later appointment for this warning, which reassures them that what they are experiencing is normal, and prevents them from seeking unnecessary further help.

CONCLUSION

The object of root canal preparation is to clean and shape the entire canal system. Obviously, until this is achieved, preparation must continue, for if any infected material is not removed it will re-contaminate the entire canal system between visits.

The next article in this series will consider current thinking on the obturation of the prepared canal system.

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BOOK REVIEW

Diagnosis and Risk Prediction of Dental Caries Vol. II. By Per Axelsson. Quintessence Publishing Co. Ltd., New Malden, 2000 (307pp., £78). ISBN 0-86715-362-8.

This is a remarkable book, written by one of the best-known preventive and community dentists of our time, Professor Per Axelsson from Karlstad in Sweden. In fact this book is Volume 2 of a five volume series and to set this book in context it is important to appreciate the full range of titles. These are:

Volume 1: An Introduction to Risk Prediction and Preventive Dentistry.
Volume 2: Diagnosis and Risk Prediction of Dental Caries.
Volume 3: Diagnosis and Risk Prediction of Periodontal Diseases.
Volume 4: Preventive Materials, Methods and Programs.
Volume 5: Non-aggressive Treatment

and Control of Periodontal Diseases and Dental Caries.

There are six chapters in Volume 2. The first concerns the aetiological factors involved in dental caries, majoring on plaque and the relevant micro-organisms. It introduces the problems of predicting caries risk on a population and individual patient basis. Chapter 2 addresses the external modifying factors involved in dental caries, discussing the role of diet and socio-economic and behavioural factors. It points out that, with poor plaque control, frequent sugar intakes are particularly damaging; the two are synergistic and both are linked to socio-economic factors. Chapter 3 discusses the internal modifying factors involved in caries, concentrating on the role of impaired salivary function, particularly stimulated salivary secretion rate. The fourth chapter concerns the prediction of caries risk and shows how risk profiles may be developed for various ages or specific

patients. Chapter 5 covers the development and diagnosis of dental caries focusing on a meticulous clinical visual examination of plaque-free teeth supplemented by bitewing radiographs. The final chapter concerns the epidemiology of caries and concludes that the most important reason for the significant decline in caries prevalence in young people in westernized industrial countries is the regular use of fluoride toothpaste and improved oral hygiene.

This is an outstanding book. It is clear, fully referenced, beautifully illustrated and intensely practical. All dentists would learn from this and it *must* be made available to students. Like a good serialized thriller, I now wait to see the other four episodes! But what student will buy one book costing £78, let alone five of them? Librarians please take note and have sufficient copies for the students to access.

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