

Pulpotomy

Information for Parents

A baby tooth is smaller than an adult tooth, so decay can spread quickly. Where the decay is deep and near the nerve of the tooth but the tooth can be saved, a pulpotomy can be done. This is where infected tooth tissue in a baby tooth is removed and a medicine placed inside the tooth. A protective stainless steel crown is then placed over this. The success rate is dependent on how affected the tooth was to start with. It is important you tell the therapist if there has been any sensitivity or pain from this tooth. Where there is extensive damage and pain, or an abscess (gumboil) is present, the tooth would need to be extracted.

How do we do a Pulpotomy?

Step 1	Your child is made to feel comfortable in the dental chair.	
Step 2	Topical anaesthetic is placed on the gum. This numbs the gums to allow a painless local anaesthetic to be given. It is kept on the gums for 1-3 minutes.	
Step 3	The local anaesthetic that we use is lignocaine or articaine (see “materials we use”) is injected into the gum.	
Step 4	Rubber dam is used if possible. This is a sheet of rubber with holes in it for the tooth being worked on to poke through. It reduces saliva moisture, protects the soft tissues and helps the airway safe. The rubber is held in place by a metal ring around the tooth.	
Step 5	The cavity is cleaned with a high speed and slow speed drill. Deep decay is removed, which leads down to the pulp. The pulp is cleaned, this is where the nerve and blood supply are located.	
Step 6	A medicine is placed onto the pulp to stop bleeding.	
Step 7	The tooth is trimmed down to specific dimensions to allow for a crown to fit over the tooth. A stainless steel crown is placed and cemented on and the bite checked.	

- The stainless steel crowns remains on the tooth, until the baby tooth naturally wiggles out.
- Infection may develop around or in between the roots of the tooth.
- The crown needs to be checked regularly at the six monthly reviews for any of the above signs.