**Vital Pulp Therapy: “What’s New When Meeting An Old Friend?”**

***By***

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**Vital Pulp Therapy Clinical Protocol**

**Clinical Magnification**

* Required for inspection of pulp tissue at various stages.

**Clinical Procedure**

*\*Complete initial cavity preparation removing all peripheral decay.”*

Upon deep decay removal:

* ***If pinpoint pulpal exposure, regardless of whether bleeding stops or not****,* place new #4 round surgical bur/diamond, extend 2 mm deeper and 2 mm wider.
* ***If larger pulp exposure, after decay removal, bleeding should stop on its own.***

**If not, conservative clinical adjuncts in attaining stoppage of pulpal bleeding may include**:

(1) gentle rinse with 3% sodium hypochlorite solution, or

(2) placement of a cotton pellet moistened with 3% sodium hypochlorite on the pulp exposure with light pressure.

**If bleeding does not stop, place new #4 round surgical bur/diamond,** and continue to remove pulp at 2 mm depths incrementally until bleeding stops.

* Once bleeding stops, place bioceramic material (Brassler’s RRM) directly on exposed pulp tissue. The bioceramic material should have a minimum thickness of 2 mm over the exposed pulpal tissue and should cover at least 2 mm of solid dentin surrounding the exposed pulp.

***Utah Dental Association Annual Meeting***

***January 24, 2025 2:00pm-4:00pm***