



Excellence in the Art and Science of Endodontics

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From our humble beginning in 1973, Endodontic Associates has grown to become one of the GTA's oldest group endodontic practices. We are proud of the solid reputation that we have built and the long-standing relationships that we enjoy with general practitioners throughout southern Ontario.

Endodontic Associates is a patient-focused practice, where communication and the patient's right to retain their own dentition are fundamental. Our continued devotion is to ***"Excellence in the Art and Science of Endodontics."***

We recognize that our facility is an extension of your own office when you entrust us with the care of your patients.

When referring a patient to us you can expect...

Expertise in Treatment

We place an exceptionally high priority on mastering the art of endodontics through continuing education. While we are all seasoned practitioners, we are also students of the field and are eager to understand and implement the latest advancements.

Ease of Patient Access

We recognize that your patients are often in pain and require immediate attention. With three doctors and four office locations, we are generally able to accommodate them immediately. Our policy for emergency cases is "Send them right over."

Excellent Follow-Up and Communication

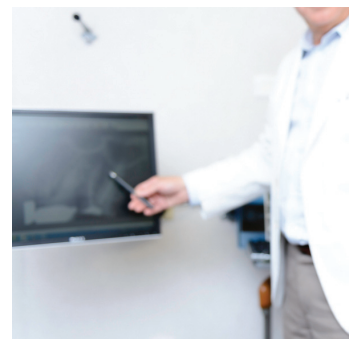
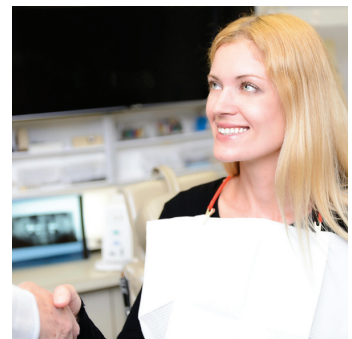
We take time to ensure that we are communicating effectively with each patient and adequately explaining procedures to patients. Our doctors are acutely aware of sensitivities and myths some patients face regarding getting a "root canal."

Our highly informative content-rich website serves as an additional important educational tool to help patients better understand the procedure(s) that lie ahead as well as the recommended post-operative treatment. Finally, we make every effort to keep you informed of your patients' ongoing treatment in a timely manner.

Advanced Technologies and Experienced Clinicians and Staff

Our highly trained team uses the most up-to-date technology. This enables informed decision-making and helps your patients make educated decisions regarding their oral health. A few of our technologies include digital radiography, surgical microscopy, computer-assisted ultrasonic hand pieces and CBCT scans.

We are constantly evaluating the latest technology and innovation available to remain at the forefront in our field and to quickly and efficiently treat patients with minimal pain and discomfort. Our investment in advanced technology means a long-term investment in your future.



Exceptional Patient Comfort, Care and Safety

We strive to make each patient feel comfortable in a relaxed, stress-free environment. To help negate stress and deal with even the most anxious of patients, our team offers a full range of sedation modalities including inhalational, oral and IV sedation. We employ updated anesthesia techniques and monitoring equipment.

Our team is extensively trained and upholds the most stringent sterilization and disinfection standards to provide patients with maximum protection. Our dental equipment also utilizes a self-contained water supply that is capable of delivering bacteria-free sterile water during all procedures. Our autoclave and dry heat sterilizer are monitored regularly to ensure their efficiency and safety.

When everything is said and done, the two things we most enjoy hearing are: "Wow that's it? – I heard a root canal was a terrible thing" from your patient and "Thank you" from you, their dentist.

Thank you for your confidence. We are here to act as an extension of your office and look forward to continuing to build our relationship with you and assisting with all of your endodontic treatment needs.

Meet Our Specialists

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Dr. **Wayne** H. Pulver
D.D.S., Cert. Endo.

Dr. Wayne Pulver received his Certificate in Endodontics from the Harvard School of Medicine in 1976. Dr. Pulver is the past head of the endodontic section of Mount Sinai Hospital. Dr. Pulver has served as President of the Ontario Society of Endodontists, Canadian Academy of Endodontists, George Hare Endodontic Study Club, as well as the Ontario Dental Association. He has received numerous awards and distinctions and has authored a variety of clinical and scientific articles in endodontics. Dr. Pulver has lectured extensively and serves as a member of the Real World Endo Board of Advisors.

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Dr. **Marc** M. Factor
D.D.S., M.S., Cert. Endo.

Dr. Marc Factor received his specialty training in Endodontics in 1995 from SUNY at the Buffalo School of Dental Medicine, paired with a Masters of Science in Oral Biology.

Dr. Factor has served on the executive council of Alpha Omega Dental Society and has held an Attending Staff position at Mount Sinai Hospital, where he gave lectures and assistance to dental residents.

He is involved in continuing education organizations, including the George Hare Endodontic Study Club, the Ontario Society of Endodontists and the American Association of Endodontists.

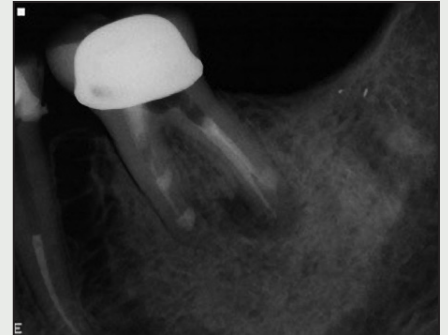
Dr. Factor has taught at the University of Toronto as an undergraduate clinical instructor and was President of the York Region Dental Society.

Beyond their impeccable designations, accolades and accomplishments, our doctors pride themselves in being people persons and treating all patients as individuals. They take the time to listen to patients, understand their needs and concerns and make sure they achieve their goals.

Case Examples:

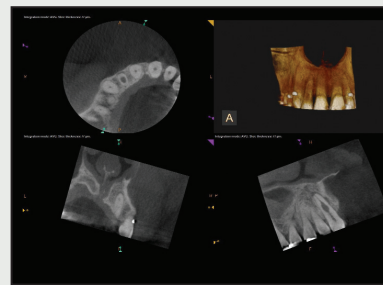
Missed Canal

Endodontic retreatment can fail, unless the initial cause is identified. This lower left first molar had undergone both surgical and non-surgical retreatment by various clinicians. However, a persistent periapical lesion remained on the distal root. Under microscope, a highly calcified fourth canal was finally located, shaped and obturated.



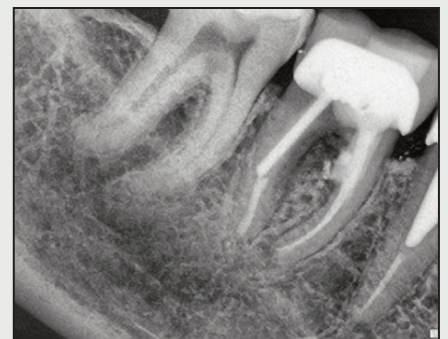
Complex Canal Anatomies

The patient presented with internal resorption on the upper right central incisor. There was a history of trauma to this region. A CBCT scan was taken and showed significant tooth resorption in the middle third of the root. The complex canal was successfully shaped and obturated – sealing the large centralized defect. Note the accessory lateral canal that was obturated in the process.



Perforation Management

During post-preparation following endodontic treatment, a perforation occurred on the mesial root of the lower first molar. There was consequently leakage of the endodontic seal, as well as bone loss around the perforation. By placing MTA over the perforation, and retreatment the contaminated canal, the long-term prognosis of the tooth is significantly improved.



Surgical Endodontics

Endodontic treatment that was performed on the lower right first molar was unsuccessful despite several attempts by the patient's general dentist. The patient wished to retain the tooth. As a result, endodontic retreatment in conjunction with apical surgery was commenced. Following six months, healing of the apices is evident.



Case Examples:

Curved Canals

The lower right first molar was a difficult endodontic case due to its long curved canals. Curved canals are difficult to manage due to the increased risk of file separation and poor accessibility to the apices. With the use of a microscope and careful instrumentation, endodontic treatment was performed successfully.



Separated Instrument

Endodontic treatment was initiated on the lower right second molar. However a file separated during canal navigation. The separated file was successfully removed. The root canal system was shaped, obturated and temporized. The patient then returned to their general dentist for a crown.



Calcified Canals

The lower left first molar was highly calcified. Endodontic treatment was attempted; however, the distal root was not accessible. Mesial roots were also obturated short of the apices. Under microscope and extensive irrigation, the distal canals were successfully located. The entire root canal system was then retreated. The mesial canals were also shaped and obturated to the apices.



Apexification

An adolescent patient presented with deep caries on the upper second premolar. As the premolar was still in the stages of root development, it was important to intervene. Loss of pulp vitality would result in lack of root dentin development and consequently a severely weakened tooth. Deep caries were excavated and sealed with mineral trioxide aggregate. Following six months, root development can be observed to continue, improving the long-term prognosis of the tooth.



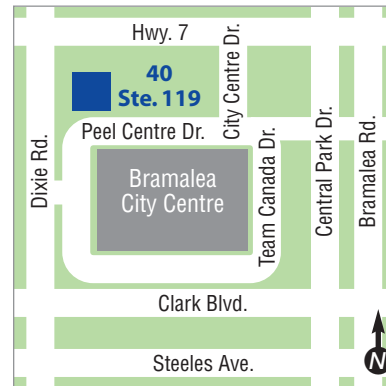
Endodontic Services

- Root canal treatment
- Retreatments
- Perforation repairs
- Retrieval/bypassing separated instruments
- Apical surgical repairs and retrofillings
- Guided tissue barriers and bone grafting
- Apexogenesis/apexification of immature teeth
- Regenerative endodontics
- Intra-canal bleaching and whitening
- Treatment of traumatic injuries and replantation
- Intravenous conscious sedation, oral sedation, general anesthesia
- Diagnostic testing and CBCT
- Extractions and dental implants



Willowdale Office

159 Willowdale Ave.
North York, ON M2N 4Y7
Tel. (416) 222-9900
Fax (416) 222-9901



Brampton Office

40 Peel Centre Drive, Suite 119
Brampton, Ontario L6T 4B4
Tel. (905) 792-2400



Scarborough Office

2100 Ellesmere Road, Suite 333
Scarborough, Ontario M1H 3B7
Tel. (416) 439-4200
Fax (416) 439-4203



Unionville Office

10 Unionville Gate, Suite 202
Unionville, Ontario L3R 0W7
Tel. (905) 479-4333
Fax (905) 479-2250



Main Office 159 Willowdale Avenue, North York, ON M2N 4Y7

Tel. (416) 222-9900 • Toll Free: 1-800-667-7668

www.endodonticassociates.com