

Endodontic

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PROMOTING EXCELLENCE IN ENDODONTICS

Endodontics in 3D

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Dr. Markus Firia

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Practice profile

Dr. Nishan Odabashian

Top Ten Tips

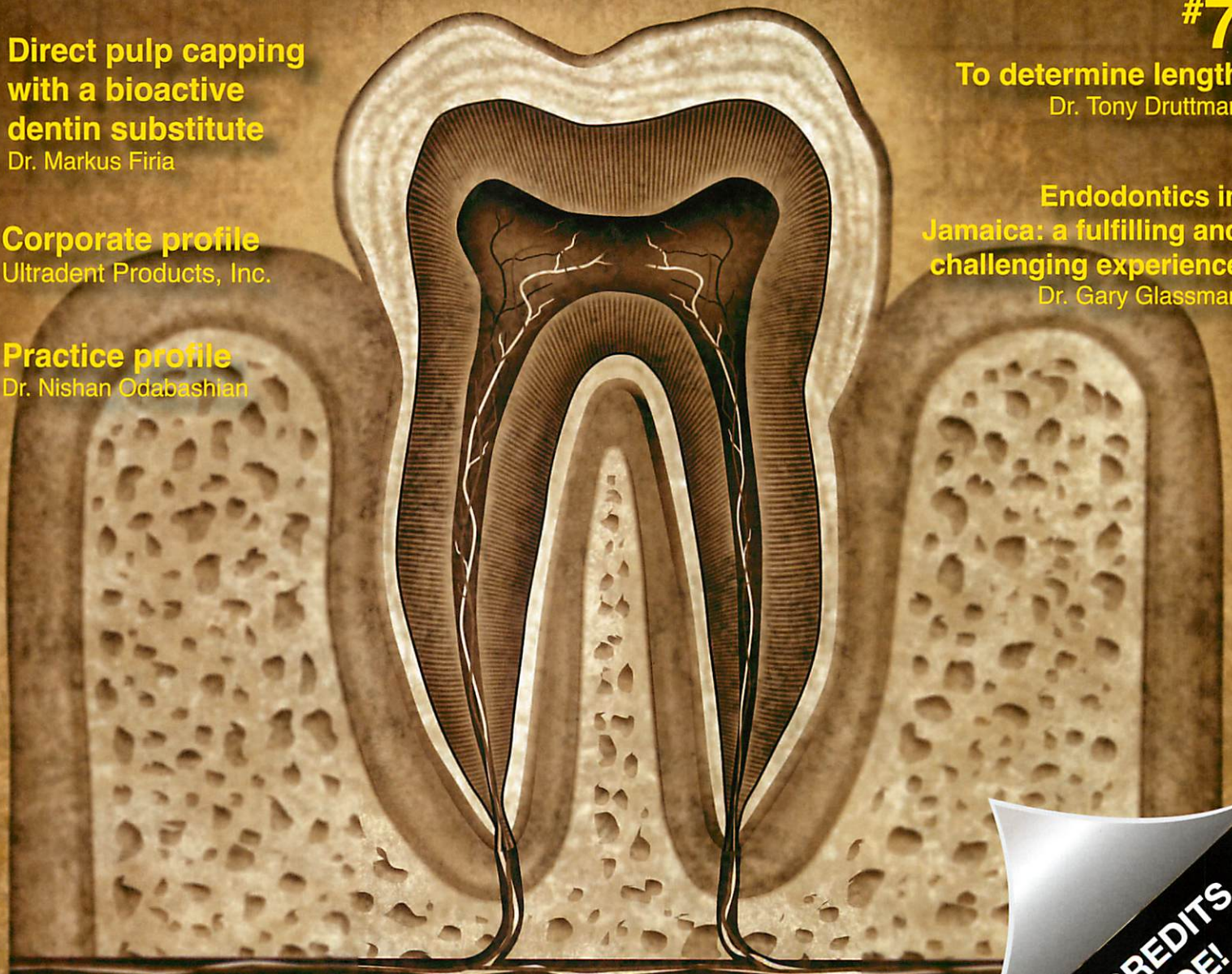
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To determine length

Dr. Tony Druttman

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Dr. Gary Glassman



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Dr. Nishan Odabashian



A focus on patients, colleagues, and family

What can you tell us about your background?

I am the oldest son, second of four children, to parents of Christian Armenian descent whose families ended up in the Syrian Desert after the Armenian genocide of 1915. My father was the oldest son of five, of the oldest son of six. My mother was the youngest of 12, who lost her father at 6 months of age. Although my parents had humble beginnings, my father worked hard to improve his children's chances of making a better future for themselves. His first major decision towards that goal was to leave Syria and immigrate to the U.S. We arrived in the U.S. from Damascus in 1977 to N. Providence, Rhode Island. I was 12. I quickly adapted to the American way of life by first picking up the English language, and soon becoming a Red Sox, Celtics, Bruins, and Patriots fan. We moved to California after the 1978 snow blizzard. I attended Hollywood High School, and then I realized my father's dream by being the first from our extended family to attend a university at UCLA. I continued to Tufts University School of Dental Medicine and graduated with a DMD degree in 1991. After 8 years of general restorative dentistry, I went back to school and received a certificate of specialty and a Master's Degree in Endodontics from Loma Linda University School of Dentistry (LLUSD) in 2001 under the leadership of two giants in the field of endodontics — Drs. Leif Bakland and Mahmoud Torabinejad. I have since had a practice in Las Vegas, Nevada and Bakersfield, California. In 2008, I returned to Glendale, California where I had practiced general dentistry. I run Glendale MicroEndodontics (GME) and work with a wonderful staff who all strive to provide a most positive experience for our patients. My biggest accomplishment in my life is my family. I am married to Lilit going into our tenth year of marriage. Lilit and I are blessed with three children, Galia, 8, Serge, 5, and Noah, 3, who is a special-needs boy wonder.

Is your practice limited to endodontics?

GME's practice is limited to the specialty of



(Left to right) Lillia, Office Manager; Ingrid, Assistant; Elizabeth, Clinical Manager; Laura, Assistant in GME's reception area



Dr. Odabashian's children: Galia, 8, Serge, 5, and Noah, 3 during Christmas 2012

endodontics. However, we try to distinguish our office by practicing microscope-aided restorative endodontics. What this really means is that we recognize that endodontic treatment is only half of the treatment, and that the success of our treatment equally depends on the restorative treatment. To ensure our efforts have the maximum chance for success, we provide the permanent coronal restoration. Performing the coronal restoration protects our root canal treatment and reduces the likelihood of: 1.) recontamination of the root canal system, 2.) fracture of the tooth prior to the patient having the crown placed by the general dentist, 3.) procedural accidents during the removal of the temporary and post and core placement by the general dentist, and 4.) having appropriate post size and depth as needed. I also fabricate acrylic temporaries when needed, and make sure the patient returns to the referring doctor almost ready for his/her crown impressions.

Why did you decide to focus on endodontics?

I owe my interest in endodontics to two very well-known endodontists from Santa Barbara, California — Drs. Cliff Ruddle and Stephen Buchanan. They were very influential in my becoming an endodontist, as I am sure they have been for many like me. When I graduated dental school, the

“endo” requirement to graduate was to have treated nine canals with a minimum of one molar tooth. Needless to say, I felt inadequate with my root canal treatment abilities, and so I took several courses from Cliff and Steve, and began appreciating the complexity of root canal systems. The more I treated teeth endodontically, the more I enjoyed the challenges that came with treating each tooth. I was lucky enough to have been accepted to LLUSD's Graduate Endodontics program (to a class of three residents) by Dr. Torabinejad and the rest of the faculty there. My program laid a solid foundation for being an endodontic clinician, an educator, researcher, and a critical thinker.

How long have you been practicing, and what systems do you use?

I have been a dentist for over 22 years, a restorative dentist from 1991-1999, and an endodontist from 2001 till the present. I started my training using the Surgical Operating Microscope (SOM) in residency, and I continue to do so on 100% of the cases, from start to finish. I don't know how it is possible to perform endodontic treatment at a high level without a SOM. I have heard some endodontists who don't use the SOM say, “It's just a tool!” I say “You don't know what you don't know!” Imagine walking in a pitch dark tunnel

that has three-dimensional curves, where the goal is to reach the end of that tunnel; and now imagine projector lights turned on throughout the tunnel. Which method would you prefer to reach the end of the tunnel? Which would our patients prefer if the tunnel is inside their tooth that needs treatment?

Dentistry in general is a profession that requires attention to detail at every step of treatment. One cannot pay attention to detail at a certain part of the treatment, and be sloppy, or even average at another part, and still provide high quality dentistry. For high quality treatment, an endodontist has to be detail-oriented from medical history to dental history, to proper use of radiography (two-dimensional, or 3D if needed), to diagnosis to proper treatment planning to anesthesia, to isolation to cleaning and shaping, to obturation to restoration, to postoperative care. There is not one step that is more important than the next to have a successful practice that is patient centered.

In my opinion, there are a few fundamental “musts” as far as instruments and equipment for practicing endodontics at a high level: The SOM, an electronic apex locator (EAL), and more recently a cone beam computed tomography (CBCT) machine (when needed). There are numerous cleaning, shaping, and obturation systems out in the market, and it seems that almost daily, a new file, a new metal, or a new system is introduced, and hailed as the next panacea. These different systems all work if used in the manner in which they were designed. To me, these are mostly secondary. What is primary, in my opinion, is to take the time to listen to the patients and pick up clues about what is their chief complaint; to take the time and diagnose the culprit tooth; to understand that it takes time to perform quality and successful endodontics; to realize that the root canal system is very complex and cannot be dumbed down to three white stripes on a radiograph that can be achieved in 30 minutes; and to educate both patients and general dentists about what is possible with meticulous endodontic treatment.

What training have you undertaken?

As I mentioned earlier, I was fortunate to be accepted to do my endodontic specialty training under the well-known Mahmoud

Torabinejad, the post-graduate program director at LLUSD. Dr. “T,” as he is known by his residents, is not only a program director, he is a clinician, a clinical and didactic instructor, a previous president of the American Association of Endodontists (AAE), inventor, and a father figure to his residents. Dr. T is the developer of Mineral Trioxide Aggregate (MTA), which has been a game-changing material that has allowed the successful repair of iatrogenic and resorptive inflammatory perforations during root canal treatment.

When I began the program at LLU, Dr. Torabinejad advised me and the other two incoming residents to expect to spend 16-18 hours a day in the program. He was very demanding of his residents, demanding for them to be the best they can be. For me, it was an honor to be one of his students.

Who has inspired you?

Professionally, my inspiration comes from Dr. Gary Carr, an endodontist, an author, a visionary, the developer of The Digital Office (TDO) endodontic software, an inventor, and a mentor to hundreds of endodontists who are interested in performing endodontics at a high level. Dr. Carr has always challenged me to be the best that I can be, to always question dogma, and go beyond what is acceptable. I owe Dr. Carr much for being the endodontist that I have developed into.

Personally, my inspiration comes from my children. They have taught me much also — patience, humility, sympathy, and understanding, among many other things. I am blessed to have them.

What is the most satisfying aspect of your practice?

I am sure I am not alone when I say that the best satisfaction for a clinician is when the result of a treatment is positive, the patient is appreciative, and the referring dentist is glad that he/she is referring his/her patients to you. It is a great feeling when a patient writes a positive review on Yelp, Google, or your website, out of the blue! It is also very satisfying when you receive positive comments from referring doctors about the level of treatment you are providing to their patients. There is no greater professional reward for me.

Professionally, what are you most proud of?

I am most proud of the fact that I have the

privilege of helping people; that I have the trust of my patients to take care of their endodontic needs. I am proud that I have built a reputation in my community of being very good in my chosen profession. I am proud that I don't measure success with the amount of wealth that I amass, rather by the number of people I help. I am proud that I stand for what I believe in, and that I am not fearful of the consequences of doing so.

I am also proud of the fact that, in a small way, I am able to contribute to dental education and organized dentistry. Whether it is at the local, state, national, or even the international level, I try to volunteer my time, knowledge, and expertise to help my chosen profession. As the saying goes, “If you are not part of the solution, then you are part of the problem.”

I have been a part-time faculty member at LLUSD Department of Graduate Endodontics for the past 10 years. I currently have the privilege of serving as the President of the California State Association of Endodontists, as well as serving as the Chairman of the Bylaws Committee of the International Academy of Endodontics.

What do you think is unique about your practice?

What I think is unique about my practice, at least in my immediate community, is that I am not in a hurry to complete a treatment. Also we use the latest technology to the patient's advantage, whether it's the microscope, cone beam CT, digital radiography, the Internet, or even social media. If we allow patients to register online or have them receive a text reminder of their appointment, doesn't that make their lives easier? My endodontic practice is 50% initial treatment and 50% retreatment. Unfortunately, gone are the days where endodontists are referred routine cases. Generally speaking, endodontists are referred failing root canal treated teeth, severely curved or calcified teeth, teeth that have had procedural accidents, or patients who are generally either hard to manage or can't afford treatment. It takes an office with an experienced doctor, and a knowledgeable and understanding staff to manage these types of referred patients, and at the same time to please the patient, the referring dentist, as well as oneself. I believe that we are able to accomplish this at Glendale MicroEndodontics.

What has been your biggest challenge?

My biggest challenge has been to deprogram general dentists from utilizing endodontists as providers of prescription root canal treatments. I try to get involved in the treatment planning of a patient's teeth, and demonstrate that I can have valuable input in the total outcome of the dental treatment. It is very hard to get out of the image of a "technician" who does root canal treatment if endodontists do not get more involved in the decision making of the fate of teeth.

What would you have become if you had not become a dentist?

Had I not chosen to become a dentist, I may have become an attorney, or a math teacher. I like to teach, and I like to help people. I especially like to help the weak, and those who have been wronged, or taken advantage of. Maybe that is why I am always rooting for the underdog team in sports competitions. Well, unless if it is my favorite team that is playing!

What is the future of endodontics and dentistry?

I believe that endodontics has gone through its golden age. The specialty has challenges that are multifactorial. More than ever, there is the competition of tooth retention versus tooth extraction and replacement with an implant. There is competition with general dentists performing challenging root canal treatments that are beyond the scope of their training or expertise. There is competition with the corporate dental offices that have been sprouting around the nation; ones who mostly feed on newly graduated dentists/endodontists by pressuring them to perform complex or extensive treatments in short periods of time in order to increase production; corporations who only care about quarterly reports and profits for their shareholders and not for the health of their patients. There is competition with corporate-sponsored speakers who give weekend courses that promise to teach "Endodontics A to Z." There is competition with endodontists who have conflicts of interest, promoting their products and giving their general-dentist audiences a false sense of simplicity to performing root canal treatments. And, finally, there is competition with endodontists delivering mediocre or average care to their patients for different



The Odabashian family: Wife, Lilit, Dr. Odabashian, Galia, Serge, and Noah

reasons. Unless all endodontists get involved in teaching at the dental schools; unless we are more active in study clubs and contribute to treatment planning; unless we make high level of care a top priority, and use the available technology; unless we take the necessary time and address the complex root canal anatomy, and put the patient's needs first; unless we get the message across to general dentists and patients, alike, that root canal treatment can be painless, predictable, yet requires skill and patience; and finally, unless we as endodontists understand that a successful tooth is much more important than a successful root canal treatment, and stop decoupling the endodontic treatment from the restorative treatment, it is going to be very challenging going forward and maintaining endodontics in the high esteem it has enjoyed in the past 50 years. I am hopeful that this will happen. I will do my part to educate my referring doctors and my patients. I am hopeful I can maintain a high standard of care of the specialty that I love.

What are your top tips for maintaining a successful practice?


The best advice I can give for maintaining a successful practice is listen to your patients. Treat them with genuine care. Make sure you communicate with your referring doctors and colleagues. Be involved in the community. Educate general dentists and your patients. Always stay ahead of the curve.

What advice would you give to budding endodontists?

The best advice that I can give to budding endodontists is to have a mission statement that represents who they are, and keep striving to reach and maintain it. Keep their personal costs low at the outset of their career. Surround themselves with quality people, whether they are referring doctors or staff people. Practice with their patients' best interests at heart. Make sure and learn things that were not taught in dental/endo school, such as the business aspects of running a practice and ergonomics. Make quality their priority; people will notice. Put patients first, and success will follow. Try to distinguish themselves from others. Have an online presence. Show concern for their patients, and mean it.

What are your hobbies, and what do you do in your spare time?

My favorite thing to do besides spending time with my family and performing endodontic treatment is playing bridge. Whether it is social bridge or tournament-style bridge, I forget about the rest of the world when I am playing it. One day, I would like to travel the world, and play at national and international tournaments.

I also like to watch sporting events especially live. Every chance I get, I take my kids, five nephews, and two nieces to professional basketball, baseball, and hockey games. I want to one day attend the French Open, Wimbledon, the Australian Open, and the U.S. Open tennis tournaments in the same year! 

TOP FAVORITES

My wife Lilit, and my children, Galia, Serge and Noah

Reading the Bible

Playing bridge

Having a successful outcome on teeth that would have been deemed not treatable by other clinicians

TDO Clinical Forum

The Surgical Operating Microscope, without which I don't think I could practice endodontics

Traveling

Cars

Learning

Teaching

To contact Dr. Odabashian, email nishan@glendalemicroendodontics.com.