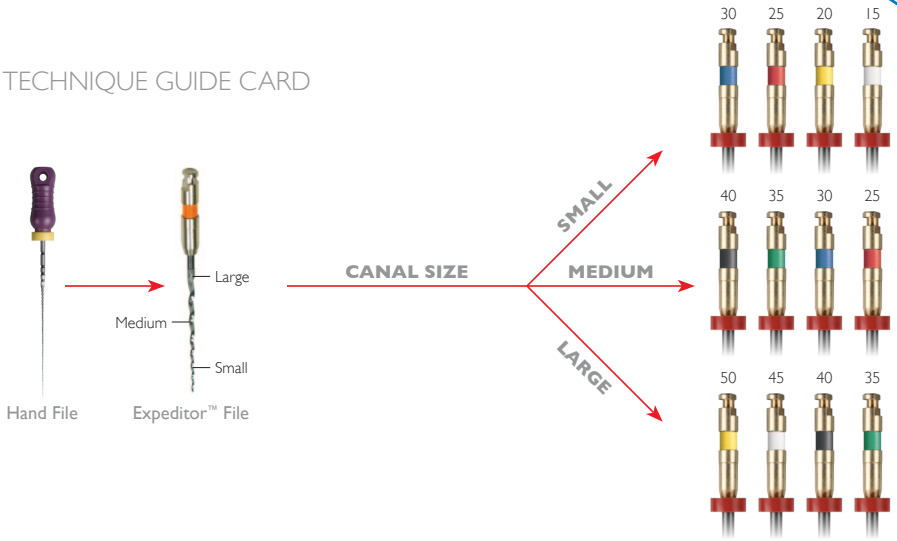
EndoSequence®

PRECISION ENDODONTIC SYSTEM

TECHNIQUE GUIDE CARD

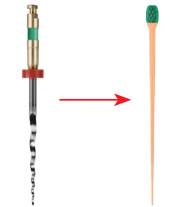


REAL WORLD TIPS

1. Run @ 500-600 RPM in electric handpiece.
2. Establish a firm finger rest.
3. Always use lubrication with rotary files.
4. NEVER force a file.
5. Take to engagement and back three (3) times.
6. Always wipe the file after three (3) engagements.

OBTURATION

Select an EndoSequence® Gutta Percha cone that matches the last rotary file taken to working length.



ENDOSEQUENCE® TECHNIQUE

1. Confirm coronal patency with a #10 hand file. The file only needs to go approximately 1/2 the working length.
2. Estimate the canal size based on the pre-op x-ray, the fit of the #10 stainless steel hand file and the depth of penetration of the Expeditor™. Canal size is generally small, medium or large.
3. Begin crown down with a file from the appropriate package size.
4. After the second file from the appropriate package, establish working length with a #10 hand file and an apex locator.
5. Complete rotary preparation in a crown-down fashion. The first EndoSequence® file to length, with resistance, completes the preparation.
6. Obturate the canal using the appropriate size EndoSequence® gutta percha.

To order call 800.841.4522 or fax 888.610.1937.
In Canada call 800.363.3838 or fax 866.330.4454.
Visit our website at BrasselerUSA.com

BRASSELER USA® DENTAL INSTRUMENTATION

B-2315-REV3-11.13-5M-RRD

EndoSequence®

PRECISION ENDODONTIC SYSTEM

ENDODONTIC ACCESS GENERAL GUIDELINES

IMPROPER ACCESS

PROPER ACCESS

► Access through the lingual surface of the anterior teeth must be shaped sufficiently to allow the rotary file to enter the canal without being deflected by the access chamber walls. File access must be as straight-line as possible. A second canal, when present, is lingual to the primary canal. An oval shape, (not a concentric circle) squared toward the incisal edge, is preferred for these teeth.

► The number of canals present dictates access in premolars. On maxillary bicuspids we recommend an access that is oval in design. On single canal lower premolars, the access can be more circular. If a second canal (or bifurcation) is suspected in a lower premolar, oval access is best. All premolars that have two canals (that join) or one canal that bifurcates, require an oval preparation.

► Approach all mandibular molars as if they have 4 canals, as many of them will. This requires that your preparation be rectangular in shape. This allows you to see all of the orifices and treat them accordingly. Make it a practice to take a second angled radiograph. You will discover many four-canal mandibular molars.

► Access preparations for maxillary molars are somewhat "Y" shaped. The presence of a fourth canal in the mesial buccal root will require that the access preparation be extended mesially to include the fourth canal. Too often, secondary dentin that slopes off the mesial wall occludes the MB-2. Extend the preparation far enough under the mesial buccal cusp to gain access to the main mesial buccal canal. Access must be straight-line. Once located, follow the dentinal map from the main MB orifice and this will lead you to MB-2.

ENDOSEQUENCE® ACCESS TIP!

Close one eye and look into the access cavity. You should be able to view all the orifices without any obstruction in view. This verifies your straightline access.

ENDOSEQUENCE® ACCESS KIT

K000032

Friction Grip Burs:

#2: For anterior/premolar access.
#4: Initial access into molars.
#701L: Particularly useful for accessing posterior teeth.
#H34L: Crown Removal

Friction Grip Diamonds:

#6801.016: For access through porcelain crowns. Use with water.
#6379.023: Efficient for occlusal adjustment.
#5850.018: Excellent for shaping walls and access cavity.
#6850.023: Ideal for removing significant amounts of unsupported tooth structure.

Surgical Length Slow Speed Burs:

#2: Excellent excavating bur with enhanced visibility to working area.
#4: Ideal when performing pulpotomies.

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