DCRETREATMENT[™] FILE SYSTEM

Minimally invasive by design, DC RETREATMENT[™] files offer the same legendary strength and flexibility you are accustomed to with DCTAPER[®] and DC TAPERH[®] files. For nonsurgical retreatments, the DC RETREATMENT[™] System will efficiently remove obturation material from the root canal, while respecting the root canal anatomy, making it an essential tool for endodontic specialists.

RETREATMENT TECHNIQUE

- Before removing gutta percha, carrier-based obturators or paste from a root canal:
- Carefully observe 3 different, horizontally angulated radiographic images.
- Visualize the density of obturation material relative to the width, length, and curvature of the canal.
- Access the pulp chamber and note the circumferential dimensions of the obturation material at the orifice(s).
- Select the best removal technique after radiographic and clinical assessment.
- Without cutting dentin, remove obturation material in a progressive crown-down manner.

GUTTA PERCHA / CARRIER-BASED OBTURATOR REMOVAL

- 1) When the rotary removal method is utilized, select the lowest speed (300-500 RPM) that will effectively engage and remove obturation material from the canal.
- 2) Without engaging dentin, gently press the spinning DC RETREATMENT[™] file (30/06) into the gutta percha to create friction, generate a heat wave, and auger material out of the canal.*
- 3) Remove the (30/06) file frequently, inspect the blades for obturation material and clean the debris from the flutes.
- 4) Continue with the (30/06) file, or the DC RETREATMENT[™] file that fits passively between the dentinal walls, until gutta percha is removed from the coronal one-third of the canal.
- 5) Select the DC file (25/06) and, using one or more passes, auger obturation material from the middle one-third of the canal. Use solvent simultaneously with the retreatment files to soften the obturator material at mid- root and follow at apical portions of the canal.
- 6) When appropriate, choose the DC file (20/06) and lightly press into the more deeply positioned material and auger obturation material out of the apical one-third of the canal.
- 7) Continue with the (20/06) file as long as the flutes of the instrument, upon removal, are loaded with obturation material.
- 8) When the obturation material is short of the canal terminus, use small sized hand files in the presence of a viscous chelator to flush the rest of the canal.
- 9) After assessing the glide path, select either manual or rotary DCTAPER™ files to shape and finish the canal.

* In the instance of carrier removal, select the appropriately tapered file that can be carried sufficiently deep into the canal and lateral to the carrier. A long engagement zone will more effectively auger the entire length of the carrier out of the canal.



Better Patient Outcomes Improved Efficiency Faster Practice Growth

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