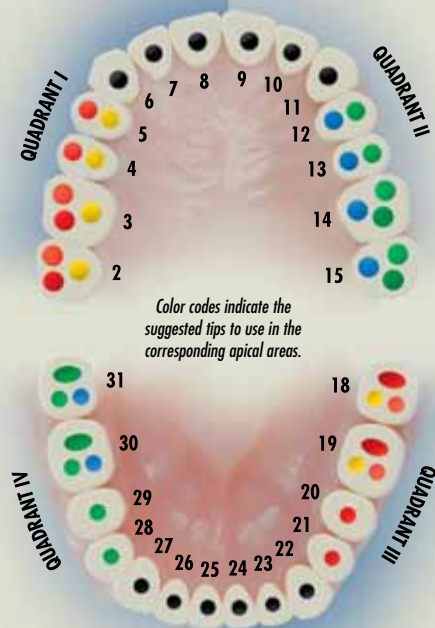


## Surgical Endo Tips Technique Card

**Zirconium Nitride coated instruments with water ports**



Tooth Nos. **6, 7, 8, 9, 10, 11**  
**22, 23, 24, 25, 26, 27**

**Power Levels 1-7**



Tooth Nos. **2, 3, 4, 5**  
**18, 19, 20, 21**

**Power Levels 1-5**



Tooth Nos. **12, 13, 14, 15**  
**28, 29, 30, 31**

**Power Levels 1-5**



Tooth Nos. **6, 7, 8, 9, 10, 11**  
**22, 23, 24, 25, 26, 27**

**Power Levels 1-7**



Tooth Nos. **2, 3, 4, 5**  
**18, 19**

**Power Levels 1-3**



Tooth Nos. **12, 13, 14, 15**  
**30, 31**

**Power Levels 1-3**

### Power Settings

*In general start with a lower power setting and only incrementally increase the power if necessary to safely accomplish the procedure.*

- Use these instruments with water.
- The power settings used are ultimately determined by the clinician's experience with ultrasonics and the power needed to safely complete the specific procedure.
- Indicated power settings are intended for use with the ProUltra Piezo Ultrasonic, ProUltra Piezo Booster and Satelec P5 ultrasonic units. Settings may not be appropriate for other units.

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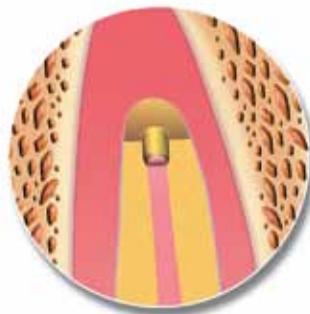
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### Apicoectomy (Root-End Resection)

*Ultrasonic tips allow you to create a minimum bevel (0° - 20°), rather than the traditional 45° angle bevel. This more precise preparation reduces the amount of dentinal tubules exposed thus reducing the chance of apical bacterial leakage.*

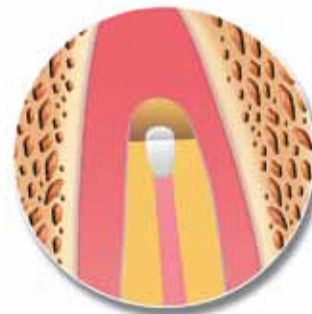
- Identify the full apical one third. A small amount of methylene blue dye may be painted on the root surface. Examine the root-end structure closely to identify root fractures.
- Gain access to the root end and resect the entire root end with a surgical bur. Remove 3 mm. Leave 3 mm for root end preparation and root end filling. (If a post is close to the apex, you may need to remove less of the root.)
- Do not jeopardize the 1:1 crown to root ratio, if possible.



### Retropreparation

*With an ultrasonic tip, prepare a Class 1 root-end cavity to the depth of 3 mm - 5 mm.*

- Use illumination and magnification when working in the apical third.
- It is imperative to always use the tips with irrigation and at the recommended power settings.
- Do not put extra pressure on the tips/instruments.
- Remove all isthmus tissue. As a general rule, all roots with multiple canal systems contain isthmus tissue.



### Root-End Filling

*Root-end filling hermetically seals the resected root and prevents any remaining irritants in the canal system from traveling to the periodontal ligament space.*

- Isolate the area. Dry the root-end cavity with paper points. Achieve hemostasis with a colia plug or similar material.
- Prepare the ProRoot® MTA material according to instructions.
- Dispense the material into the root-end cavity using a Micro Apical Placement (MAP) System or the appropriate ProRoot MTA manual carrier.
- Condense the ProRoot MTA material into the cavity using a small plugger.
- Remove excess material and clean the surface of the root with a wet piece of gauze or Telfa.
- Confirm the placement of ProRoot MTA with a radiograph.
- The ProRoot MTA material remains as a permanent part of the root canal filling.