

ENDO ACCESS TIPS

The ease, or difficulty, in successfully treating an endodontic case often can be associated with the access which is achieved. Access to the floor of the pulp chamber is necessary to ensure successful location of the canals. Additionally, straight-line access to those canals is mandatory.

Diamond Access Bur

With a special diamond coating to reduce gouging, this bur's tip matches round bur sizes for initial penetration while its diamond shaft flares the pulp chamber. Can also be used for accessing through porcelain fused to metal crown.



Gates Glidden

Short Gates (28 mm) are strongly recommended for posterior teeth.



#	Sizes
1	50
2	70
3	90
4	110
5	130
6	150

Gates Glidden drills can be used as an adjunct in creating access. However, they create a parallel preparation so it is recommended to use a tapered file to finish if using Therafil® Plus carrier-based obturation method.

Because each tooth is unique, some exploration is required to locate all of the canal openings in any given case. Improper access and failure to open up the pulp chamber widely enough to involve all canal openings can be attributed to an overly cautious preparation which does not reveal the dentinal map in the floor of the chamber. When properly exposed, this map will aid in locating a canal opening that would otherwise be missed. The most common difficulties in canal location involve calcification of the coronal portion of the canal.

C-File

The C-File is an extra stiff stainless steel hand file, excellent for use in calcified canals. Take the 21 mm C-File and cut approximately 2 mm off of the end of the file. This totally changes the tip geometry of the file, which now works like an auger. Place some ProLube® root canal conditioner on the modified C-File and take it to the calcified orifice. If the file bends or kinks, a simple "snip" to the end provides a strong new working area.



While each tooth is unique, some general rules can be applied which will make for easier access and root canal therapy. After completing the proper access preparation, the operator should be able to visualize all of the orifices.

Anterior teeth

Access through the back of the crown should be sufficiently long enough to allow a file to reach down the canal before being deflected by the canal walls. The access needs to be buccal enough to allow the file to enter



the orifice in a straight-line manner. For lower anterior teeth with two canals, the access should be continued in a lingual direction to incorporate a second canal. Generally the second canal will be lingual to the first.

Pre-molars

Access on pre-molars is dictated by the number of canals present. On maxillary first bicusps, the access is longer buccal to palatal than mesial to distal. This is also true for maxillary second bicusps. On single canal lower pre-molars, the access is more circular in nature. If a second canal is suspected in a lower pre-molar, the access is made longer buccal to lingual.



Lower molars

Lower molars that have three canals will have an access preparation that is triangular in nature. On lower molars that have a fourth canal, the preparation will be a rectangle. This allows the practitioner the visibility and access to treat the extra canal.



Upper molars

Access preparations for upper molars are somewhat y-shaped. The addition of a fourth canal in the mesial buccal canal root will demand that the access preparation be extended mesially to incorporate the additional orifice. The most difficult part of accessing a maxillary molar is to extend the preparation far enough under the mesial buccal cusp to gain access to the main mesial buccal canal.



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