ProTaper Universal retreatment files are designed to remove filling materials, such as gutta-percha, carriers and paste fillers, prior to reshaping procedures. The technique for removing a carrier core obturator or gutta-percha alone is the same.

**Retreatment Technique**

**Retreatment Tips**

- Always begin with a well-angulated set of radiographs.
- Understanding the specific canal anatomy is critical to success.
- Obtain straight-line access to the canal.
- Assess the obturation material.
- Heat and friction will help remove the obturation material.
- Throughout the procedure, remove the instruments, inspect and clean the flutes. Then, re-insert and continue to auger material out of the canal.
- Recommended speed for ProTaper Universal retreatment instruments is 500-700 RPM for gutta-percha and carrier based obturators. Use 300 RPM to remove paste fillers.
- ProTaper Universal rotary files are single patient use devices.

**ProTaper Universal Retreatment Files**

- **D1 (30/.09)**
  For coronal filling removal
  - 16 mm

- **D2 (25/.08)**
  For mid-root filling removal
  - 18 mm

- **D3 (20/.07)**
  For apical filling removal
  - 22 mm
• Establish a pilot hole using small sized stainless steel hand files with an appropriate solvent, heat carrier or ultrasonic instrument.
• Without engaging dentin, gently press the spinning D1 into the obturation material.
• Use the D1 to remove the obturation material from the coronal 1/3.
• Next, use the D2 to progressively remove material from the middle 1/3.
• When appropriate, use the D3 to remove obturation material from the apical 1/3. Use hand files with a solvent to remove obturation materials from the apical 1/3 when encountering intricate anatomy.
• Remove the files frequently and inspect flutes. Continue as long as obturation material is visualized between the cutting blades.

Dark gray handles no more than 11 mm long for better visibility.
One, two or three white bands according to the instrument selected.
3 lengths, 3 progressive tapers and 3 apical diameters to remove materials from the coronal, middle and apical thirds of the canal.
The D1 has a working tip to facilitate initial penetration.