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Preserving What Matters.

WHERE WE STARTED. It wasn't too many years ago that larger preparations that removed significant tooth structure were common, as in this radiograph showing a typical Gates Glidden preparation of tooth #30.



CHANGING APPROACHES TO SHAPING. With the advent of mechanically-driven NiTi files, continuously tapered shapes became the accepted norm, as illustrated above by tooth #31 prepared with ISO rotary files to apical size 25 by Dr. James Gutmann. While these shapes retain more dentin, studies indicate that up to 35% of the canal walls may remain untouched.¹

Radiograph courtesy of James L. Gutmann, DDS, Cert Endo, PhD.



WHAT'S POSSIBLE TODAY. Retaining tooth structure is an objective of every endodontic specialist. By adopting conservative access and new instrumentation techniques, specialists can achieve superior overall shaping while removing less tooth structure.

Radiograph courtesy of Antonio Berto, DDS, Specialist in Endodontics.

For more than 30 years, the specialty of endodontics has recognized the importance of respecting canal anatomy. Yet, current instrumentation techniques may leave 35% of canal walls untouched, while unnecessarily removing dentin.¹

Research has shown that instrumentation can compromise the strength of the tooth – but this decreases as more dentin is saved.² In other words, part of saving more teeth is saving more tooth.

As an endodontist, you know nothing is stronger and more ideal than natural teeth for oral health – including implants. Yet across the industry, the number of root canal therapies performed annually has remained flat, while extractions and implant placements are up.³

Are we losing the battle to save teeth?



Endodontic diagnostics and treatment planning greatly advanced with the introduction of cone-beam computed tomography (CBCT) imaging.



Smaller, 30-gauge irrigation needles, some with side-vented ports, allow clinicians to safely deliver irrigants to more conservatively shaped apical areas.

Advances in irrigant activation enhance disinfection protocols.



EVOLVED CARE.

AS INNOVATION ADVANCES, SO DOES ENDODONTIC SUCCESS.

Endodontists like you are already working to save teeth in ways only a specialist can, with new and advanced technologies that continually improve the standard of care. Just as our understanding of the true complexity of the canal anatomy has grown, so has the sophisticated armamentarium available for achieving predictable clinical outcomes.

For example, microscopes provide enhanced visibility, making smaller, more conservative access feasible while improving the clinician's ability to locate and treat canals including MB2. Imaging technologies such as conebeam computed tomography (CBCT) facilitate improved diagnosis and treatment planning. Irrigation techniques have advanced as well, including the use of smaller-gauge irrigation needles designed specifically for safely delivering irrigants deeper into the canal system.

Innovation never rests. And now, the next scientific advancement designed expressly for the hands of endodontic specialists is here. It's the latest evolution of care to answer the continuous question:

WHAT IF THERE'S A BETTER WAY?



PRESERVING WHAT MATTERS.

TRUShape® 3D Conforming Files are the next evolution in cleaning and shaping the complex canal anatomy. They allow you to preserve more dentinal structure while removing pulp and debris along the entire root canal. And they provide advantages to cleaning a root canal system compared to conventional instrumentation techniques with ISO rotary files.

SEE THE 3D CONFORMING DIFFERENCE. THE S-SHAPE MAKES IT POSSIBLE.

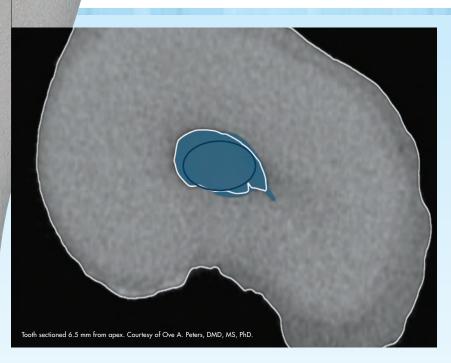
The key to the TRUShape difference lies in the file's unique S-shape design, allowing it to conform to areas of the canal larger than the nominal file size. This creates an envelope of motion that better disrupts biofilms for improved bacterial reduction. As a result, TRUShape 3D Conforming Files allow you to preserve more dentinal structure while removing pulp and debris along the entire root canal.



The file's unique S-shape creates an innovative envelope of motion within the canal that conforms to unconstrained spaces while respecting constrained spaces.



Note the organic shape of the uninstrumented canal (inner white outline). TRUShape® 3D Conforming Files conform to this anatomy, increasing canal wall contact while preserving tooth structure (light blue area). Traditional ISO files make round shapes, contacting less canal wall in irregular anatomies (dark blue line).

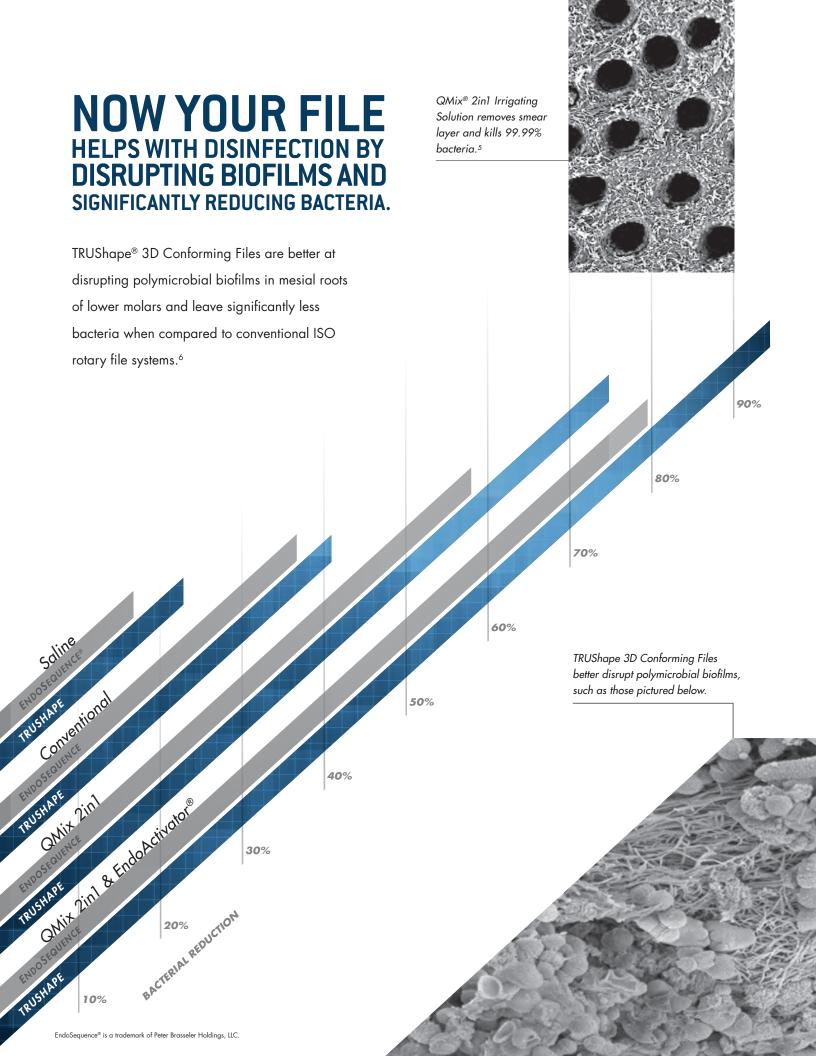


CONTACT UP TO 75% OF WALLS ALONG THE ENTIRE CANAL.

When it comes to superior overall shaping, the TRUShape name says it all. TRUShape 3D Conforming Files are better than conventional ISO files in preserving more dentin, while contacting up to 75% of canal walls.

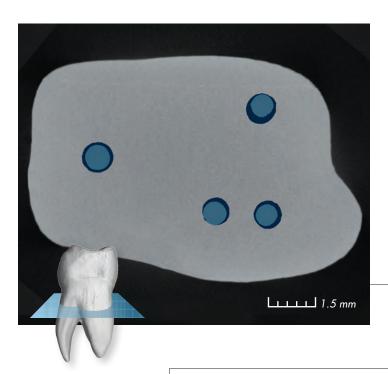
CREATE A PREDICTABLE APICAL SHAPE WITH UP TO 32% LESS TRANSPORTATION.

TRUShape 3D Conforming Files let you shape the important apical region with confidence. They create a predictable apical shape while producing up to 32% less apical transportation than conventional ISO prepared canals.



REMOVE UP TO 36% LESS DENTIN⁴ WITH SUPERIOR OVERALL SHAPING.

TRUShape® 3D Conforming Files look and feel different than conventional files because they are. Their unique shape and motion provide superior overall shaping over conventional ISO rotary files – even as they remove less dentin.



CONFORM TO NATURAL CANAL ANATOMIES TO CLEAN IRREGULAR GEOMETRIES BETTER.

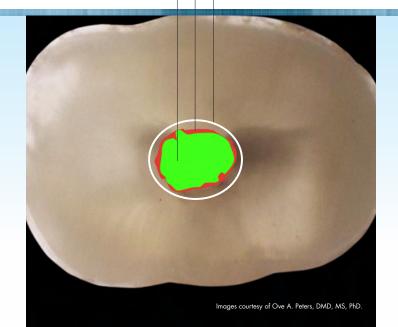
Traditional files can create shapes more similar to the file itself than the original canal anatomy. TRUShape 3D Conforming Files clean irregular geometries better than traditional ISO rotary files.

Even in relatively round canals, as in this cross section of a #19 3DP tooth replica, TRUShape 3D Conforming Files (light blue areas) are able to conserve more dentin than traditional ISO files (dark blue areas).

The inner green area indicates the unprepared canal.

TRUShape 3D Conforming Files conform to natural canal anatomies for a more conservative shape (red area).

Traditional ISO files make round shapes, and can unnecessarily remove tooth structure (white line).





Preserving What Matters.



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	TIP/ TAPER	LENGTH	SKU	
TRUShape Orifice Modifiers	20/.08	16 mm	TSOM16	
TRUShape 3D Conforming Files	20/.06v	21 mm	TSFILE2021	
	20/.06v	25 mm	TSFILE2025	
	20/.06v	31 mm	TSFILE2031	
	25/.06v	21 mm	TSFILE2521	
	25/.06v	25 mm	TSFILE2525	
	25/.06v	31 mm	TSFILE2531	
	30/.06v	21 mm	TSFILE3021	
	30/.06v	25 mm	TSFILE3025	
	30/.06v	31 mm	TSFILE3031	
	40/.06v	21 mm	TSFILE4021	
	40/.06v	25 mm	TSFILE4025	
	40/.06v	31 mm	TSFILE4031	
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^{1.} Peters OA, Schönenberger K, Laib A. Effects of four Ni-Ti preparation techniques on root canal geometry assessed by micro computed tomography. Int Endod J. 2001 Apr;34(3):221-30.

2. Sedgley CM, Messer HH. Are endodontically treated teeth more britles? J Endod. 1992 Jul; 18(7):332-5.

3. Industry data and/or internal testing data on file.

4. Peters OA, Arias A, Paque' F. Three dimensional analysis of the root canal geometry of oval canals after preparation with a novel rotary instrument. Submitted for publication.

5. Independently confirmed by Nelson Labs; Time kill study protocol #STPO 158.

6. Pileggi R, Bruder G, Wallet SM, Sorenson H, Walker C, Neiva KG. Quantitative analysis of a polymicrobial biofilm removal following instrumentation with a new file system. Submitted for publication.