

## TruNatomy® Sequence

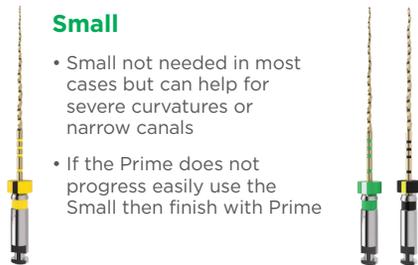
Motor settings: 500 rpm / 1.5 Ncm



Low torque instruments - **Never brush, but peck with large amplitudes.**

Advance the **TruNatomy® file passively** with no more than 2-3 gentle amplitudes approximately 2-5 mm **in-and-out of the canal** until working length has been reached. Use standard irrigation protocol used in your practice (including activated irrigation strategies if applicable).

## TruNatomy® Shaping options to treat other cases:



### Small

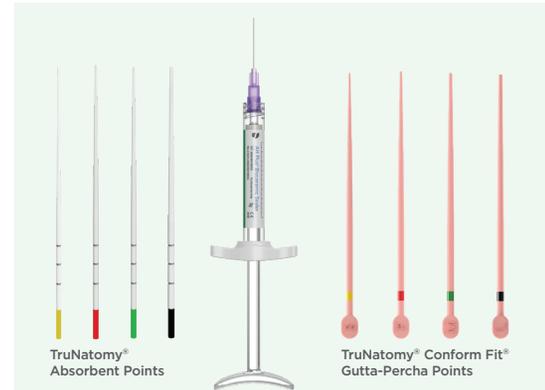
- Small not needed in most cases but can help for severe curvatures or narrow canals
- If the Prime does not progress easily use the Small then finish with Prime

### Medium and Large\*

- After finishing with the Prime (if the apex is larger than current shaping file), continue with the Medium or Large if needed (straight anatomies)

\* SmartLite Pro EndoActivator™ and TruNatomy® Large: Availability depending on local registration.

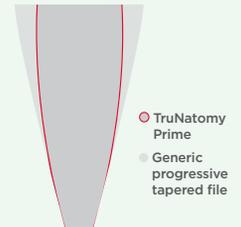
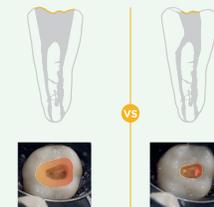
\*\* The taper indicated is the average of all the tapers and not the taper at the tip. The “v” indicates that the taper is variable.



Select dedicated TruNatomy® Absorbent Points to dry the root canals, AH Plus® Bioceramic Sealer to seal the canals and a dedicated TruNatomy® Conform Fit® Gutta-Percha Point corresponding to color code and size of the last instrument used during canal preparation.

## Preserving structural strength

No need for conventional straight line access



Efficiency with less dentin removal

## TruNatomy® Step-by-Step procedure

- Review different horizontally angulated radiographs to diagnostically determine the width, length, and curvature of any given root canal.
- Estimate the working length using well-angulated preoperative radiographs.
- Prepare a conservative access cavity sufficient enough to reveal all root canal orifices.
- Scout the coronal 2/3 of canals with an ISO 010 K-File in the presence of lubricant such as Glide™ FILE PREP and irrigate.
- Followed by a TruNatomy® Orifice Modifier at 500 rpm and 1.50 Ncm. With irrigant in the canal advance TruNatomy® Orifice Modifier in 2-3 gentle amplitudes approximately 2-5 mm in-and-out of the canal. Repeat until the coronal third is shaped. The instrument has 7 mm of cutting flutes, insertion into the canal should not exceed the length of the cutting portion. Irrigate the canal and clean cutting flutes routinely.
- Scout the whole root canal with an ISO 010 K-File, determine working length by using an electronic apex locator (EAL) in combination with radiographs, irrigate and confirm patency.
- With irrigant in the canal, create and confirm a reproducible glide path using a TruNatomy® Glider in 2-3 gentle amplitudes approximately 2-5 mm. Irrigate and repeat until previously confirmed working length with an EAL has been reached.
- ALWAYS begin shaping with TruNatomy® PRIME (500 rpm / 1.5 Ncm) file passively in the presence of sodium hypochlorite with no more than 2-3 gentle amplitudes approximately 2-5 mm in-and-out of the canal. Irrigate and repeat as necessary until full working length is reached. Upon reaching length, remove the file to avoid over-enlarging the apical canal portion.
- Routinely irrigate the canal and clean the instruments cutting flutes of debris upon removal.
- If TruNatomy® PRIME does not progress easily, remove, irrigate, and recapitulate with an ISO 010 K-File to confirm canal patency and move to the TruNatomy® SMALL.
- Inspect cutting flutes routinely upon removal for presence of unwinding and straightening. If deformation is noted, discard and use a new TruNatomy® instrument.
- Advance TruNatomy® SMALL passively in the presence of sodium hypochlorite with no more than 2-3 gentle amplitudes approximately 2-5 mm in-and-out and remove instrument. Irrigate and repeat as necessary to working length in a gentle/passive in-and-out motion and then use TruNatomy® PRIME to working length to optimize the shape.
- If TruNatomy® PRIME is loose at length with no dentinal debris in the apical flutes, continue shaping with TruNatomy® MEDIUM and subsequently with LARGE if needed. Care should be taken to guide each instrument gently to full working length to ensure completeness of shape. Use TruNatomy® LARGE in larger and straighter canals only, such as maxillary central incisors, some palatal or distal canals of molars.
- Following proper cleaning and shaping, confirm the final working length measurement using the last TruNatomy® instrument by hand. Verifying the shape at working length and passive fit ensures that TruNatomy® Conform Fit® gutta-percha points matches the correct apical canal diameter. This is achieved by passively placing the last TruNatomy® instrument in the canal. If the instrument reaches the working length passively, choose and try-in the matching TruNatomy® Conform Fit® gutta-percha points. If the fit is not passive, instrument (as described above) with the last TruNatomy® shaping instrument after reconfirming working length, irrigating and confirming patency.
- Once appropriateness of the shape is confirmed, proceed with 3-D disinfection protocols.
- Use dedicated TruNatomy® paper points to dry the root canals and dedicated TruNatomy® Conform Fit® gutta-percha points to obturate, selecting either AH Plus® or AH Plus® Bioceramic Sealer.

		CE
<b>Files, Gutta-Percha &amp; Absorbent Points</b>	<b>Maillefer Instruments Holding Sàrl</b> , Chemin du Verger 3, CH-1338 Ballaigues, Switzerland	2797
<b>Irrigation Needle</b>	<b>Produits Dentaires SA</b> , Rue des Bosquets 18, CH-1800, Vevey, Switzerland	1639
<b>SmartLite Pro EndoActivator™</b>	<b>Dentsply LLC</b> , trading as Dentsply professional, 1301 Smile Way, York, PA, 17404, USA	2797

