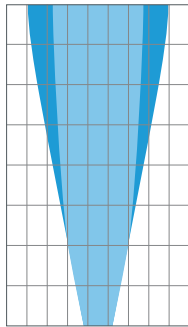
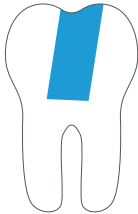


"Removing dentin only where clinically needed."¹



CONSERVATIVE ENDODONTIC CAVITY



● TruNatomy™ Prime ● Generic progressive tapered file

The TruNatomy™ Sequence

All files operate at higher speed with less torque: 500rpm and 1.5Ncm



- Low torque instruments - **Never brush, but peck with large amplitudes**
- Advance the **TruNatomy™ file passively** in the presence of alcohol 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

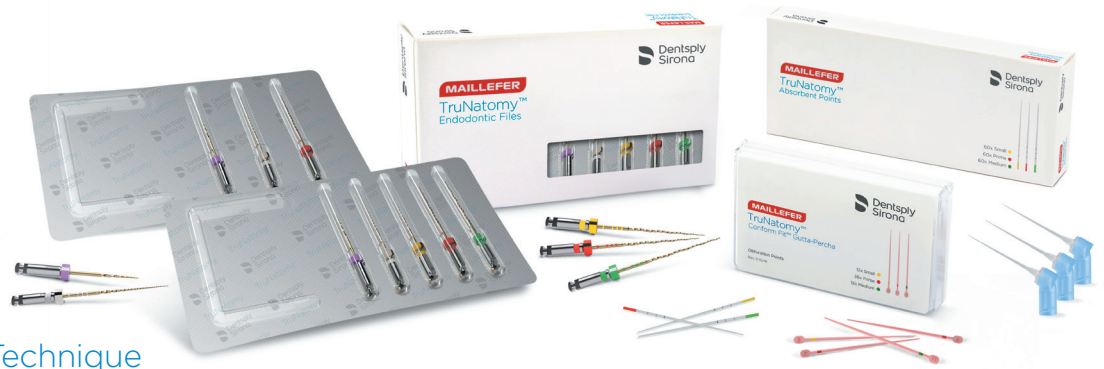
- **Small** not needed in most cases but can help (severe curvatures or small canals)
- If the **Prime** does not progress easily use the Small then finish with the Prime



MEDIUM

- After finishing with the Prime (if the apex is larger than current shaping file), continue with the **Medium**

¹ Internal Data



TruNatomy™ Shaping Technique

- 1) Estimate the working length using well-angulated preoperative radiographs.
- 2) Prepare a **conservative access cavity** sufficient enough to reveal all root canal orifices.
- 3) Scout coronal 2/3 of canals with a # 010 K-file in the presence of lubricant such as GLYDE™ FILE PREP and irrigate.
- 4) Followed by a **TruNatomy™ Orifice Modifier at 500 rpm and 1.50 Ncm**. With irrigant in canal advance the 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, which should not be exceeded beyond the canal orifice. Irrigate the canal and clean cutting flutes routinely.
- 5) Scout the whole root canal with a # 010 K-file, determine Working Length (WL) using an electronic apex locator (EAL) in combination with radiographs, irrigate and confirm patency.
- 6) 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 WL with an EAL has been reached.
- 7) ALWAYS begin shaping with the **TruNatomy™ PRIME file (500 rpm / 1.5 Ncm)** 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 to WL. Upon reaching length, remove the file to avoid over-enlarging the apical foramen.
- 8) Routinely irrigate the canal and clean the files cutting flutes of debris upon removal.
- 9) If the TruNatomy™ PRIME file does not progress easily, remove, irrigate, and recapitulate with a #010 K-file to confirm canal patency and move to the TruNatomy™ SMALL file.
- 10) Inspect cutting flutes routinely upon removal for presence of unwinding and straightening. If deformation is noted, discard and use a new TruNatomy™ file.
- 11) Advance the TruNatomy™ SMALL file passively in the presence of sodium hypochlorite with no more than 2-3 gentle amplitudes approximately 2-5 mm in-and-out and remove file. Irrigate and repeat as necessary to WL in a gentle/passive in-and-out motion (as described above) and then use the TruNatomy™ PRIME file to working length to optimize the shape. Upon reaching length, remove the file to avoid over-enlarging the apical foramen. If the TruNatomy™ PRIME file is loose at length with no dentinal debris in the apical flutes, continue shaping with TruNatomy™ MEDIUM file.
- 12) When the shape is confirmed, proceed with **3-D disinfection** protocols.
- 13) Use **dedicated TruNatomy™ paper points** to dry the root canals and **dedicated TruNatomy™ Conform Fit™ Gutta Percha** points to obturate.