This discussion ofretreating Thermafil cases reminds everyone of the requirements for success in any endo case.

Patient had endo in 2004 and is now having pain there. Access went well and got three of the four carriers out of the three canals (two in the distal), but I can’t get the carrier out of the ML canal. Here’s a pre-op and a shot of where I am now (minus the carrier in the distal). Any ideas on getting that stupid thing out of there?

Thermafil users can rationalize all they want about the technique. It’s foolish to put such a difficult impediment in a tooth. It is shortsighted. They simply should not be used routinely to fill root canals, we have way better techniques.

Here’s the deal: On this case you have to get each carrier out and get patent on each canal or the case can be assured of failure. I hope you know how to do surgery on a mandibular second molar. I would re-check this tooth for isolated narrow deep probing depths and visually observe with a microscope for a crack. If you see one crossing the floor of the tooth then (in my book) it is a goner.

Jeff

It looks like an open margin on the distal. Take off the crown for better access. I’ll bet when you open it up you’ll see a large crack in the tooth. That’s what it looks like on the X-ray anyway.

Thermafil is a wonderful obturation material. I’ve used it on more than 6,000 cases with only a handful of retreats, like less than 10. If you know how to do it then it’s very easy to retreat.

Do those of you who complain about how hard it is to retreat Thermafil and plan for the worst only use temporary cement for your crowns just in case you need to remove them? Just sounds silly to me. I use what I like and what works in my hands.
If you know how to retreat them so easily, could you please enlighten me and the rest of the people reading? Thank you.

I think the problem with Thermafil is the taper of the carrier is .04. Now if a canal is prepared to a taper of .04 and the same sized carrier is used, then the carrier will become jammed into the canal and retreatment becomes difficult and frustrating. If the canal is prepped to .06, then retreatment will be easier as there is now space to get a Hedstrom between the carrier and canal wall.

I use a similar system (Soft-Core) and the carrier is .03 taper. I still find when I prep a canal to .04 the verifier can still be a bit tight. Usually in this case, I will drop the carrier size by one and find it reaches length quite passively. I don't have this problem when I prep the canal to .06. I have retreated a few of my cases mainly due to missed anatomy and don't have problem getting the carrier out. It usually takes about five to 10 minutes. Luckily I haven't had to treat a jammed carrier case. Just my two cents.

This is what happened to my tooth. Severely under-prepped and carrier jammed around the curve of a MB canal (#30). This is my personal aversion to it. It took the specialist like three hours under the scope with ultrasonics to get it out. He was almost ready to throw in the towel. Good luck, man.

Speed and convenience are great reasons to select materials. What generation bonding material are you using? Why make things more difficult when easier and better products are available? I drive an automatic car because it is easier and more convenient for me. Same reason for microwave popcorn.

My patients don't want to sit in the chair for three to four hours when then can get quality work done in much less time. You should always be striving for more efficient ways to provide care for your patients. Just because it has been done a certain way since the 60s or 70s does not mean that is the only “good” way to do something. Grow your mind a little bit.
heck. You did the root canal and filled it with Thermafil. It might take me two visits, maybe three to get everything removed, disinfected, cleaned, shaped and obturated, mainly because of your choice to put something in the canal that can be difficult to remove. Then the patient has a brand new crown with a hole in it or needs a new one because the porcelain fractured while I was accessing it.

This was the case from two years ago, which I described above - a pretty, young woman in her early 20s with a swollen face. The guy only sent me Thermafil cases of his that failed; as you can see, a couple of the carriers were impossible to totally get out. This case took me three visits. That patient came back and the swelling was gone and she was asymptomatic. I haven’t seen her since. But why put a patient through this and get her a compromised case when she paid for first class? By the way, speed kills. The time argument is insane. ■ Jeff

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on large models exactly where to grind and why.
Thermafil takes me longer. You want to talk fast. Clean and shape with ProTapers, and use the matching cones. You get a good tug back every time. Then down pack and backfill with Obtura. No waiting for the obturator to cool before you can trim it and move to the next canal. And when you’re done, you don’t have to drill like a dummy until the chamber is half clean. It’s also harder to get carriers in on a second molar without wiping out half of the GP on the edge of the access.

I’ve retreated a few Thermafils, but I think there is a lot of truth in what factor78 said about the taper. When there is more taper they seem easier to retreat. Today I did a Thermafil retreat and it took me about 10 minutes to remove three carriers, but it was a 0.06 taper. I’ve also had cases where it was impossible to remove the carrier. My technique is a 30 0.06 with 800rpm next to the carrier until resistance, chloroform in the canals. Then screw a Hedstrom 40 in the canal until it’s stuck and remove the Hedstrom with a hemostat using the tooth as a pivot point.

Henk van Diermen
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