

Help in Deciding Which Endo System for Start-up?

A discussion among dental professionals on the message boards of Dentaltown.com. What influences your choice of endo system? Are you looking for speed or simplicity? This is an interesting debate. Log on today to participate in this discussion and thousands more.

tuanpham

Posted: 8/24/2007

Post: 1 of 80

Total Posts: 65

I'm trying to decide which endo system to get for my start-up. Any comments would be great.

I like doing endo. I'm a GP and I do a vast majority of the endo cases I get. Currently it takes me about 50-60 minutes to do three canal molar endo from start to finish.

1. Is this an average time for a GP? I have friends who tell me they can do it in 30 minutes. I just don't see how. (I haven't seen their X-rays, but they say they get good results).
2. Which endo system should I use? I've used Profile, ProTaper, GT (I think) system. I want the most efficient and fast system? Should I try out certain systems before committing to ordering a bunch?
3. I like J. Morita Root ZX II. Any reason why I shouldn't go with it?
4. Which filling system should I use? I like the convenience of a heat system with a plastic carrier, but I find drilling posts in them kind of difficult. Plus they are kind of pricey. My goal for office is quality, fast, efficient work. Is it worth it to use such a system or should I go with traditional gutta percha with master cone, etc.

Thanks a lot! ■

rgrosen

Posted: 8/24/2007

Post: 2 & 3 of 80

Total Posts: 4398



I used GT files and Thermafil for 10 years. I just bought an office and switched to k3 rotary files and the SybronEndo Elements unit to single cone fill the canals. I really like the system. I also bought the Morita Root ZXII handpiece with the motor and apex locator attached. Very nice system.

[Posted: 8/24/2007]

I just want to modify my filling technique. I use a single cone, but the SybronEndo elements system is a combo of System B and Obtura. I do the System B part to remove Gp [gutta percha] to within 6mm of the apex and then don't back-fill it when I'm doing a post. I hope that makes more sense. ■ Rich Rosenblatt

springsdent

Posted: 8/24/2007 ■ Post: 4 of 80 ■ Total Posts: 1

I really like Brasseler's EndoSequence system. Quick, easy, and gets good results. Good luck. ■

bmusikant

Posted: 8/24/2007

Post: 5 of 80

Total Posts: 7383



Tunapham,

Before you decide what system to get, why not try them out so you have some experience upon which to make a decision. I'm not only an advocate of the SafeSiders which is used in a reciprocating handpiece, but the co-inventor, a product we developed primarily for our own use after having used rotary NiTi for 15 months.

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Let me now make some other comments on your post. A lot of this is rehash of what has been stated many times in different ways on DT.

1. Speed and quality are almost mutually exclusive. I have been an endodontist for 35 years and used to do molar endodontics, on average, in 45 minutes to a hour. For the past 13 years I practice with a microscope and a molar takes me at least 90 minutes and many times a second appointment of equal duration. Taking more time under superior magnification will allow you to routinely find more than three canals particularly in maxillary molars including the second molar.
2. It is a stretch to think someone doing molar root canal in 30 minutes is doing a thorough job. Last person you want to ask if the job is well done is the person who did it in 30 minutes. Not to say it could not be so, but more objective opinions would probably give you a more accurate evaluation of the quality.
3. You say you want to be fast and efficient. Certainly you can gain speed, but it isn't really efficient until you know the job you are doing is also thorough. When you add thorough to fast and efficient, fast becomes a lot more problematical and you gain a new respect for the word efficient.

Take a look at some of the threads on DT [Dentaltown] and you will see excellent work from a number of dentists, both gps and specialists. Look at some of the access openings that show where tissue inclusions extend beyond the three canals you are looking for and you start to get an appreciation that the anatomy of a molar – might not be as straightforward as you presently imagine. So, I would put the word thorough ahead of fast and then when you become efficient you truly will be efficient. ■ Barry

Raf Tuanpham,
 Posted: 8/25/2007 1. I only do endo (as an endo resident),
 Post: 8 of 80 and for a molar I take about two-
 Total Posts: 190 and-a-half hours, if it is a de novo
 treatment. Of course I focus on
 getting all the anatomy, clean and shape everything
 meticulously, and a good compact obturation. X-
 rays don't say a thing; it is your follow-up that will

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show you whether or not you did a good RCT [root canal treatment]. Thirty minute molar endo cannot be good. Why? You don't get your irrigans long enough in the canals; you don't get a large volume into the canals. Remember that shaping is only done in order to make a good cleaning and obturation possible. So I believe you can shape a molar in 30-60min, but I don't believe you can clean it decently in that amount of time. Also keep in mind, that I work alone, so I first take 10 minutes for the patient to hear the complaint, make the anamnesis and a diagnosis. Then I start and afterwards I have to clean up everything and fill in the paper work. So with some proper assistance, maybe I could do it in one-and-a-half hours (if the root canal system allows it) or two hours.

Retreats and other stuff (broken instruments) of course take longer.

2. Of those three you mentioned, ProTaper is the fastest and most efficient, but also the most difficult in terms of breaking your instruments and avoiding transportation.

Just work carefully and then any system you feel comfortable with is a good one.

3. No reasons why you shouldn't use the J. Morita Root ZX 2, it is a very good one.

4. Carrier systems are easy to use, give nice results on the X-rays, but indeed are difficult to prepare for post-space. Also, they are nasty when you need to retreat the tooth. There is also a concern to leakage, since the GP can strip off the carrier. In short, I don't use them.

Why not try something like System B and Obtura? Or yes, cold lateral or hybrid condensation also give good results (equal or better than carrier systems). These techniques also allow easier post-space preparation and easier retreatment if necessary, but take a bit more time. ■ Raf

kfadd

Posted: 8/25/2007

Post: 11 of 80

Total Posts: 103

FWIW [For what it's worth] the SafeSiders system is the best out there. Barry has invented the best "mouse trap."

No need to look elsewhere. I change the technique a bit by using a Medidenta Sonic MM 1500 first and then the SafeSiders, and then the EndoREZ by Ultradent. Quick and easy. ■

bmusikant

Posted: 8/26/2007

Post: 15 of 80

Total Posts: 7383



Think of "quick and easy" as a relative term. The fact that more time will help us find more canals does not remove the essential point that a system that is designed and used in a way that virtually eliminates separation and distortions is not a bad way to address any case, be it challenging or not. As I like to say, you are ahead from the start if you don't have to worry about the impact of the canal anatomy on the integrity of the instruments used to do the shaping. That means you can concentrate on the problems the tooth anatomy presents rather than worrying about all the rules of rotary NiTi that must first be mastered before tackling the problems presented by the tooth.

It certainly works that way for us. So while I agree wholeheartedly in doing things thoroughly, the SafeSiders are safer, far less expensive, and more efficient particularly as the cases become more challenging and that often does make for quicker procedures, especially since there is rarely a need for recapitulation something that rotary NiTi could not live without.

Just another perspective. ■ Barry

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badaboom

Posted: 8/27/2007
 Post: 21 of 80
 Total Posts: 245

I love ProTaper and the GP cones that match it, for single cone plus some lateral if needed; the results look good on the radiograph.

I saw some advertisement on "SoftCore" Therma-fil carrier. Does anyone have experience with that? Supposedly it comes with drills that will make post placement easier. ■

rootdmd

Posted: 8/28/2007
 Post: 22 of 80
 Total Posts: 3080



Yes, you're right, you did push a hot button by describing endo as quick and easy. That description you chose

certainly doesn't sound like the dialogue from any 100 percent dedicated scope user I've ever met.

Congratulations on having a scope. I would suggest that you aren't using it to the potential and if you think you are, go read as many of Ragnar's posts in Endo Files and see the kind of anatomy he discovers on a routine basis, and then perhaps you'll appreciate my disgust for the manner in which you've chosen to describe the process of doing a root canal, regardless of the chosen instrument set.

And your statement that I'm only seeing the tougher cases is invalid. First of all, you can't tell which cases are easy by just looking at an X-ray (think dilacerated canals that appear gently curved on a straight on X-ray). Secondly, I do work for a number of dentists that do no molar endo at all. Thus, I would have the opportunity to see these same quick and easy cases you are cherry picking. Yes, I get one on occasion, but not too often. They all seem to have some particular challenge which would keep me from agreeing with you about endo being quick and easy (once again check out Ragnar's many posts demonstrating this anatomy). Gains in efficiency with experience? Sure. Endo quick and easy? Nope! ■ **Mark Dreyer**

F R MALOCH dds pc

Posted: 8/28/2007
 Post: 23 of 80
 Total Posts: 1152

I've read many, many posts in the endo section. I've watched the Online CE. I've downloaded and read all I could on Buchanan's techniques on his Web site.

I've gone back to a hybrid of SafeSiders and hand files (currently ProFiles with the big handles on them that don't fit a reciprocating handpiece). I might re-package this and call it something with my name in it. (Just kidding, folks!) Anyway, the point I would like to make is I got out my old ProTaper latch heads and flexed a #30 / .04 and .06 in my

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hands. I still can't believe this can't do harm in an even slightly curved canal. Those things really don't flex easily, especially when they are turning within the canal. Am I wrong? Why don't manufacturers make these for a reciprocating handpiece? Wouldn't that be potentially less damaging and less likely to separate? ■ **Rick Maloch, DDS**

rootdmd
 Posted: 8/28/2007
 Post: 24 of 80
 Total Posts: 3080



The ATR Vision endo unit will allow use of any latch type rotary NiTi to be used in a reciprocating fashion. I've tried it and I prefer rotary. In my hands, reciprocation doesn't produce the results I'm looking for. Of course, Dr. Yared (whose cases Ragnar posted a while back here on DT) has mastered this approach. Pick your weapon... there's a lot of OK ways to shape a canal...assuming you find the canal to shape. ■ **Mark Dreyer**

rhenkeldds
 Posted: 8/29/2007
 Post: 44 of 80
 Total Posts: 3428



Why limit yourself to one system? I use hand files, I have the SafeSiders, and I have Ultradent's AET system. I have more preference to reciprocating systems than rotary. And with both of the reciprocating handpieces, I can still use regular old hand files in them also. It might be a little slower at times to resort to using hand files, but in my mind, endo isn't a "beat the clock" type of procedure.

Barry has his convictions, why press him into a corner to recommend something he doesn't obviously support. ■ **Bob Henkel**

F R MALOCH dds pc
 Posted: 8/30/2007
 Post: 68 of 80
 Total Posts: 1152

Why can't we get a real response to the question, like:
 Endosequence- files click, minimal breakage but you think you are because of the sound. Moderate amount of files in 'the system'. Nice constant taper end result.
 Sybron K3's – aggressive cutting file. Some specialists prefer this system. Mine in Houston does and he can rock these boards with the best of them.
 Tulsa GTs – Crown down file system. Nice taper but at the expense of dentin. Works great in some hands.
 Tulsa ProTaper – Many Dentaltowners use these and get great results. Not every canal meets these files' needs might have to have hand files as backup.
 SafeSiders- Big plus for safety. Sometimes tough to get a good taper. Can sometimes look a little funneled on final film for some people's tastes, but do looks really matter (even when at the expense of a little dentin)?
 I'm doing this off the top of a GP's head and from what I get from reading the boards. How close did I get?
 I think this is what the original poster wanted. Not a pissing match. ■ **Rick Maloch, DDS**

tuapham
 Posted: 9/6/2007
 Post: 80 of 80
 Total Posts: 65

I still don't know what endo system I will end up using, but I have been forcing myself to locate MB2. Much more easy to spot now. Just a faint line going from MB1. Whomever said draw a line from MB1 to Palatal and go 90 degrees one-third way, thanks for the advice. ■

Find it online at www.dentaltown.com

Read the rest of the conversation and add your comments on www.docere.com Type in "Endo System for Start-up" in the search box and click, "Search." ■