



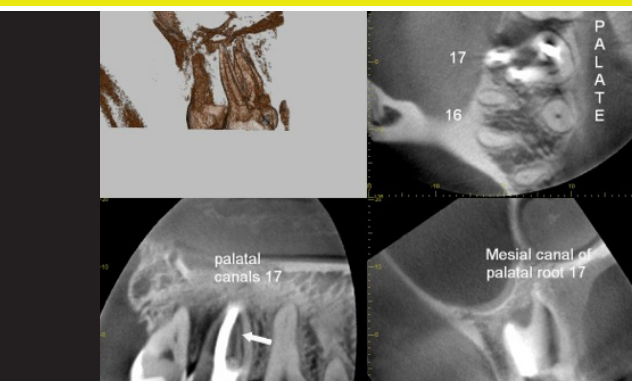
EVERYTHING ENDODONTIC

OCT/NOV 2012

FEATURED CLINICAL ARTICLES

Determining Working Length: The Key to Endodontic Success

SEE PAGES 6 & 7



Clinical Application of Morita's 3D CBCT in Endodontics

SEE PAGES 30 & 31



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OCTOBER

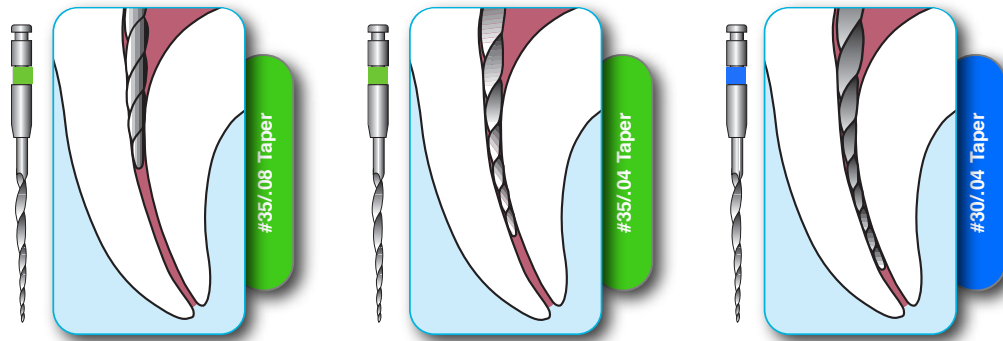
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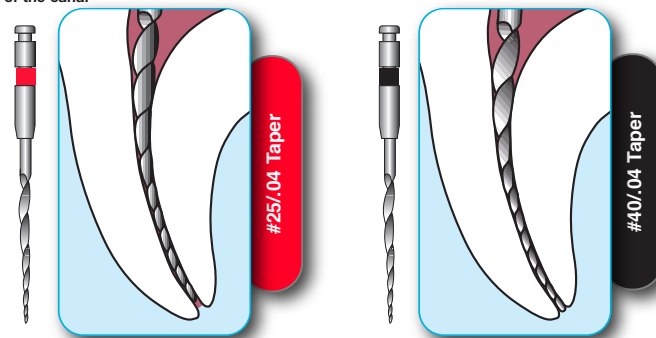
The EndoWave Professional Kit

Has been developed by Morita in collaboration with leading clinical Endodontists globally. EndoWave Professional is the ideal technique for new and experienced Rotary NiTi operators alike.



Step 1
Carry file #35/08 into the canal & enlarge the coronal one third of the canal

Step 2-3
Use the file #35/04 then change to #30/04 until it is approx. 2-3mm short of working length



Step 4
If possible (without resistance) go to full working length with file #25/04

Optional Step - Apical Sizing
EndoWave #40/04 is included for canals requiring a #40/04 apical stop size

- For first use, always practice instrumentation in extracted teeth
- Suggested rotational speed range is 300-500RPM. Maximum rotational speed should not exceed 600RPM
- Torque reverse settings should not exceed 90gms. The lower the operating torque reverse level, the better.
- Open good access cavities using straight line access techniques.
- Using a hand file and Dentaport ZX/Root ZX apex locator obtain accurate working lengths for all canals
- Proceed with hand files to approx ISO size #15 to create a glide path prior to introducing any rotary files
- Proceed with EndoWave rotary files, following the crown-down technique guide (see attached)

- Always introduce a rotating file. Do not stop file rotation within the canal
- Always use a small (2-3mm) reciprocating back and forth motion, apply only low pressure. Never force instruments
- Remove debris from the file flutes frequently
- Inspect files for distortions/fatigue before and after each use
- Maintain the canal patency with a hand file during rotary instrumentation
- Use copious amounts of irrigation solutions between EndoWave file sequence
- **Remember, it's not how many times the file has been used, it's how it was used!**



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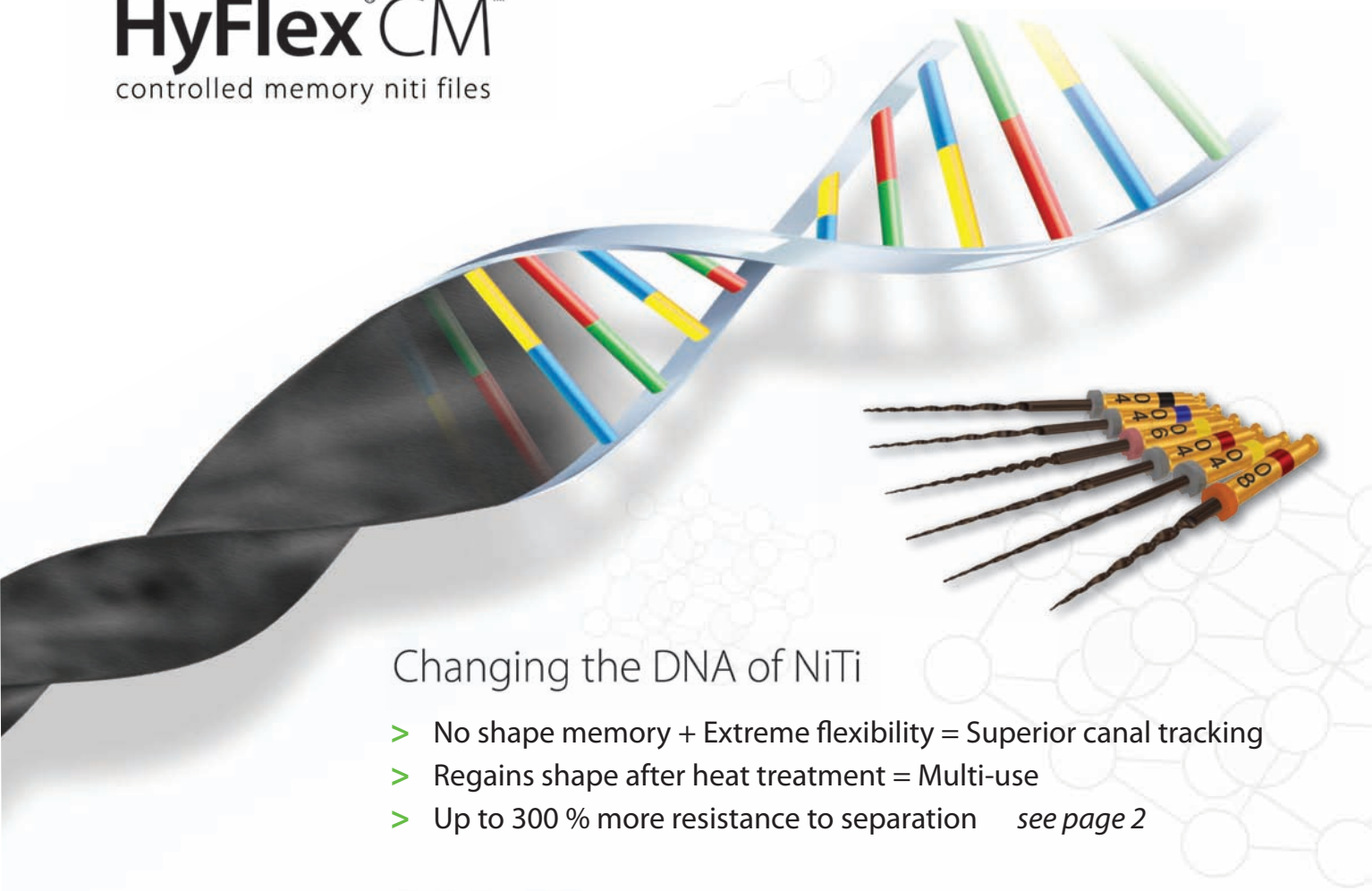


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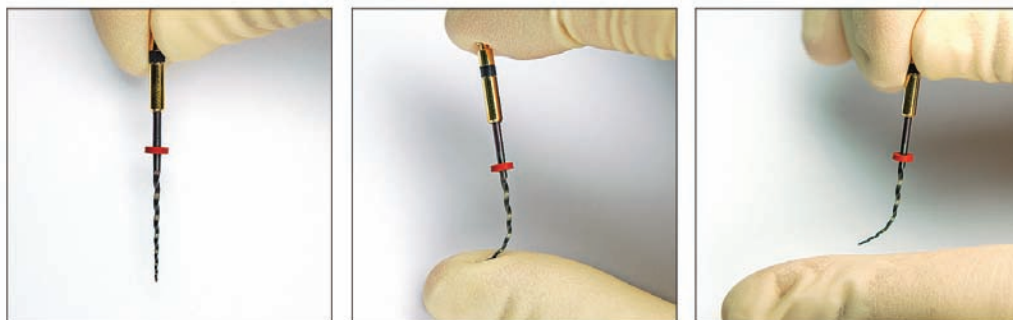
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Determining Working Length: The Key to Endodontic Success

Dr. Harish Lala, BSc (Otago), BDS (Otago), MDSc (Melb), MRACDS
Endodontist - Auckland, New Zealand

It is generally accepted that root canal therapy procedures should be limited to within the root canal system. The presence of bacteria and their by-products within the root canal system predisposes us to apical periodontitis. Treatment involves not only the removal of microorganisms from the pulp space and filling of the root canal system, but also the restoration of the tooth to provide a coronal seal to prevent a reinfection. The goal of root canal therapy is thus to control infection through the debridement, disinfection and filling of the root canal system.¹

Determining the working length of the canal is a key factor in endodontic success and in order to determine this, the apical third needs to be understood.

In a root canal, there are 3 distinct areas (Figure 1):

1. The tooth apex;
2. The apical foramen (major foramen); and
3. The apical constriction (minor foramen, also called the CDJ).

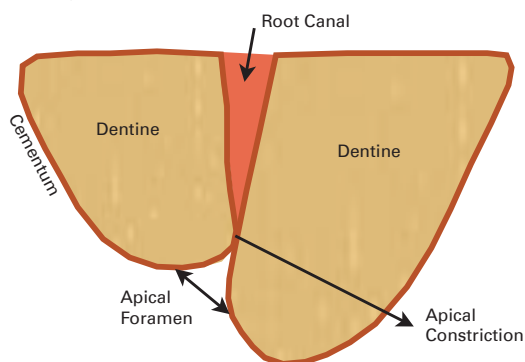


Figure 1. Basic anatomy of a root canal system

It is important to note that the apical foramen is not always located at the anatomical apex of the tooth; the foramen may be located to one side of the anatomical apex sometimes at a distance of up to 3mm in 50-98% of cases.²⁻⁴

The apical constriction (the minor foramen), when present, is the narrowest part of the root canal with the smallest diameter and preparation to this point results in a small wound site and optimal healing.⁵

A discussion of the working length (WL) can only take place when it is understood to be measured in millimeters from the foramen and not the apex. So forget about the apex and think of determining the working length in relation to the apical foramen. The foramen gives a precise reference point for working length determination - the apex does not.²

The traditional approach, using the averages from anatomical studies and the assumption that the CDJ occurs at the apical constriction, has led to the common teaching practice of determining working length to be 1-2mm short of the anatomic apex as seen on a radiograph.

The use of anatomical averages, tactile sense and radiography all have their limitations. The size, tooth type, age and resorption defects make tactile sensation unreliable to locate the apical constriction.

Radiographic determination of working length has been used for many years where the foramen is assumed to be 1-2 mm short of the radiographic apex, however nothing could be further from this statement. When the apical foramen exits to the buccal or lingual direction, it becomes difficult to view on a radiograph.⁶

Dense bone and anatomical structures can make the visualization of root canal files impossible by obscuring the apex (Tamse et al. 1980). A radiograph provides a two-dimensional image of a three-dimensional structure and is technique sensitive in both its exposure and interpretation. The preoperative radiograph is essential in endodontics as a legal record and to determine the anatomy, the number of canals, the curvature, presence or absence of disease of the root canal system. It is an initial guide for working length indication. The use of an Electronic Apex Locator (EAL) with an appropriate radiograph, however, allows for far greater accuracy of working length control by determining the position of the apical foramen.⁷⁻⁹

Electronic Apex Locators have been around since 1918, hence the concept is not new. All involve some use of an electrical current. The Root ZX/Dentaport ZX (Morita, Japan) (Figure 2) was the third generation of apex locator on the market. It uses multiple frequencies to determine the distance from the end of the root canal in conjunction with powerful micro-processors that are able to process the mathematical quotient and algorithm calculations required to give accurate readings. Since its introduction, the Root ZX has received considerable attention in the literature and has become the benchmark to which other locators are compared. The Root ZX has been combined with a handpiece to measure canal length as a rotary file is used and this is marketed as the Tri Auto ZX with integrated handpiece, and more recently, as the Dentaport ZX and TR ZX Module.

Other uses for the apex locator include the detection of a perforation, root fractures, cracks and internal/external resorptions, which will complete a circuit between the root canal and the periodontal membrane. A Morita apex locator is a very good diagnostic tool in these situations.



Development

Working length determination during root canal therapy has been greatly aided by Electronic Apex Locators (EALs). They can save time in determining initial working length, save on the number of x-ray exposures and can be particularly helpful when the periapex is unclear on radiographs or when there is a question about whether a perforation has occurred. In my practice, I consider it absolutely indispensable for the simple reason that the foramen does not coincide with the anatomical apex in most teeth.



Figure 2: Morita's Dentaport ZX Apex Locator

One of the earliest brands was the Root ZX by Morita, which is recognized as the gold standard in accuracy as confirmed by various studies. I have been using it since 1993. Intraoral radiographs do not show the apical foramen and are often misleading, leading to compromising results. You will never be able to assess correct working length without a good apex locator. Anatomic studies clearly show that the apical foramen is not at the apex in the majority of teeth. So if you are depending solely on radiographs to determine the working length, making an error is almost certain!

We should agree that the "working length" ranges from 0.5 mm to 1.0 mm from the major foramen and not the apex. We are in fact locating the position of the major foramen with electronic aids - not the apex. As operators, we can then do the adjustment choosing a termination point 0.5 mm or 1.0 mm short of that location.

Emphasis should be placed on the cleaning and shaping of the canal as close as possible to the constriction/CDJ. EALs have gone through at least three generations of development. Early versions used a direct current, which was rather unreliable. The next generation was improved by use of alternating currents and the most recent EALs use multiple alternating currents of different frequencies. Each of these changes have made them more accurate and reliable.

Using Apex Locators

Like any new technology, there is a learning curve for EALs. It takes some practice to learn how to interpret the readings on the screen and develop confidence in their accuracy. Do not give up after a few tries!

Some clinicians are so confident in their use of EALs that they take only preoperative and postoperative radiographs. For most clinicians, however, it is advisable to confirm working length with a radiograph.

There are several tips which are helpful in using EALs:

- ▶ Turn on the EAL and allow it to self-calibrate before connecting it to the patient;
- ▶ Be sure the file and lip clip do not contact any metal restorations;
- ▶ Non-conducting irrigants give the most accurate readings. These include RC Prep, alcohol or dried canals. Conducting irrigants, such as sodium hypochlorite or saline are more problematic;
- ▶ When determining working length, select a file that fits snugly at the apex. Advance it slightly past the apex and pull it back to make your readings; and
- ▶ Repeat the process several times to verify. If the readings are not reproducible, they probably are not accurate. Inaccurate readings sometimes occur when a periapical lesion is present.

The position of the file tip on an x-ray is always somewhat suspect, as the relative position of the file does not tell the clinician where the minor constriction of the apical foramen is in relation, only how far the file tip is from the radiographic terminus. It must be remembered that the apical foramen can exit the tooth from the anatomic apex and up to 4mm from the radiographic terminus. This huge variance can lead to a significant deviation in interpretation with regard to the position of the minor constriction. As an aside, interpretation of the position of the file and its significance at the root end is similar in its limitations as looking at a single x-ray of a root canal treated tooth and evaluating whether the apical filling is really placed to the minor constriction. Developmental errors in x-ray processing can also lead to difficulty reading radiographs, as can only relying on a limited number of views.

Summary

Electronic apex locators have arrived and have come of age. No individual technique is truly reliable in determining endodontic working length. The EAL can be used as an adjunct to locate the apical foramen along with anatomical knowledge and careful use of a radiograph. This will then help to determine the CDJ as a practical and anatomic point for the preparation and obturation of the root canal.

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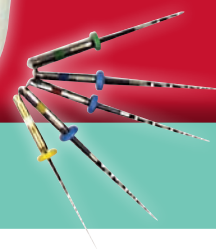
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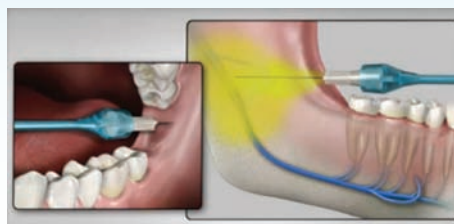
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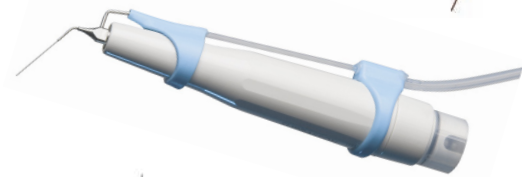
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20pcs





CanalPro Endodontic Solutions

COLTENE ENDO brands represent over a century of experience in providing essential and reliable endodontic products and materials that are clinically proven to ensure successful endodontic therapy.

When it comes to irrigating, CanalPro Endodontic solutions are your best choice for successful treatment. Optimise the time spent on irrigation for the best outcomes.

Saves time and improves outcomes

- More efficacious solutions
- Innovative delivery instruments
- Colour coded for safety and convenience


Rinsing Solutions

CanalPro NaOCl Extra - 2 x more digestive **\$85**

For irrigation/debridement of root canals before and during instrumentation

- 2 x more efficient: Powerful wetting agents and proprietary surface modifiers enable penetration into hard-to-reach areas such as lateral canals and isthmuses
- 2 x more digestive than regular sodium hypochlorite solutions, cuts tissue dissolution time in half
- 480ml bottle



CanalPro NaOCl  **\$38**

For irrigation/debridement of root canals during and after instrumentation

- Available in 3% and 6% formula
- 480ml bottle



CanalPro EDTA **\$86**

- 17% EDTA solution (pH 8.5)
 - Removes smear layer and dentin mud
 - Opens dentin tubules for:
 - Disinfection solutions to work more effectively
 - Better adhesion of sealers and obturation materials
- 480ml bottle



CanalPro Syringe Station **\$247**

No Mess! No Waste! Less Time!

- Cost-effect way to create a dedicated area for syringe filling
- Syringe activated valve
- Low level light indicator
- Helps prevent counter, carpet and scrub damage
- Several units may be connected to create a convenient station for filling multiple solutions



CanalPro Syringe Warmer **\$652**

- For 10 ml syringes
- Heats to 55 °C
- Gives higher efficiency to rinsing solution at lower concentration



KOMET BURS MAKING ENDODONTICS EASIER



Endo Rescue Kit 4601

Specifically designed for the quick and simple retrieval of a fractured rotary nickel-titanium instrument within the canal

Contains H269GK.315.016, G180A.204.110, G180.204.090, RKP.204.090, RKT.204.090 & 150.155.000

K-4601 Endo Rescue Set #4601



\$195

H269GK.315.016	1	
G180A.204.110	1	
G180.204.090	1	
RKP.204.090	1	
RKT.204.090	1	
150.155.000	1	

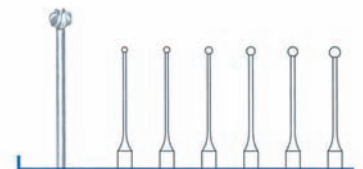
Pulp Bur "Muller"

Stainless Steel R/A Pack of 6

K-191204 Sizes 090-180 or Assorted

2+ ea \$40

Single \$44



Gate Glidden Drills

Stainless Steel R/A Pack of 6

K-G180 and Assorted K-G180A Sizes 050 - 130

2+ ea \$40

Single \$44

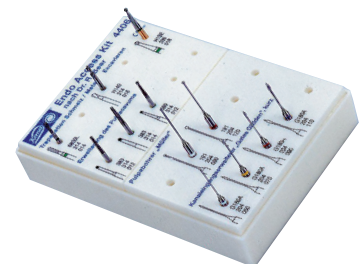


Endo Access Set 4406

Created by Professor Dr. Rudolf Beer



\$150



LEDERMIX®

Tried Tested Trusted



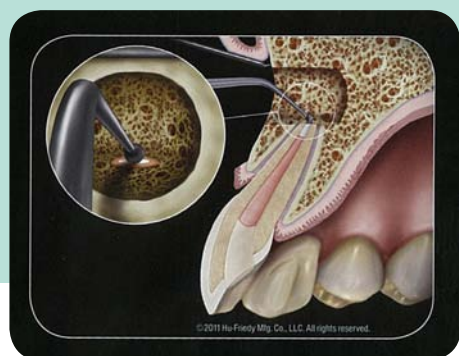
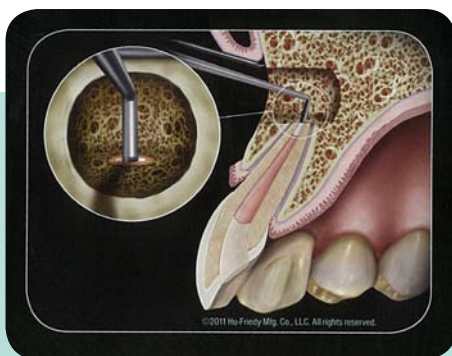
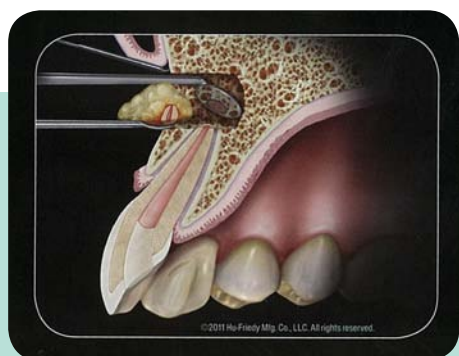
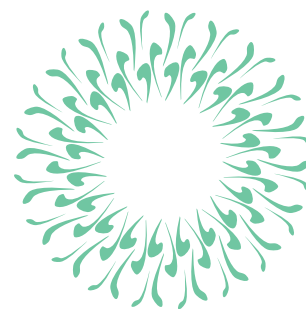
Ledermix Paste — an effective, intracanal medicament which has been increasing the predictability of periapical healing and reducing post operative pain for nearly 50 years.

Combo Kit \$163 Powder 3g bottle \$78

*PRICES VALID OCTOBER ONLY

Microsurgical Explorers

Available in various working ends to provide the clinician with useful options when treating simple or complex cavities. The instruments have excellent balance and the resiliency operators need for careful, thorough exploration.



Endodontic Microsurgery

Hu-Friedy's broad line of microsurgical endodontic instruments are meticulously handcrafted with consistent and precise dimensions using the finest grade stainless steel, ensuring access into the most difficult surgical sites and optimising treatment outcomes.

Apical Explorer MEX1

Abou-Rass 1DE Explorer MAR-EX1

Abou-Rass 3 DE Explorer MAR-EX3

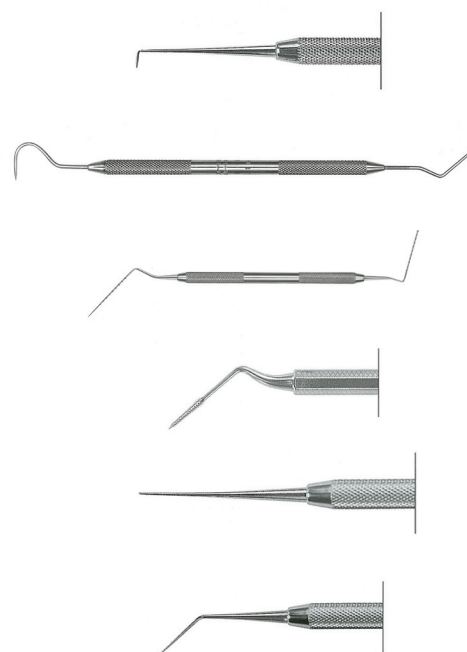
Abou-Rass 2 SE Explorer MAR-EX2

Abou-Rass 4 SE Explorer MAR-EX4

Abou-Rass 5 SE Explorer MAR-EX5



\$28 each



How the best perform

Obtura Spartan Endodontics has been providing clinicians with Obtura III Max & Obtura MaxPack delivers

S –Kondensers

\$182

S-Kondensers feature a nickel-titanium end for compaction in curved canals as well as a flat ended stainless steel condenser for compaction in the middle and coronal third of the canal.

Available set of 3, the S-Kondensers are ISO colour coded 40 NiTi/80 SS, 50 NiTi/100 SS, and 60 NiTi/ 120 SS.



Obtura GP pellets

\$67

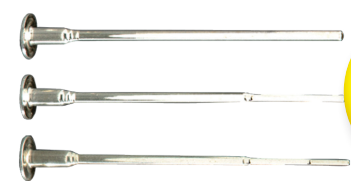
- Two viscosities of gutta percha to choose from: Regular flow and the lower temperature "Flow 150" for increased flowability.
- Low Flow 150C GP pellets should be applied with 25g Obtura needles.



Obtura Needles

\$82

- 3 needle diameters, 20, 23 and 25 gauge to suit any clinical situation
- 25 gauge needle allows the clinician to access smaller spaces and penetrate deeper into the canal space



Obtura III MAX Cleaning Solution Kit

Contains 1 bottle of cleaning solution and 1 cleaning brush.

\$59



Obtura Spartan Pluggers

\$156

Autoclaveable pluggers, made from tempered stainless steel

- Deliver consistent heat to soften gutta percha
- Colour coded to make tip recognition easy.

Available in ISO sizes 30, 35, 40, 45, 55, and 60 and ISO tapers.04 (Extra-Fine), 06 (Fine), 08 (Fine-Med), 10 (Med), 12 (Med-Lge).



Spartan Tips



dependable endodontic equipment and supplies for over 25 years.
consistent, strong **reliable** performance.

Obtura III MAX

\$1750

The latest generation in thermoplastic Obturation

- Easily fills root canals with warm gutta percha in seconds for MAXimum Obturation success.
- Control the speed of gutta percha extrusion with the ergonomic handpiece design for superior tactile sensation
- Cartridge - free operation resulting in low cost per canal.
- Thermal protector for enhanced patient safety
- Lightweight, ergonomic handpiece design reduces hand and wrist fatigue
- 3 gauges of applicator needles: 20, 23 and 25



COMBO OFFER:

Buy Obtura MAXPACK & Obtura III MAX
for only \$3386 (must be in one order)



Obtura MaxPack

\$1790

The Obtura MaxPack can be used to: remove excess gutta percha when performing lateral condensation techniques, create an endodontic post space, or compact gutta percha to prepare for warm gutta percha injection techniques.

- Cordless Handpiece
- Four temperature pre-sets ranging from 150°C 180°C 200°C 230°C
- Lightweight (63 grams) with ergonomic design
- Quick heating (1-2 seconds) with audible alert
- Long lasting Lithium-Ion battery to enhance performance and minimize downtime for charging
- Fully charges in 3 hours
- Safety: Auto shut-off after 10 minutes of downtime
- Six directional plugger slots
- 12 month Warranty



Obtura MaxPack includes MaxPack Unit, charging console, MaxPack Battery, Battery Enclosure, AC Power Adapter, Power Cord and 1 Free Obtura Spartan 55/.06 Taper Plugger



System B Cordless Obturation SYBRONENDO

Lightweight and easy to use, the Fill unit accurately moves filling material apically to create a three-dimensional fill. The ergonomic hand piece allows for controlled extrusion of either RealSeal or traditional gutta percha.

System B Cordless Fill Unit

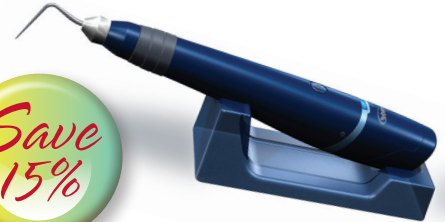
\$1512

The versatile Pack unit features 360° one touch activation that heats instantly for optimal safety, accessibility and control. The lightweight unit is perfect for single motion down pack and creating post space.



System B Cordless Pack Unit

\$1512



Buy 1 System B Cordless Fill Unit Get 1 RealSeal or GP Pellets Free Plus 1 Sealer FREE! (VALUE \$257.⁴⁰)

Buy 1 System B Cordless Pack Get 1 System B Cordless Pack tips (fine & fine medium) Pack 2 FREE! (VALUE \$352.⁵⁵)

Soft-Core Introductory Kit

\$323

If you like Thermafil, you'll love Soft-Core! Soft-Core's carrier is 30% thinner than Thermafil, allowing greater flexibility to navigate curved canals. A thinner core also means more gutta percha for denser fills every time. And with just one universal taper size, you can greatly reduce and simplify your carrier inventory.

Clinically proven to provide a better seal. Soft-Core is made with the most advanced Alpha Phase gutta percha available, ensuring excellent flow ability, adhesive qualities and superior sealing capabilities. In fact, in a recent university study Soft-Core had 40% less microleakage than Thermafil.

Kit contains:

- 1 Soft-Core Oven,
- 3 packs each #20, #25, #30, #35 Obturators (pack 6)
- 2 packs each #20, #25, #30, #35 Size Verifiers (pack 6)
- 1 pack of #1 LA Axxess Stainless Steel Burs (pack 6)



— Bendable, easy to remove, twist-off handle

— Removable handle creates post space for easy preparation

— Thinner core for greater flexibility to navigate curved canals

— More gutta percha, fills up to .10 taper

— One size taper fits all common preps

Buy Soft Core Intro Kit Get a Sealapex Express FREE! (VALUE \$183.¹⁵)

Refills

- Soft-Core Obturators
- Sizes #20 to #60
- Pack 6
- Pack 36



ea \$63.³⁰
ea \$354

BUY 6 packs of Obturators GET 2 Packs FREE!* (VALUE \$140.⁷⁰)

Soft-Core	vs	Thermafil
The Soft-Core advantage: <ul style="list-style-type: none"> • Thinner, more flexible core • Precision injection molded gutta percha • Easier post space preparation 		

* To Claim Bonus Goods: Fax (02) 8875-8175 or email: sybronendo.accounts@sybrondental.com your complete invoice to Sybron Endo by 15th December, 2012. Clearly mark which bonus goods are required.



Biodentine

As the first all-in-one biocompatible and bioactive dentin substitute, Biodentine™ fully replaces dentin wherever it's damaged.

- A truly versatile product, Biodentine can be used for various crown and root indications - from apexification to pulp exposure.
- Biodentine™ helps the remineralisation of dentin, preserves the pulp vitality and promotes pulp healing. It replaces dentin with similar biological and mechanical properties.
- Biodentine offers better handling and shorter setting times (12mins from start of mix to set) than traditional MTAs. Biodentine should be mixed in a capsule mixer with a min 4000rpm.

Box of 15 capsules

\$194



Buy 1 box Get 20% off a BA Optima U-mix

Limit of one per account. Only Whilst Stocks Last.
This offer cannot be used in conjunction with any other offers.



Calcipulpe

Calcium hydroxide for endodontic use or cavity lining/dressing

- Canal Dressing
- Calcium Hydroxide in Methyl Cellulose
- Cavity lining, dentine protecting
- Desensitising with Barium Salt for radiopacity

SP-4921K Syringe 3 x 1.7g



\$133^{.61}



Cimpat S

Temporary filling ready to use in syringes

- Adheres to the dentine
- Fast setting
- Ensures hermetic seal

SP-4013 4 x 7.5g Syringes



\$67^{.79}



Endoperox Powder

Bleaching for non vital teeth

SP-4079 Powder 5g



\$114^{.53}



Endomethasone N

Root canal therapeutic sealing cement

- For permanent root canal filling and sealing

SP-4026N Kit Powder 14g, Liquid 10ml

SP-4027N Liquid refill 10ml

SP-4072N Powder Refill 14g



\$142^{.52}

\$63^{.85}

\$78^{.70}

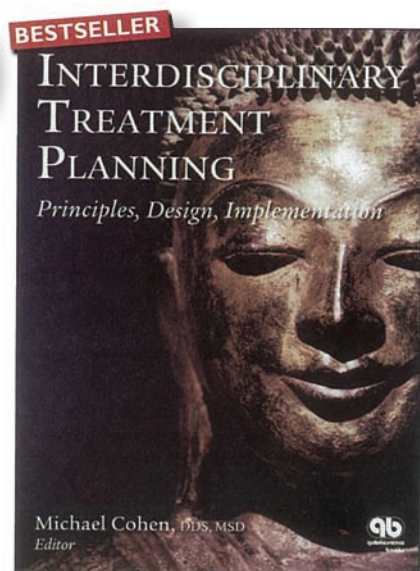


Interdisciplinary Treatment Planning: Principles, Design, Implementation

Michael Cohen



This extraordinary book is an offshoot of the Seattle Study Club, a popular continuing education group with hundreds of chapters throughout the US and Canada. Based on the proposition that specific treatments and techniques come and go but comprehensive treatment planning is universal and timeless, this group unites clinicians of all levels and from all disciplines, challenging them to master the principles of total case management through interdisciplinary treatment-planning exercises. In keeping with that philosophy, this book articulates the seemingly mystical process by which master clinicians treatment plan their own cases. In the first part of each chapter, 17 of the world's most prominent and respected clinicians candidly share the key principles that guide and inform their case-planning decisions and show stunning photographs from their cases. In the second part of their chapter, these contributors present the complete diagnostic facts and findings of one of their own cases and invite the reader to treatment plan the case. Applying the principles espoused in part one, the author then presents his/her own treatment plan and the actual treatment that was rendered along with large, full-color treatment and posttreatment images and radiographs. Because the authors represent every specialty in dentistry—periodontology, orthodontics, prosthodontics, endodontics, and oral and maxillofacial surgery—this outstanding and innovative book demonstrates comprehensive treatment-planning principles from the perspective of every clinician.



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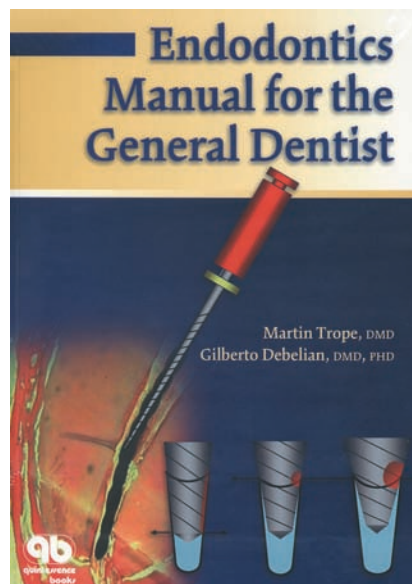
568 pp; 1,350 illus (mostly colour)

\$440^{.99}

Endodontics Manual for the General Dentist

Martin Trope and Gilberto J. Debelian

This easy-to-follow manual presents step-by-step procedures that allow general practitioners to provide root canal therapy for cases that meet specific criteria and to recognise when to refer to a specialist. The authors, both world-renowned endodontists, believe that emerging technologies have expanded the role that general practitioners can take to treat patients with apical periodontitis with a high degree of predictability and success. In language and illustrations that are clear, simple, and direct, the authors guide readers through the steps of diagnosing the problem, understanding how and with what instruments to treat it, and performing several different treatment procedures. This modest-sized book allows clinicians who wish to expand their expertise to achieve a dramatic change in their practice.



Q-5120478

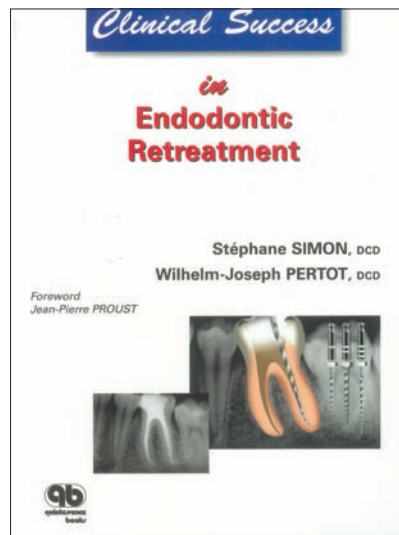
84 pp (softcover); 150 illus

\$92^{.40}

Clinical Success in Endodontic Retreatment

Stéphane Simon and Wilhelm-J. Pertot

Endodontic retreatment is technically more difficult to perform, involve's greater risks, and is more unpredictable clinically compared with primary endodontic treatment. This book addresses topics such as indications for endodontic retreatment; safe and efficient removal of existing restorations and obturation material; challenges such as fractured instruments, hard pastes, blockages, and negotiation of the canal; treatment of perforations; management of a tooth with a wide-open apex; and assessment of prognosis and success. Well-illustrated with clinical photographs, radiographs, and diagrams, the book will enable practitioners to undertake endodontic retreatment with greater confidence.



Q-5120604

144 pp (softcover); 362 illus

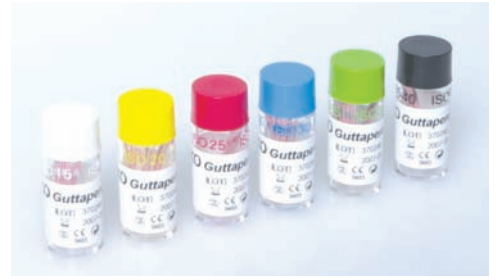
\$111^{.10}

GP Points in Single Vials Top Colour ROEKO

Pink tip end coloured

Available in single vials of 17 pts ISO sizes

\$3



Hygenic GP Points in Vials

AAE/ISO sizing, pink, 20 points per vial.

\$3



Buy 5 Roeko or Hygenic Get 1 FREE!
That's \$2.⁵⁰ per vial

Top Colour GP Points ROEKO

- Pink tip
- End coloured
- No risk of mixing up sizes

Box of 100



\$15



Top Colour ROEKO

Combine the advantages of white and colour points. Colour coding at the top of the points prevents mixing up of sizes. The white tip allows cleaning and drying of the root canal to be monitored.

White tip end coloured

- White tip, end coloured
- Drawer box or sterile cell pack

Drawer Box 180

Cell Packs 180



\$8.50

\$16.⁹⁵



White Paper Points ROEKO

Allow cleaning and drying of the root canal to be monitored

Drawer Box 200 pcs



\$8.50

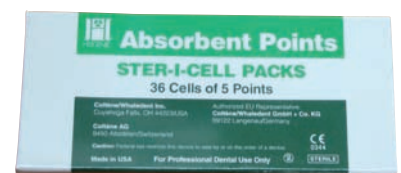


Ster-i-cell Paper Points HYGENIC

- Highly absorbent, resilient and precise in size and taper
- White
- Packed in cells of 5 points each

ADA sizes XXF to C and ISO sizes 15 to 40 180 pcs

\$12



Nitrile Gloves - Accelerator FREE HENRY SCHEIN

Pure Nitrile gloves from Henry Schein are latex free and accelerator free. These gloves help prevent type IV allergic reactions as the gloves do not contain thiurams and/or carbamates and/or thiazole. The super-soft nitrile offers improved tactile sensitivity.

Box of 100 gloves

10+ ea **\$11.50**

\$12.95



Pouch with Isolated Internal Indicator MAXIMA

Quality medical grade sterilisation paper with Isolated internal indicators.

Hand Instruments:	90x140 mm (3.5 x 5.5")	HS-9006155	\$12
	90x255 mm (3.5 x 10")	HS-9006156	\$18
Multiple Instruments:	133x255 mm (5.25 x 10")	HS-9006157	\$32
	90x330 mm (7.5 x 13")	HS-9006158	\$50



SCICAN

Happy endings are written at 134°C.
Unless of course you're a germ.

When your body fights infection, it drives up its temperature to make the environment less hospitable. SciCan's range of sterilizers also turn up the heat, to 134°C, to help eliminate viruses and microorganisms on your instruments.

Patented technology speeds up instrument sterilization – to as much as 10x faster than most conventional chambered autoclaves. So the happy ending, is also a quick one.

Statim 2000 G4 \$6500*

Statim 5000 G4 \$8600*

*These prices applicable if ordered before 20 November 2012

Your Infection Control Specialist™



SciCan

Forget that fling with latex!



Dentistry is a hands-on profession. Dental personnel have a very high exposure to latex gloves as they may be gloved 8 to 10 hours each working day. Reported rates of latex allergy among health care workers vary from 3 to 10 per cent^{1,2}. Surveys of dentists in the United States of America have shown rates around 14 to 16 per cent³. A previous questionnaire survey of dental personnel in Australia revealed a prevalence of 9 per cent⁴.

So why wear gloves?

Dental health care personnel wear gloves to prevent contamination of their hands when touching mucous membranes, blood, saliva, or other potentially infectious materials and to reduce the likelihood that microorganisms on their hands will be transmitted to patients during dental patient-care procedures⁵.

To reduce the risk to latex sensitive patients and workers, every facility should take the steps necessary to become latex-safe, which includes identifying acceptable alternatives to known latex-containing products⁶.

Switching to a synthetic glove, such as **KIMBERLY-CLARK*** STERLING* Nitrile, that is comparable to latex in maintaining excellent barrier protection during use and comparable in its fit and feel, is an important step in creating a latex-safe environment.

Converting to **KIMBERLY-CLARK*** STERLING* Nitrile Gloves:

- Eliminates confusion and the possibility of accidental latex glove use when treating a latex-sensitive patient
- May help reduce absenteeism and occupational disability costs due to latex allergy/sensitivity over time
- May provide cost benefits by standardizing on fewer glove types, reducing both the number of suppliers used and order frequency, and by increasing order quantities.

According to a 1999 study by Rego and Roley, nitrile is "an equally effective non-latex glove alternative", a synthetic polymer "that exhibits rubberlike characteristics and barrier properties comparable with latex. Nitrile or latex should be the glove of choice for high-risk situations, including exposure to bloodborne pathogens⁷."

When you slip into a pair of **KIMBERLY-CLARK*** STERLING* Nitrile Exam Gloves, soft, supple nitrile caresses your hands as it protects them, allowing them to respond to your every need – from caring for patients to handling delicate instruments.

KIMBERLY-CLARK* STERLING* Nitrile Exam Gloves provide the fit and feel of latex without the risks associated with latex-related sensitivity. Try them on and feel the love!

KIMBERLY-CLARK* STERLING* Nitrile Exam Gloves: The worry-free choice for virtually every task, providing durable barrier protection where fluid exposure is low to high, making it the perfect house-wide exam glove for your dental practice.

"I am a dentist from Gainesville, GA and I love my glove. And I think you will like them too." – Norman Peets, Dentist

"...what other glove can match this glove for tactile sensation. These are the best. So, I really love your gloves."

– Dr C Roger Macias, DDS at the Texas Center for Athletes

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2. Lagier F, Vervloet D, Lhermet I, Poyen D, Charpin D. *Prevalence of latex allergy in operating room nurses.* J Allergy Clin Immunol 1992;90:319-322.
3. Berkzy ZT, Luciano J, James WD. *Latex glove allergy. A survey of the US Army Dental Corps.* JAMA 1992; 268:2695-2697.
4. Katelaris CH, Widmer RP, Lazarus RM. *Prevalence of latex allergy in a dental school.* Med J Aust 1996;164:711-714.
5. http://www.cdc.gov/oralhealth/infectioncontrol/faq/protective_equipment.htm
6. Davis BR. *Perioperative Care of Patients with Latex Allergy.* AORN Journal 72 (July 2000):47.
7. Rego A and Roley L. *In-use Barrier Integrity of Gloves: Latex and Nitrile Superior to Vinyl.* American Journal of Infection Control 27, no. 5 (October 1999).



Kimberly-Clark

*Trusted Clinical Solutions**

* Registered Trademark or Trademark of Kimberly-Clark Worldwide, Inc. ©2012 KCWW.

Sterling Nitrile Exam Glove

Box 200 Extra Small, Small, Medium and Large

That's only \$9 for a box of 100 gloves!

\$18



Box of 200

Endoadvance KaVo

The safe way for root canal preparation. With light, integrated, automatic torque control and Ni-Ti files.

Torque limitation 4-level torque limit setting by rotary ring:

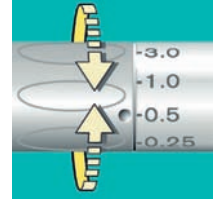
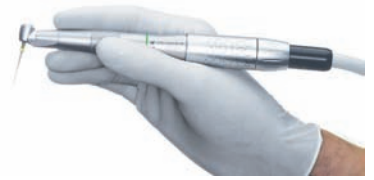
- 0.25 Ncm • 0.5 Ncm • 1.0 Ncm • 3.0 Ncm

Torque values precisely adjustable by positive-action mechanism. The torques indicated are reliably maintained and not exceeded: If the set torque is reached, the safety clutch slips and the file stops rotating immediately. You will hear and feel the response of the safety clutch.

ENDOadvance LUX NT 120L

KV-1.002.4497

\$3080



ENDOstraight KaVo

- Economical canal preparation compact - light - convenient - Economical. Can be used quickly everywhere.
- Suitable for all file systems. Perfect access because of straight handpiece and 100° head angle.
- No torque limitation. Perfect ergonomics with the KL701 and K200 - as good as a stand-alone solution.

ENDOstraight INTRA E 120: 1 for electric motors

KV1.002.6141

\$1925

ENDOstraight INTRA E 40: 1 for air motors

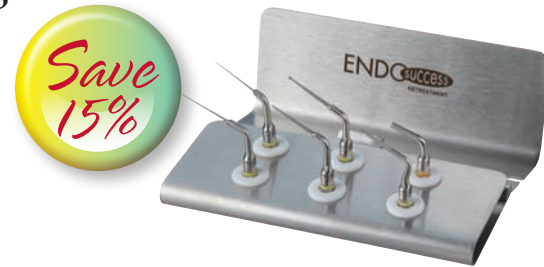
KV-1.002.7561

\$1925



Endo Sucess Tip Kit SATELEC

\$550



Tips

ET 20 Universal retreatment tip

\$70

ET 18D Cavity access preparation

\$102

ET 25 Ti-Nb Retreatment mini tip

\$115

ET BD Exploration

\$105

ET 25S Short Ti-Nb Retreatment mini tip

\$110



Spartan Tips OBTURA

SAVE 20% on all Spartan Tips

Gates Glidden Maxima Made in Switzerland

Use with a slow speed handpiece to widen the canal orifice after the canal has been initially prepared.

Features blunt tip to prevent perforation and provides a better tactile sense. Sizing bands on the shank make for easier instrument identification. Made from stainless steel. 32mm length.

Pack of 6, Sizes 1 to 6

6+ ea \$19^{.90}

Single \$22^{.90}



new Odontocide ADM

An endodontic dressing which incorporates a non-specific COX inhibitor.

- Contains 20% calcium hydroxide and 7% ibuprofen.
- Achieves a pH of over 12 responsible for the antibacterial effect.
- Is combined with a non-steroidal analgesic to assist in reducing the incidence of post operative sensitivity.
- Comes in an 8g tube, easy to pickup with a lentulo spiral and spin into the root canal.



\$74²⁵

Endo Frost ROEKO

Temperature -50 C
 Spray nozzle for precise application
 For freezing pellets and dental rolls
 Odourless
 200ml Cold spray



\$15

Endo Frost Pellets ROEKO



Foam plastic pellets approx 4 x 4 x 4mm
 Cooled with cold spray to test the vitality of the tooth.

500 pcs

3+ ea \$12⁵⁰

\$14



Roekoseal Root Canal Sealer ROEKO

- Excellent flowability
- No shrinkage
- Biocompatible
- Effectively fills root canal and lateral canals

Roekoseal Kit
 1 x Dual barrel syringe and 12 x mixing tips

\$75

Tubliseal SYBRON ENDO

5g Base & catalyst



\$73

Tubliseal Xpress

2 x 10.5g syringe



\$145

Tubliseal EWT

5g Base & catalyst

\$73

Tubliseal EWT Xpress

2 x 10.8g syringe



\$145





Clinical Application of Morita's 3D CBCT in Endodontics

Dr. Jeff Ward
Endodontist - Melbourne, Victoria

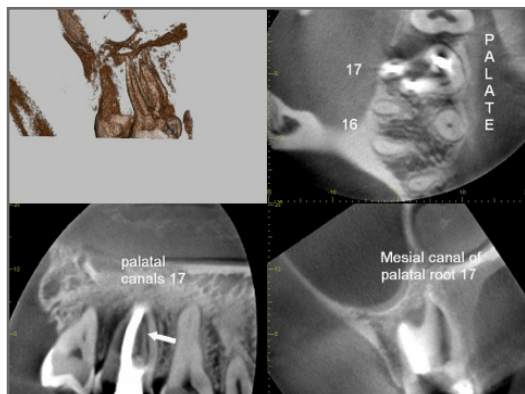
The clinical use of 3D CBCT scans is rapidly increasing and many disciplines in dentistry can benefit significantly from this technology. The following cases demonstrate the effectiveness of 3D CBCT's in assisting with Endodontic diagnosis and treatment planning over using traditional periapical radiographs only. Although there are many types of 3D CBCT systems currently available, for Endodontics, resolution and image clarity are paramount. In our practice we refer to Clayray in Collins Street, who offer scans with Morita's 3D CBCT technology. Not only do these scans offer exceptional image clarity, the x-ray dosage is minimized, offering a standard of care that our practice strives to achieve. The results speak for themselves.

Case 1

Patient presented with pain to biting and ache to tooth 17. History of previous endo treatment 3 years ago. Periapical film shows radiolucency distal apical aspect. 3D CBCT scan reveals tooth 17 has two palatal canals as well as two buccal canals, with the mesio-palatal canal untreated. Endodontic retreatment undertaken to treat previously untreated MP canal.



Case 1: Radiograph of tooth 17



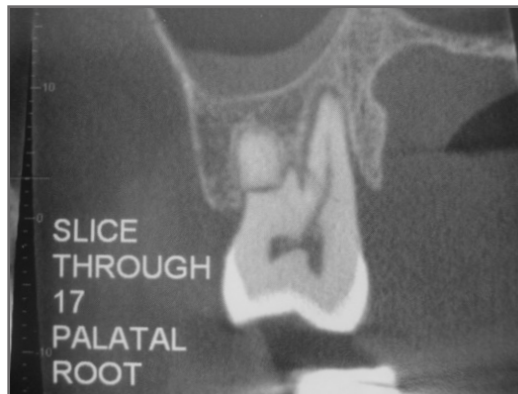
Case 1: 3D CBCT of tooth 17

Case 2

Patient presents with vague ache and tenderness to biting and pressure, tooth 17. Clinically all looks normal, perio probing normal. Tooth responds CO2 positive. 3 different angled periapical films. No obvious pathosis noted, however unusual possible fracture DB root. 3D CBCT taken showing horizontal root fracture of DB root 17. Treatment directed to extract tooth 17.



Case 2: 1 of 3 radiographs of tooth 17



Case 2: 3D CBCT of tooth 17

Morita's Imaging Product Portfolio

Morita currently have a full range of outstanding imaging solutions, from the new Veraview iX, intra oral x-ray unit to the impressive 3D Accuitomo 170 - 3D CBCT system.

Our current imaging line up:

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Veraview IC-5 HD

Veraviewepocs 2D with optional Ceph

Veraviewepocs 3Df with optional Ceph **New**

Veraviewepocs R100 with optional Ceph **New**

3D Accuitomo 80

3D Accuitomo 170

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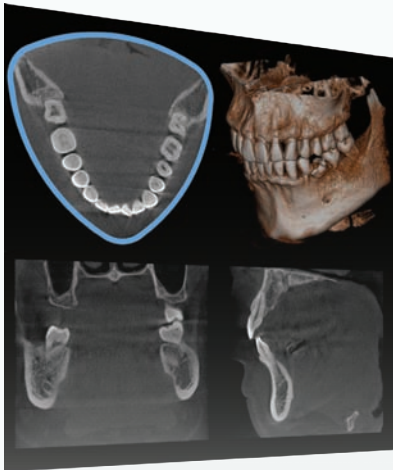
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- Improved patient safety with further reduced dosage

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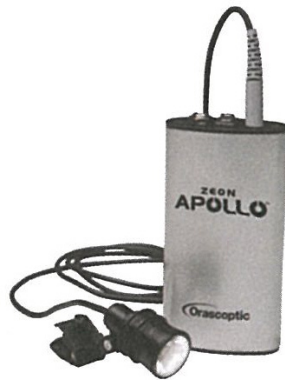
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