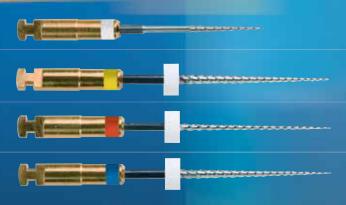


# Only one sequence for treatment and retreatment



### **CMA:** a revolutionary system for your everyday practice

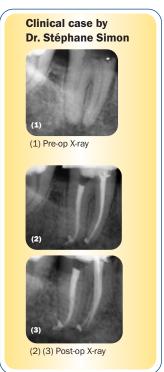
#### A reduced number of instruments.

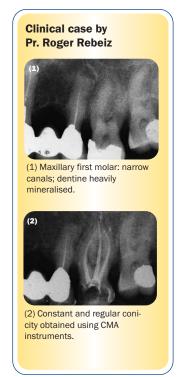
4 nickel-titanium rotary endodontic instruments for a simplified sequence.

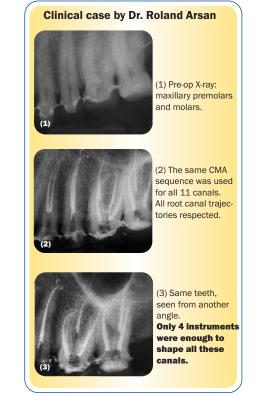
#### Only one sequence for root canal shaping and removal of filling material.

4 nickel-titanium rotary instruments			Taper	Tip ø	Ring	Total length
С	Coronal		8%	25/100 <sup>th</sup>	White	15 mm
м	Median		6%	25/100 <sup>th</sup>	Yellow	21 mm 25 mm
A	Apical Fine <b>A1</b>		4%	20/100 <sup>th</sup>	Red	21 mm 25 mm 29 mm
	Apical A2		6%	20/100 <sup>th</sup>	Blue	21 mm 25 mm

# Only one sequence for simple, curved and narrow canals.









Safer, more secure and reliable rotary instruments.



>> Cross-section with 3 cutting angles ensures **more cutting efficiency**.

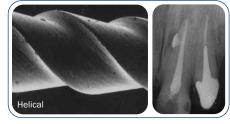


>> Non-cutting tip: ensures the respect of the root canal trajectory.

>> Their shape favours the **removal of** debris out of the canal.

>> Short handle: improves and eases the access to molars.



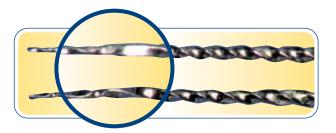




#### Guaranteed Safety

>> Stronger hard wearing NiTi alloy.

>> Deformation visible to the naked eye.



### **Operative protocol** for root canal shaping

Step 1 Step 2 Flaring the coronal and middle part of Exploring the coronal 2/3 of the canal and making it the canal: permeable: Instruments used: **CORONAL** and **MEDIAN**. Instruments used: Manual steel files N° 10 and 15. Used until they move freely in the CORONAL C canal. flares out the coronal part of the canal. **MEDIAN M** enlarges the middle part of the canal. **Objectives: Objectives:**  Secure and prepare the access for Straighten the access and enlarge the root CMA into the coronal 2/3 of the canal entries to provide continuity between the pulp chamber and the canals, so as to allow the canal. tools a free access to the apical one-third.



### **Recommendations**

- Nickel-titanium rotary instruments must be used in a portion of the canal which has been explored and prepared previously with a manual file number 15.
- Examine the instruments before and after each use. Discard the tool if there is the slightest deformation.
- **Speed:** 300 to 400 rpm.

Pre-op X-ray.

Opening

pulp chamber.

of the

- **Torque:** 2 to 3 N for all instruments.
- **Movement:** progression towards the apex by continuous short (1mm to 3 mm) and rapid up-and-down strokes, finishing off with a « brushing » movement on the root canal walls.
- **Time:** 5 or 10 seconds per rotary instrument.
- The nickel-titanium rotary instruments must never be forced.
- Properly clean the instrument after each removal.
- The canal must be copiously irrigated with sodium hypochlorite each time the instrument has been introduced.
- Use of chelating gel is advised in order to facilitate work with the tools.
- If progression with A1 is hindered, go again with K 15 file and M. If is hindered with A2, go again with K 15 file and A1.





### Step 3

#### **Determining the working length:**

#### Instruments used:

Manual steel files  $\ensuremath{\mathsf{N}^\circ}$  10 and 15. Used until they move freely in the canal.



#### **Objectives:**

- Determining the working length.
- Preparing for the nickel-titanium rotary

instruments to pass safely all the way to the apical one-third.



After the use of the **C** and the **M**, interference in the cervical area and coronal curves are eliminated, which further frees the way to the apical one-third.

### Enlarging the apical portion of the canal:

Step 4

Instruments used: APICAL FINE A1 is used on the whole length of the root canal, to be followed by APICAL A2.



#### **Objectives:**

- Preparing the apical portion.
- Making a space where the irrigation solutions can collect.
- Providing the apical taper which will give the best obturation.
- Keeping apical diameter small.



(1) Gutta points in place. (2) (3) Root canal obturation seen from different angles.



Exploring the canal.



Flaring the coronal part of the canal CORONAL C



Enlarging the middle part of the canal with the MEDIAN M



Determining working length.



Preparing the apical portion of the canal with APICAL FINE A1



Providing apical conicity before obturation with APICAL A2

# **Operative protocol** of retreatment



Preoperative X-ray

Access cavity . This must provide a clear view of the root canal entries, and adequate access.

- Cleaning out all traces of filling material.

- Ultrasonic scaler is the technique of choice here.

- Application of an appropriate solvent in the pulp chamber.







# Removal of filling material and flaring the coronal portion of the canal:

• Manual penetration (using a N°10 steel file shortened by a few mm for example), to pierce the filling material and create a 2mm - 3 mm channel.

• Use of CORONAL C to widen the canal entries and remove filling from 2mm or 3 mm with a withdrawing movement, leaning on the wall(s).

• Irrigation and solvent renewal.

• **Manual penetration** using a N°15 steel file going a few millimetres deeper.

• **Use of MEDIAN M** working deeper than the CORONAL. This tool works by traction.

• Irrigation and solvent renewal.







Apical Step

#### Preparation and filling removal the apical portion of the canal:

• Manual N°15 file, precurved, to explore this portion of the canal. Measuring the length of the canal, if feasible at this stage.

Copious irrigation.

• **APICAL FINE A1** is used on the whole length of the root canal that has been made passable by using the N°15 file.

Copious irrigation.

• **APICAL A2** is used to remove the filling material and clear the canal.

• Checking passage to the apex using a K N° 10 file just beyond the extent of the work.







# Same instruments for root canal filling removal and for shaping.



(1) Pre-op X-ray(2) Post-op X-ray

### Recommendations

• The nickel-titanium rotary instruments can remove fillings of materials which can be softened in solvents. They cannot be used to remove fillings of insoluble resin paste.

- As the tool moves further towards the apex, use less solvent and irrigate more fully.
- The tools must be **wiped regularly with a compress** to keep their effectiveness; **check for matter presence** in the helices, and watch for any sign of loss of helical shape, which can indicate imminent fracture.
- When an endodontic tool goes no further it must not be forced, or a blockage may be created.



### Four instruments, only one sequence!

4 nickel-titanium rotary instruments			Taper	Tip ø	Ring	Total length
С	Coronal*		8%	25/100 <sup>th</sup>	White	15 mm
м	Median*		6%	25/100 <sup>th</sup>	Yellow	21 mm 25 mm
A	Apical Fine <b>A1</b> *		4%	20/100 <sup>th</sup>	Red	21 mm 25 mm 29 mm
	Apical A2*		6%	20/100 <sup>th</sup>	Blue	21 mm 25 mm

\* Sold in blister packs x 6

Product	Content		
Kit <b>CMA</b> NiTi <b>START KIT A</b> Length 25mm	<b>4 NITI instruments:</b> CORONAL, MEDIAN, APICAL FINE A1 & APICAL A2 25mm + 2 manual steel files n°10 & n°15		
Kit <b>CMA</b> NiTi <b>START KIT B</b> Length 21mm	4 NITI instruments: CORONAL, MEDIAN, APICAL FINE A1 & APICAL A2 21mm + 2 manual steel files n°10 & n°15		

Instruments developped by Pr. Roger Rebeiz and Dr. Roland Arsan. Illustrations and comments by Pr. Youssef Haikel.

Distributed by

#### www.endo-cma.com