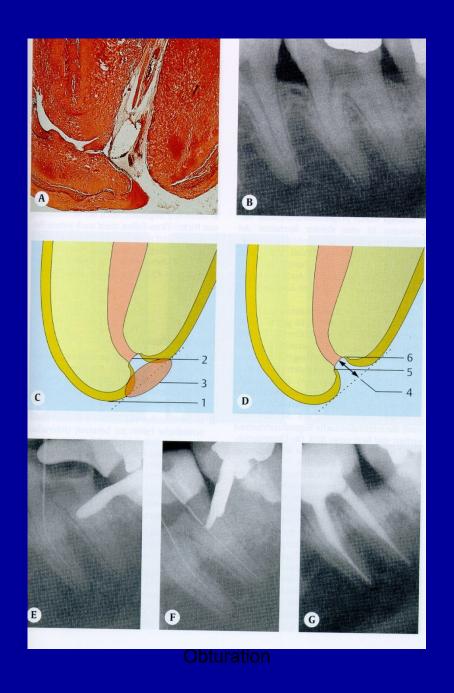
### Obturation

### Objectives of obturation



### Potential causes of failure

- Apical seal
  - Irritating remnants in canals
  - Percolation
- Coronal seal
  - Irritants from oral cavity
  - Restoration
- Lateral seal
- Length of obturation
  - Overfill
    - Obturating materials
    - · Lack of apical seal secondary to overfill
  - Underfill
- Lateral canals
- Vertical root fractures

### Timing of obturation

- Patients symptoms
- Pulp and periapical status
  - Vital pulp
  - Necrotic pulp
- Degree of difficulty
- Culture results
- Number of appointments

## Core obturating materials

- Solid materials
  - Gutta-percha
    - Shapes
    - Advantages
    - Sealability
    - Methods of placement
    - Indications
  - Silver points
  - Files as core materials
- Pastes (semisolid)
  - Types
    - Zinc oxide and eugenol
    - Plastics
  - Techniques of placement
  - Advantages and disadvantages of pastes





#### Sealers I

- Desirable properties
  - Tissue torlerance
  - No shrinkage with setting
  - Slow setting time
  - Adhesiveness
  - Radiopacity
  - Absence of staining
  - Solubility in solvent
  - Insolubility to oral and tissue fluids
  - Bacteriostatic properties
  - Creation of a seal

### Sealers II

- Types
  - Zinc oxide-eugenol based
    - · Grossman's formulation
    - Other types
  - Plastics
    - Epoxy
    - Other plastics
  - Calcium hydroxide
  - Glass ionomer
  - Others
- Mixing
- Placement

# Obturation techniques with guttapercha I

- Selection of technique
- Lateral condensation
  - Indication
  - Advantages
  - Disadvantages
  - Techniques
    - Spreader or plugger selection
    - Master cone selection
    - Fitting the master cone
    - Steps in obturation
    - Ultrasonic condensation
  - Finishing touches
  - Correcting obturatin problems

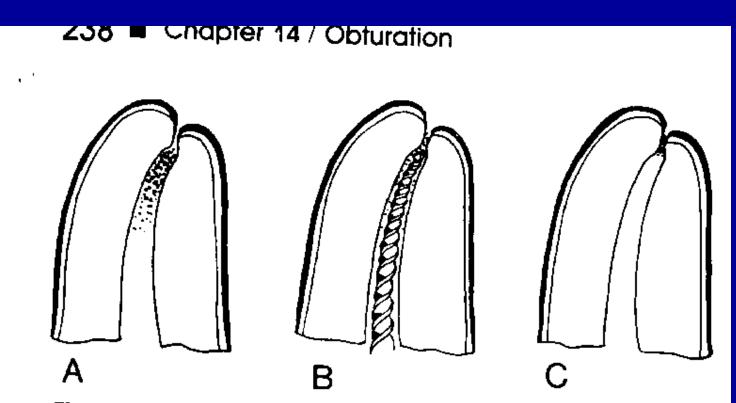
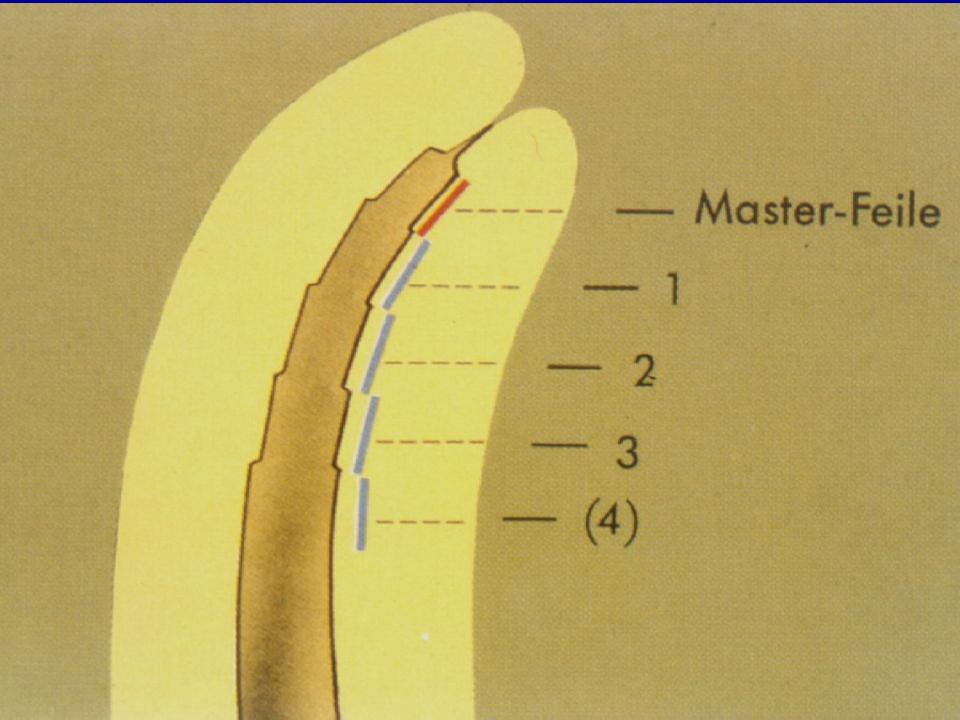
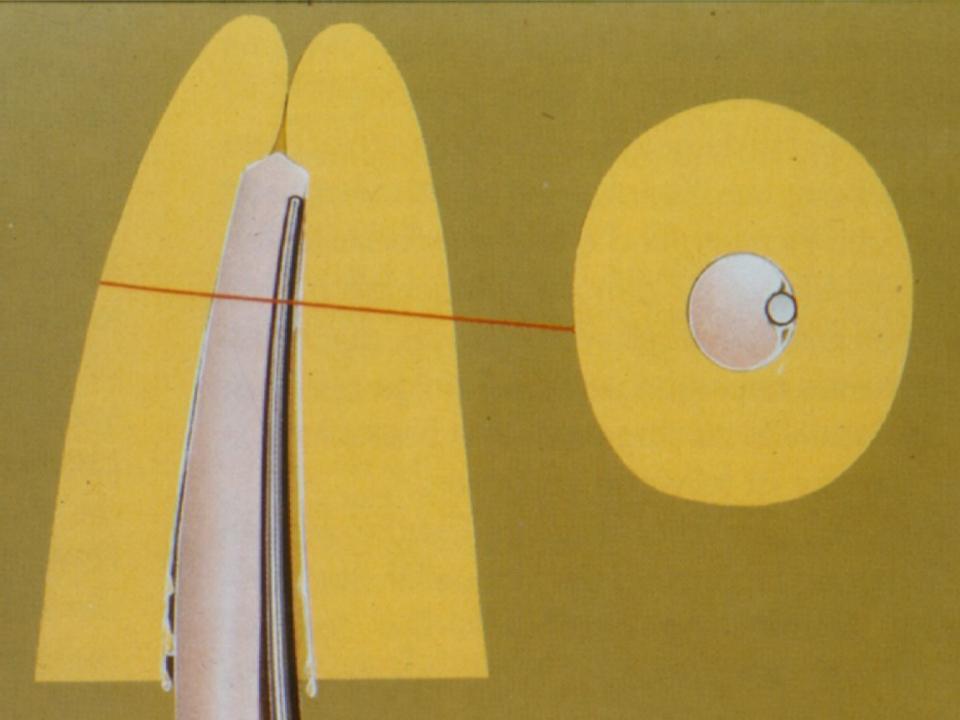


Figure 14–15 Apical clearing. A, Dentin chips and debris remain in the apical region following the final irrigation and drying. B, Rotating at length with two or three file sizes larger than the master apical file removes the debris and enlarges the apical region slightly (C). (Courtesy of Dr. A. Goerig.)





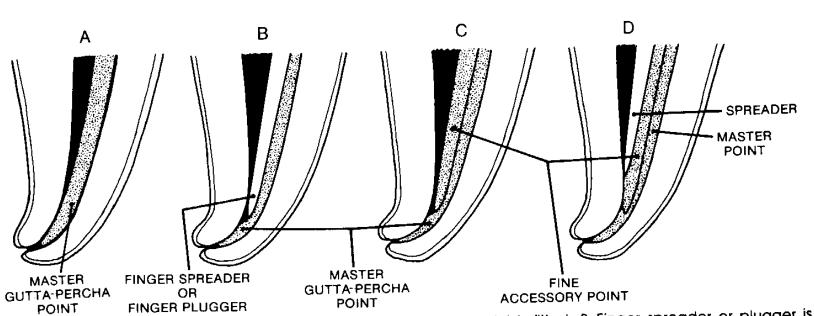
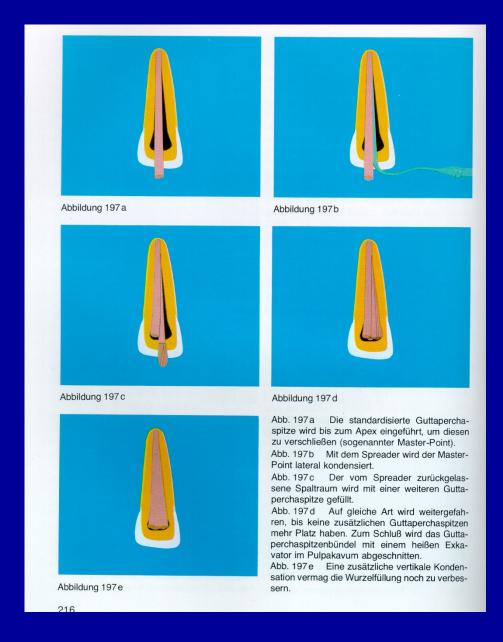
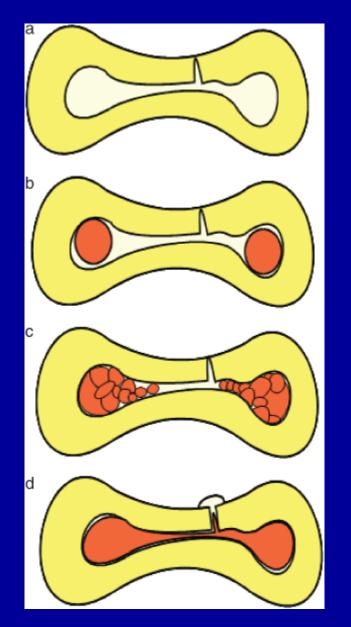


Figure 14–20  $\blacksquare$  The steps of lateral condensation: A, The master point is fitted. B, Finger spreader or plugger is inserted, ideally within 1 to 2 mm of the prepared length. C, The spreader is rotated and removed, and an accessory cone is placed in the space created. D, The process is repeated.

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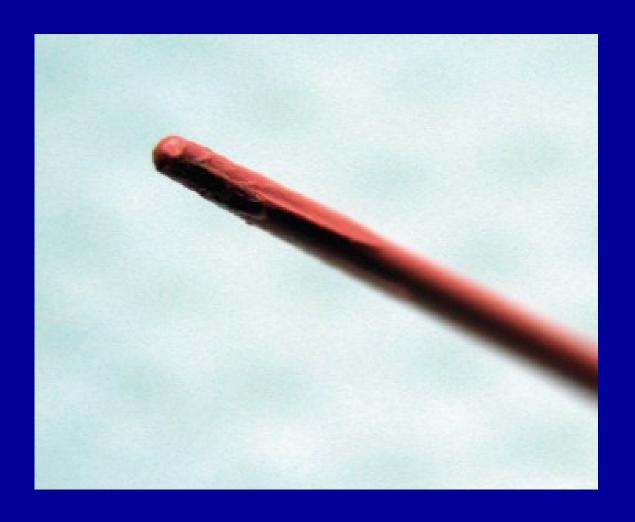




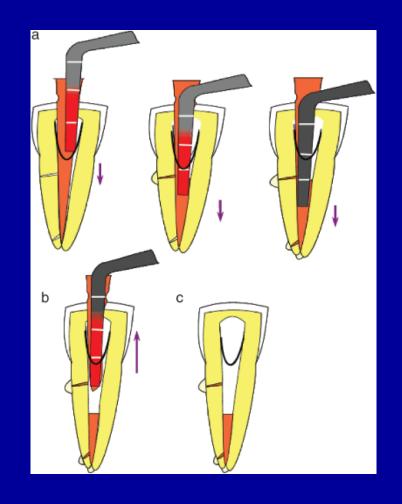
Classic spectrum of filling techniques, emphasizing the desirability of minimum sealer volume, from (A) paste only (least desirable), through (B) single cones with paste, and (C) cold lateral condensation, to (D) thermoplastic compaction.

## Obturation techniques with guttapercha II

- Solvent-softened custom cones
  - Indication
  - Technique
- Vertical condensation
  - Indication
  - Advantages and disadvantages
  - Technique
  - Other warm vertical approaches
  - Sectional obturation
  - Thermoplasticized injection
  - Solven techniques
  - Gutta-percha carrier systems
- Alternative techniques



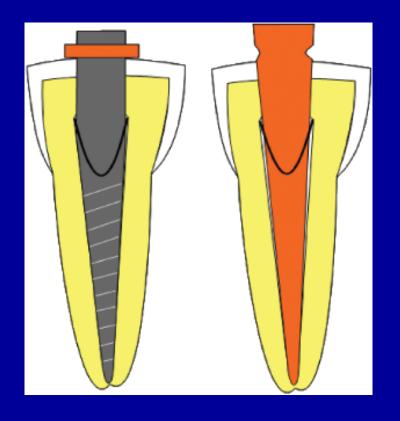
Chloroform customized master cone.



Warm vertical condensation – single wave. (A) Single wave downpack. (B) Separation and withdrawal. (C) Apical 4–5mm 'corked' with gutta percha and sealer.

Dr Fazekas Arpád

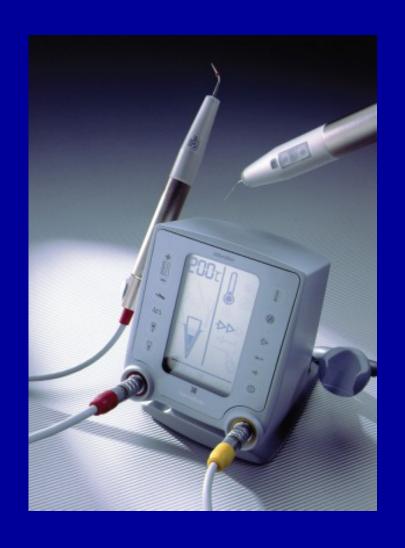




Matched, ergonomic shaping files and fillingcones may inadvertently promote single cone filling techniques.



A Thermafil device prepared for use. Upper device unaltered; lower device trimmed to remove excess gutta percha apically and coronally



Elements – combined System B and gun system in a single unit (Courtes & Arpadoron)

#### Evaluation of obturation

- Symptoms
- Radigraphic criteria
  - Radiolucencies
  - Density
  - Length
  - Taper
  - Restoration

