Canal Obturation

- Cold lateral condensation
- Thorough irrigation
  - Penultimate rinse with 17% EDTA for 1 min followed by a thorough rinse with NaOCl.
- Select the appropriate master GP cone and mark at working length- Consider taking a mid-fill radiograph to confirm the working length
  - Select master GP cone according to master apical file. Disinfect GP with NaOCl. Master GP should exhibit 'tug-back' at the working length.
- Lightly coat the master cone in sealer
  - There are several types of sealer: Resin, GIC, zinc oxide eugenol, calcium hydroxide and bioceramic.
- Seat it in the canal and ensure it goes to the confirmed working length
- Select a finger spreader, set to 1mm short of the working length and place alongside master GP
  - Allows GP to deform against canal walls. Ensure not too much pressure is placed on the finger spreader as this can result in root fracture. If this is carried out with a heated finger spreader it is called *warm lateral condensation*.
- Dip accessory points in sealer and insert into canal, simultaneously removing the finger spreader
  - Remove the finger spreader using a rotational motion.
- Reinsert spreader and repeat with more accessory points until filled
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- Remove excess gutta percha with a heated excavator at the level of the canal orifice
  - A heated cutter can also be used.
- Clean the access cavity with ultrasonics and cotton pellet dipped in alcohol
  - This will allow better bonding of your restoration. Post preparation at this stage if required. *See page 136*
- Seal the root canal filling with a core
  - This is the most common method for obturation but there are several other methods e.g., single cone, warm vertical condensation, thermoplasticised GP injection and carrier-based GP.