

- Patient was referred for retreatment of #47
The patient was asymptomatic

Clinical Examination:

Extra-oral examination: normal

Intra-oral Examination:

Tooth: adhesive restoration on 47
the tooth was prepared and was out of occlusion but has an opposing tooth
Soft Tissue: normal gum and mucosa

Investigation:

Palpation - ve
Percussion - ve
Mobility- none
IOPA shows - poorly filled 47 with broken instrument in the mesial canal

Diagnosis: previously filled 47

Treatment plan: Re-RCT for 47

Consent form explained & signed by the patient

Treatment Today:

-Local Anesthesia given: 2% lidocaine with adrenaline 1:80000 (Lignospan Special)
inferior alveolar block, long buccal

-Isolation: cotton rolls
-Temporary filling removed
-Access cavity prepared through adhesive restoration
The post was already removed at the GP clinic
- 3 canals located:
Old gutta percha filling removed using D-Protaper files
-Patency checked, canals are patent
-Working length Estimated by Electronic Apex Locator
MB 16mm MMR
ML 16mm MBC
D 17mm MBC

-Instrumentation using **Protaper Universal** up to size F3

- Irrigation NaOCl 2% throughout the procedure
- All Canals dried using paper points
- Obturation done using lateral compaction technique

Obturation:

Dryness with paper points

MC: # F3 in all canals

Sealer: Sealapex

Spreader: # C

Accessories: # F

Technique: Lateral compaction

Removal of excess using FM tip in Sybron HP

Vertical compaction using # Caulk-Schilder plugger

- Root canal orifices sealed with Cavit
 - Temporary filling flowable composite
 - Rubber dam removed
 - Occlusion checked
 - Post-operative radiograph taken- shows ***
- Pt discharged from endo