FlexMaster[®]

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the rotary NiTi system for every case

VDW°

Endo Easy Efficient®

Contents

1. Why change to the FlexMaster® NiTi system?	3
2. Why nickel-titanium?	3
3. How often can I use a NiTi file?	4
4. What exactly is nickel-titanium?	5
5. How important is instrument design?	5
6. The advantages of the FlexMaster [®] instrument design at a glance	6
7. Taper – what does it mean?	7
8. Why do I need instruments in different tapers?	7
9. Why do I need a special motor for NiTi instruments?	8
10. What is crown-down pressureless?	9
11. How to use FlexMaster [®]	9
 11. How to use FlexMaster[®] 12. The advantages of the sequences 13. Instructions for use 	10
13. Instructions for use	11
14. Resilience of FlexMaster®	11
15. Clinical results	12
16. References - scientific studies	12
17. All you need for your endodontic success	14

1. Why change to the FlexMaster® NiTi system?

• It takes half the time needed for preparation by hand.

- The quality of your root canal preparation will be excellent and reproducible with significantly less effort.
- You will achieve a uniform conical canal shape without any clinically significant transportation of the canal axis.
- You do not need to use pressure as you will be working with a motor.
- You will use simple and tested file sequences with only a few instrument changes.
- You will significantly reduce the number of instruments you use.



2. Why nickel-titanium?

Because of its properties: Steel cannot be used with a rotary system in curved canals. Try bending the working part of a steel instrument to a 40° to 60° angle. You will now have a bent file. If you rotate this file around its axis and watch the radius of the file tip, you will see that this cannot work in the root canal. Transportation of the canal axis, zip and elbow effects as well as excessive dentin removal would be the result. Most importantly, the steel instrument would not be able to withstand the pressure in the canal and would fracture very quickly. For this reason, the giromatic principle of a 90° back and forth rotation was the limit for steel files.

Endodontists did discover that good results can be achieved with pre-bent steel files when preparing root canals by hand using the balanced force technique according to Roane. Nevertheless, this is a very time consuming and stressful procedure.



The combination of these two important factors makes nickel-titanium alloy the best material presently available in endodontics for rotary instrumentation.

4. What exactly is nickel-titanium (Nitinol)?

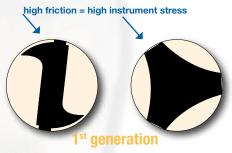
'Nitinol', as a combination of the elements Nickel and Titanium, was developed by the Naval Surface Warfare Center in USA (formerly Naval Ordnance Laboratory). The result is an intelligent material with "memory effect".

For the **FlexMaster**[®] instruments we use a special alloy consisting of 54% nickel and 46% titanium.

5. How important is instrument design?

Experience gained with first generation rotary NiTi instruments showed how important it is for the design of the file to be suitable for anatomical conditions in different root canal sections (from coronal to apical), taking the specifics of the material into account.

One characteristic of the first generation NiTi instrument design was large contact surfaces to the canal wall causing high friction and high stress on the instruments due to the high torsional forces. This also resulted in higher temperatures generated by friction and in increased smear layer formation.



FlexMaster®

Screw-in effect

2nd generation

The second NiTi generation adopted the cutting blade geometry of traditional steel files. But this not only weakened the instrument core and reduced the memory effect of the material, it also favoured file deformation and made the instruments with this cross-section vulnerable to fracture. Furthermore, the angle of the cutting blades often caused instruments to screw into the canal, i.e. without any use of pressure the instrument screwed into the canal and was difficult for the practitioner to control.

VDW took all this experience into account and developed an intelligent instrument design, FlexMaster[®].

FlexMaster[®] uses the efficiency of traditional K-type cutting blades, i.e. a convex cross-section to stabilize the instrument core and a cutting blade angle suitable for rotary use.

3. How often can I use a NiTi file?

4

Dentin removal with a rotary system – the stress on the material increases with the degree of canal curvature.

Steel instruments will deform when they undergo too much stress, so they can be identified before they fracture. NiTi files, however, do not bend or unwind, they fracture without warning. In order to reduce the risk of fracture, NiTi files must be used with a low torque and torque control drive system.

Removing dentinal debris in full

rotation - the mechanical load

increases with the angle of the

canal curvature

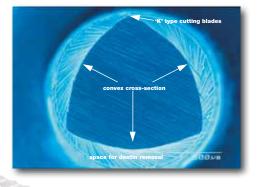
FlexMaster® NiTi files can be used repeatedly. The special autoclavable labels for the lid of the FlexMaster® SystemBox allow you to record frequency of use with a permanent marker. We recommend file replacement after 8 markings at the latest as risk of fracture increases significantly with instrument wear. When a file has been used in a strongly curved canal, mark two or even three boxes on the control label, depending on the stress it was subjected to. This method has been successfully tried and tested.

FlexMaster[®] is economical because few instruments are needed per treatment. In most cases, 4 instrument sizes will suffice to reach the apex, and apical enlargement can be made with 2 to 4 instrument sizes.





6. The advantages of the FlexMaster[®] instrument design at a glance:



Cross-section of a FlexMaster® instrument (SEM, magnification 500x)







'K' type cutting blades

- 1. High cutting efficiency
- 2. Improved torsional resistance
- 3. Reduced friction
- 4. Large space for dentin removal
- 5. Reduced smear layer formation

Convex cross-section

- 1. Stable instrument core
- 2. High torsional resistance

Nickel-Titanium

- 1. Memory effect
- 2. No tendency for instrument deformation

Individual cutting angles for each instrument size

No undesired screw-in effect
 Improved control of the file

Inactive instrument tip

1. Guides the instrument in the canal curvatures 2. Significantly reduces perforation risk

VDW°

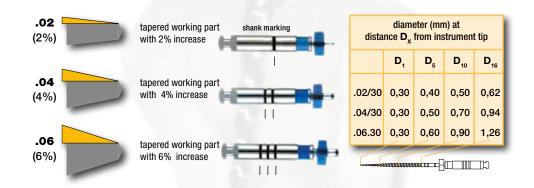
7. Taper – what does it mean?

Taper means gradual increase in diameter over the length (conical shape).

Traditional steel files have a 2 % taper in compliance with ISO no. 3630, i.e. taper .02.

The increase in cross-section diameter from the tip towards the end of the working part is 2 %, or 2/100 mm per 1 mm. A file of ISO size 20 with a 16 mm working part measures 20/100 mm at the tip and 52/100 mm at the end of the working part: $(20 / 100) + (16 \times 2\%) = 0.52$.

Taper .04 has a cross-section diameter increase of 4 %, i.e. a strongly tapered instrument Taper .06 means an increase of 6 % etc.



8. Why do I need instruments in different tapers?

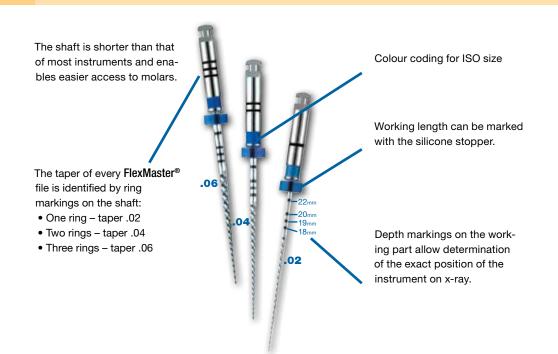
The goal of root canal preparation is to create optimal conditions for a tightly sealed and long-lasting root filling, which includes a uniformly tapered canal shape. A fast and safe way to achieve this goal is with intelligently coordinated instrument sequences of different tapers:

- large taper in the straight canal section
- medium taper in the curved canal section
- small taper for apical enlargement

Large and medium tapers allow speedy dentin removal. The number of instrument changes is reduced to a minimum. Small tapered files are used for better apical shaping and preservation of the original canal axis (centre line).

FlexMaster®: taper .02, .04, .06 and .11

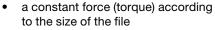
- 1. .11 for the IntroFile, for conical enlargement of root canal orifice, replaces 2 or 3 Gates enlargers
- 2. .04 and .06 used for crown-down phase
- 3. .02 for safe apical enlargement



9. Why do I need a special motor for NiTi instruments?

Steel files unwind before they break. They can be checked prior to sterilization and damaged files discarded. Due to nickel-titanium's memory effect, NiTi files do not deform, they break without warning when submitted to excess stress or material fatigue. In order to take full advantage of the nickel-titanium material and effectiveness of the instrument design and in order to avoid the unpleasant consequences of instrument fracture, the file must be used in the canal with:

• a constant rotation of approximately 300 rpm and

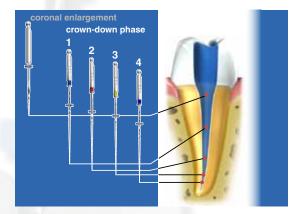


FLEXMASTER BLUE FM B ▶06/20 70 280

For these reasons, you need an intelligently programmed motor with torque and speed control, which monitors the speed and torque of each instrument precisely and safely according to its specific mechanical data. Additional functions such as Auto Stop Reverse (ASR), which automatically frees instruments blocked in the canal, increase safety and reduce stress for the practitioner. On pages 15-16 you will find an overview of motors recommended by VDW.

10. What is crown-down pressureless?

It means preparing a root canal with instruments in decreasing sizes step-by-step toward the apex without using pressure. To begin with, it is necessary to determine the approximate canal length with an initial x-ray. The exact working length will be determined when reaching approx. 2/3 of the estimated canal length. Using one of the new electronic length determination devices, e.g. Raypex[®]5, is more accurate and faster than x-ray imaging.



After this, the apex is enlarged with instruments in increasing sizes (each instrument to the full working length).

The crown-down method for rotary root canal preparation has been widely tried and tested.

11. How to use FlexMaster®

- 1. Take an initial diagnostic x-ray to estimate working length
- 2. Introduce a VDW C-PILOT file (or a fine K-file) to determine the size of the canal (large, medium, narrow) and select the instrument sequence (diagram p. 10)



- 3. Create straight coronal access with the IntroFile and enlarge conically.
- 4. Crown-down phase

From the beginning of the preparation use a lubricant (FileCare[®] EDTA) and rinse regularly and thoroughly with NaOCI.

Mark approx .2/3 of estimated working length (WL) with a stopper.
At constant speed, between 250 and 350 rpm, introduce the first FlexMaster[®] file of the selected sequence

- Use light pumping movements for approx. 5-10 sec. until the file's progress becomes more difficult. Do not exert any pressure.
- Change to the next smaller instrument size and continue preparing step-by-step until you have reached approx. 2/3 of estimated WL.
- 5. Determination of the exact WL, e.g. with Raypex[®]5 or x-ray and complete crown-down preparation.
- 6. Apical enlargement: Use FlexMaster® files .02 (green circle) in increasing sizes on full WL up to max. ISO 070, depending on the root canal anatomy.



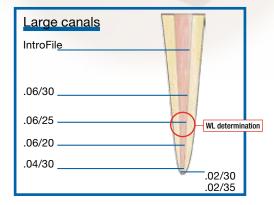


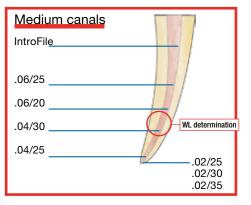


12. The advantages of the sequences:

- They have been developed and clinically tested by experienced endodontists
- They achieve best results in the shortest time
- The instrument sequences are easy to remember ٠
- The sequences are printed on the Basic Kit and on the SystemBox
- The sequences are pre-programmed in the VDW endo motors

Depending on the canal size three different sequences are available:





.04/30

.04/25

.04/20



.02/25

.02/30

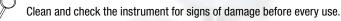
.02/35

13. Instructions for Use

For safe and efficient operation of the FlexMaster® NiTi files the following instructions must be observed:

Always use the files in a rotating low-torque contra-angle. We recommend a torque controlled motor. VDW.SILVER® and VDW.GOLD® are endo motors programmed for FlexMaster® instru-(360°) ments (page 15).

Maintain a constant rotation between 250 and 350 rpm, from insertion of the file into the canal 250-350 until removal. Do not start or stop instrument within the canal. UpM



Exert only light pressure on the contra-angle. Allow the instrument to work with a filing action. Allow the instrument to work in the canal with 5-8 light up-and-down pumping motions for maximum 10 seconds. 00:10

Use a chelator and rinse the canal between instrument changes. The chelator (e.g. FileCare® EDTA) removes smear layer and improves the instrument's efficiency. Due to the foaming effect of FileCare® EDTA after contact with sodium hypochlorite, pulp tissue and dentin are actively flushed out of the canal.

FlexMaster® nickel-titanium instruments, just like every high quality instrument, can be sterilized in autoclave. Repeated sterilization does not affect the cutting efficiency or the physical properties of the instruments. The FlexMaster® SystemBox with perforated bottom is ideal for use in autoclave.

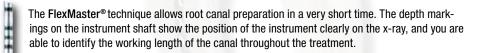


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Sec

Prior to sterilization we recommend recording the use of each instrument according to the degree of canal curvature on the FlexMaster® Control Sticker. Use a permanent marker. In the case of complicated canal anatomy use a new instrument.

As with every new technique, practice with the FlexMaster® instruments in plastic blocks and extracted teeth to become familiar with them before using them on a patient.



14. Resilience of FlexMaster®

FlexMaster® files have proven their torsional resistance and cutting efficiency in numerous tests. For example, fatigue resistance was measured according to ISO 3630-1, at 350 rpm, with a 5 mm deviation of the tip. Cutting efficiency was measured at five different working lengths at 350 rpm.

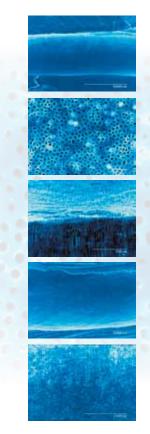
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15. Clinical results

The FlexMaster® technique provides the best results in significantly less time.

SEM photographs by courtesy of Dr. Thomas Schwarze, Medical University Hannover, Germany



Coronal segment of root canal wall prepared with FlexMaster® Magnification x60

Same segment, smear layer removed Magnification x1000

Same segment, fragment of canal wall Magnification x800

Canal wall, mid segment after preparation with FlexMaster® Magnification x100

Apical segment of root canal wall prepared with FlexMaster® files, thin homogeneous smear layer Magnification x500

16. References - scientific studies

"FlexMaster[®] is a promising, easy to use system, with clear, self-explanatory instrument sequences providing excellent clinical results."

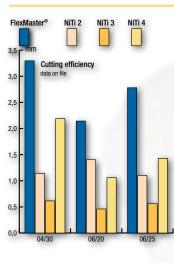
Prof. Michael Bauman, University of Cologne, Germany Extract from Working with the FlexMaster® system, *Endodontic Practice, June 2003*



FlexMaster[®] and time saving

Weiger, University of Tübingen, 12/2000 Maschinelle Wurzelkanalaufbereitung mit vollrotierenden FlexMaster®-Instrumenten

<u>Conclusion:</u> Compared to a NiTi reference system and preparation with manual instruments FlexMaster[®] is the system that needs the least time for root canal preparation.



FlexMaster[®] shows the best torsional resistance compared to other NiTi-systems

Schwarze/Ehrhardt, Med. School Hannover, 02/2001 Bruchfestigkeit (Torsionsprüfung) von FlexMaster® NiTi-Feilen im Vergleich zu anderen NiTi-Herstellern.

<u>Conclusion:</u> FlexMaster[®] instruments show the best torsional resistance compared to other makes.

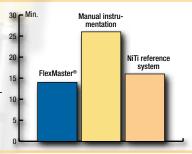
Further studies (excerpts)

Gressmann/Hülsmann, Universität Göttingen; Endodontie 10:227, 2001 Die maschinelle Aufbereitung mit **FlexMaster®-**Nickel-Titan-Instrumenten

Schäfer/Lohmann, Universität Münster; (1) Int Endod J 35:98 (2) Int Endod J 35:514, 2002 Efficiency of rotary nickel-titanium FlexMaster® instruments compared with stainless steel hand K-Flexofile. Part 1: Shaping ability in simulated curved canals.

Part 2: Cleaning effectiveness and instrumentation results in severely curved root canals of extracted teeth.

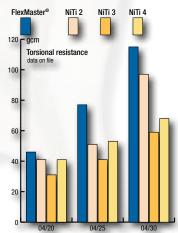
 $\label{eq:chanteaux/Baumann-Giedziella/Hellmich/Baumann, Köln; Int Endod J 35:99, 2001 \\ Cleaning and shaping efficiency of FlexMaster® evaluated by SEM$



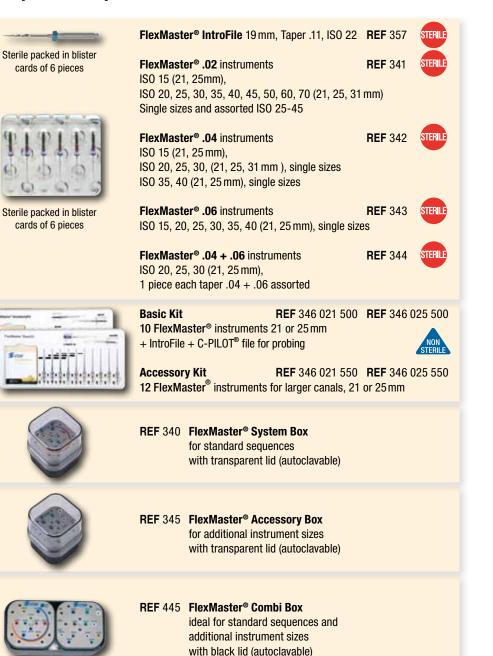


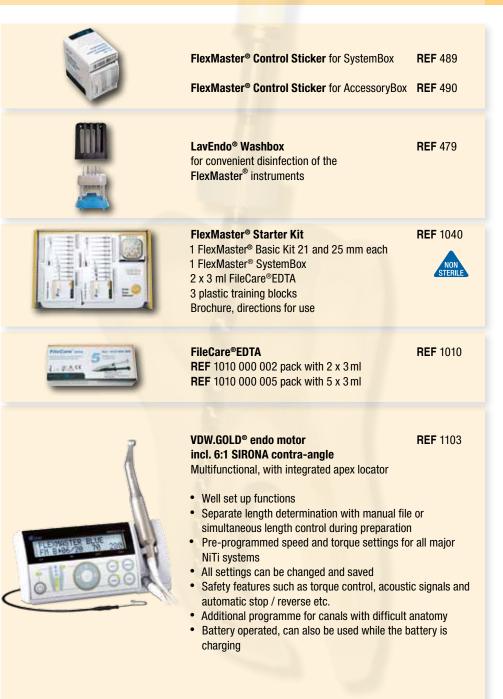
Schwarze/Ehrhardt, Med. School Hannover, 02/2001 Schneidleistung von FlexMaster® NiTi-Feilen im Vergleich zu anderen NiTi-Herstellern.

 $\underline{Conclusion:} \ FlexMaster^{\circledast} \ instruments \ show \ best \ cutting \ efficiency \ compared \ to \ the \ other \ tested \ makes.$



17. All you need for your endodontic success







VDW.SILVER[®] endo motor incl. 6:1 SIRONA contra-angle Compact, in ergonomic lifestyle design

REF 1153

- · Easy navigation and clear display
- Pre-programmed torque and speed settings for Mtwo[®], FlexMaster[®] and Gates
- Dr's Choice programme where 15 individual instrument settings (torque/speed) can be saved
- Automatic reverse rotation when set torque is reached
- Battery operated, can also be used while charging



6:1 SIRONA contra-angle REF 1079 for VDW.SILVER® and VDW.GOLD® endo motors



RAYPEX®6 apex locator High-tech design, with "touch and zoom"

REF 1113

- Accurate length determination
- Visualisation of the apical constriction section
- Unique, 3D-style colour touch screen
- Smart user interface
- Foldable and pocket-sized design
- Built-in demo mode
- Automatic function check
- Rechargeable battery



Information request

Info VDW.GOLD®

Info VDW.SILVER[®]

Änderungen Rev 7:

Seite 04: Text Einsatzhäufigkeit genändert Seite 10: Zahnschema mit aufgenommen Seite 16: Bild von Praxiskurs Kiefner statt MH Hannover

Rev. 7a Seite 10: Zahnschema korrigiert nach Angaben Dr. Zirkel Seite 14: FM ISO 15 in 21mm hinzugenommen

Rev. 8

Seite 9 unter 10., 11.: Bild Crown-Down aktualisiert (aus CD ROM Empfehlung Längenmessung statt AL minus 2-3mm geändert auf ca. 2/3 der geschätzten Länge, wie von Dr. Zirkel für CD ROM empfohlen. Seite 10: Längenmessung in Sequenzen analog oben. Engl.: Versions-Nr. an dtsch. Version angepasst Letzte Seite Raypex statt FileCare Werbung

Rev. 9

Seite 1: Bild Feile kurzer Schaft als Titel (lizenzfrei) Seite 2: Zeichnung jetzt mit kurzen Schäften Seite 3: Fotoretusche kurzer Instrumentenschaft Seite 4: Box mit Control Stickers auf transp. Deckel Seite 7+8: Instrumente mit kurzem Schaft Seite 11: SystemBox mit transp. Deckel Seite 14: SystemBox mit transp. Deckel Seite 15+16: VDW.SILVER statt E-Master Seite 16: Kursbeschreibung aktualisiert (D)

Rev. 10 VDW.GOLD statt Endo IT professional

Rev. 11 Seite 9: C-PILOT statt C-Feile Seite 9 + 11: Drehzahl 250-350 Seite 14: neue Boxenfotos Seite16: Tel. und Fax Nr. aktualisiert Seite 15-16: Lieferprogramm aktualisiert

Rev. 12

Titelseite: Fußleiste analog Katalog 2011 Seite 10: Neues Bild Systembox Seite 14-16: Lieferprogramm aktualisiert, EEE Medaille entfernt (analog Katalog 2011) Seite 16: Raypex 6 statt Kursprogramm, analog engl. Version

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