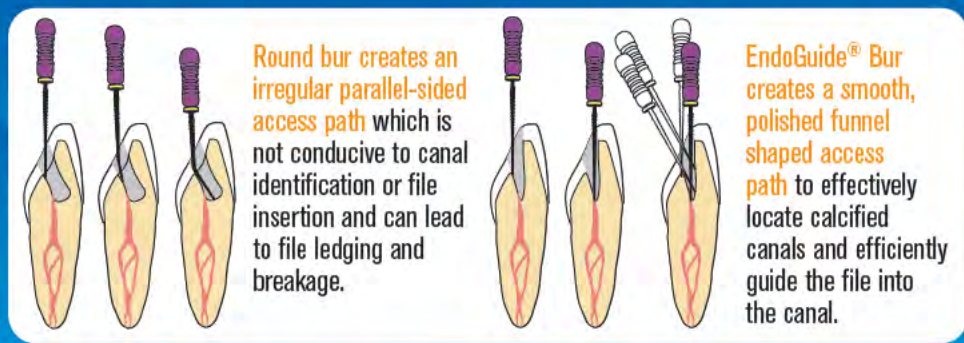
ENDOGUIDE®
PRECISION MICRO ENDODONTIC BURS

Frequently Asked Questions and Answers
about Root Canal Access using SS White® EndoGuide® Burs*

Q: Why cut a cone-shaped access preparation?
A: Compare the following access paths:



Round bur creates an irregular parallel-sided access path which is not conducive to canal identification or file insertion and can lead to file ledging and breakage.

EndoGuide® Bur creates a smooth, polished funnel shaped access path to effectively locate calcified canals and efficiently guide the file into the canal.

Q: Why use EndoGuide® Burs to create an incisally-positioned access path on anterior teeth?
A: Using a palatal-incisal notch as a guide and cutting an incisally-positioned access path allows the clinician to encounter the dentinal map more quickly than traditional horizontal access with a round bur and the subsequent 90-degree turn from horizontal to vertical. Incisally-positioned access conserves tooth structure and avoids gouging in the search for the canal orifice. In addition, the more favorable straight-line access reduces the potential for file separation and canal transportation.

Q: Why use EndoGuide® Burs for de-roofing instead of round burs?
A: EndoGuide® Burs cut a smooth, conical shaped flat wall preparation versus one that is gouged and uneven as a result of round bur de-roofing. The flat-wall, machined cut provides a visual contrast between dentin and pulp tissue remnants (PTRs) which is also tactilely evident.

Q: On posterior teeth, why flatten the natural cusps or filling materials?
A: Flattening of the natural cusps is actually a part of modern endodontic access. This is because all posterior teeth should receive immediate cuspal coverage following endodontic treatment. Dr. Clark routinely provides direct composite onlays as protective coverage as an interim or long-term solution.

*Frequently asked questions & answers, techniques and descriptions presented in this Technique Tip Guide show the root canal access procedures preferred by Drs: David J. Clark, DDS; Eric Herbranson, DDS,MS; John A. Khademi, DDS, MS

PROCEDURE #1

Molar with Normal Pulp*

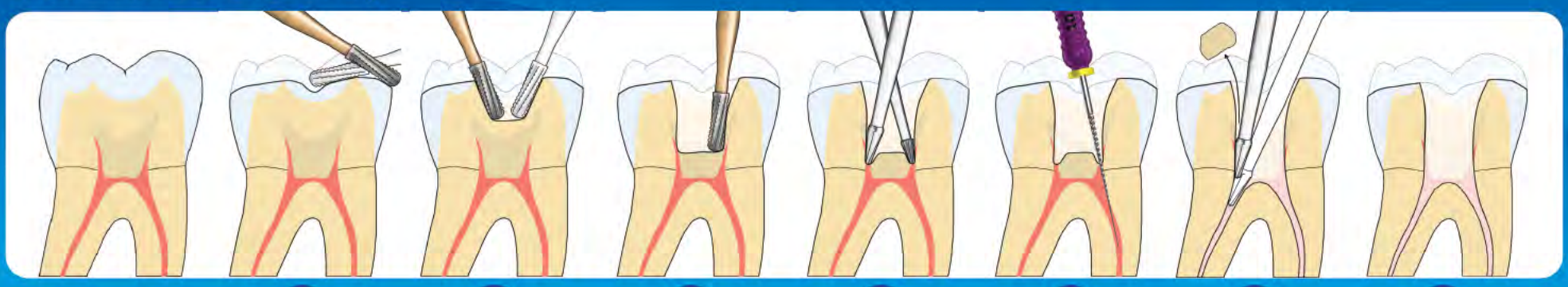
1. Flatten occlusal surface with SS White® Great White® GW2 carbide bur
2. Create divergent occlusal preparation with SS White® Great White® GW2 carbide bur
3. De-roof pulp chamber with SS White® Great White® GW2 carbide bur
4. †Create small, smooth orifice funnel with EndoGuide® EG2 (SLRA)
5. Access achieved; maximum peri-cervical dentin retained

† NOTE: This crucial step creates a guide-plane to help shepherd hand files and rotary files smoothly into the canal orifice. An extra minute spent here benefits the operator for the entire procedure. This single step replaces round burs, gates glidden burs and some orifice openers.

*Illustrations and descriptions in this Technique Tip Guide show the root canal access forms preferred by Drs: David J. Clark, DDS; Eric Herbranson, DDS,MS; John A. Khademi, DDS, MS

PROCEDURE #2

Molar with Calcified Pulp*

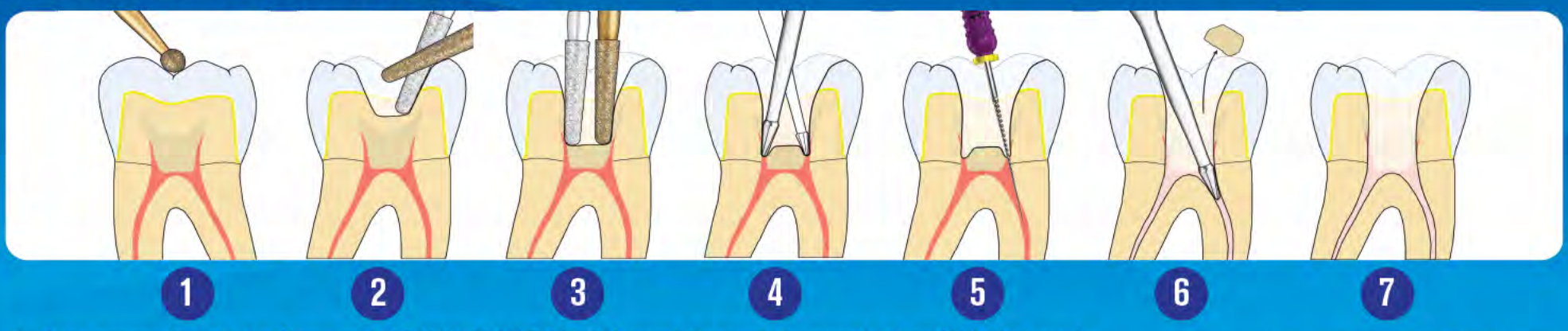


1. Flatten occlusal surface with SS White® Great White® GW2 carbide bur
2. Optimize/create dentinal map of calcified chamber with SS White® Great White® GW2 carbide bur
3. De-roof pulp chamber with Great White® GW2 carbide bur or Great White® GWZ 856-018 round-end cone diamond (not shown)
4. Create small, smooth orifice funnel with SS White® EndoGuide® EG2 (SLRA)
5. Explore for canal orifice with endodontic file
6. Pulp stone removal with small spoon and subsequent deep orifice funneling with SS White® EndoGuide® EG2 (SLRA)
7. Access achieved; maximum peri-cervical dentin retained

*Illustrations and descriptions in this Technique Tip Guide show the root canal access forms preferred by Drs: David J. Clark, DDS; Eric Herbranson, DDS,MS; John A. Khademi, DDS, MS

PROCEDURE #3

Crowned Molar with Calcified Pulp*



1. Open access through the Crown with SS White® GWZ 801-018 round diamond (for porcelain) or GW2 (for metal)
2. Create divergent access preparation with SS White® Great White® GWZ 856-018 round end cone diamond
3. Optimize/create dentinal map of calcified chamber with SS White® Great White® GWZ 856-018
4. Create small, smooth orifice funnel with EndoGuide® EG2 (SLRA) and troughing with EndoGuide® EG7 (XLRA) or EndoGuide® EG5 (XLRA) or EndoGuide® EG1(SLRA).
5. Explore for calcified canal orifice with endodontic file
6. Pulp stone removal with small spoon and deep orifice funneling with EndoGuide®EG2 (SLRA) or EndoGuide® EG7 (XLRA)
7. Access achieved; maximum peri-cervical dentin retained

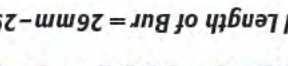
*Illustrations and descriptions in this Technique Tip Guide show the root canal access forms preferred by Drs: David J. Clark, DDS; Eric Herbranson, DDS,MS; John A. Khademi, DDS, MS

ENDOGUIDE®
PRECISION MICRO ENDODONTIC BURS

Technique Tips for Root Canal Access using SS White® EndoGuide® Burs

EndoGuide® Burs Identification Chart

If *FG Shank and Overall Length of Bur = 26mm–29mm then:*

Instrument	Actual Head Size	200% Magnification	Order #
EG1A	2.5mm		15066
EG3	1.5mm		15023
EG4	3.5mm		15029

If *RA Shank and Overall Length of Bur = 26mm–29mm then:*

Instrument	Actual Head Size	200% Magnification	Order #
EG1	3.5mm		14780
EG2	2.5mm		14779

If *RA Shank and Overall Length of Bur = 34mm then:*

Instrument	Actual Head Size	200% Magnification	Order #
EG5	1.5mm		14794
EG6 (Round)	2.5mm		14795
EG7	1.5mm		14786

EndoGuide® Technique Chart

1. U.S. Patent No. 6,257,889 B1

Clinical illustrations courtesy of Dr. Eric Herbranson and Dr. David J. Clark.

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MADE IN THE USA

Kit and Bur Reference Guide: SS White® EndoGuide® Precision Micro Endodontic Burs

Bur # SSW Order #	Bur Photograph	Head Length (mm)	Tip Diameter (mm)	Back Diameter (mm)	Bur(ber) Package Size	Included In: Anterior/Bicuspid Kit #18052	Included In: Molar Kit #18051	Recommended Applications
EG1A #15066	SLFG* Length = 27mm	2.5	0.33	1.07	5-pk	YES	NO	• Initial access in non-restored anterior and bicuspid teeth
EG1 #14780	SLRA* Length = 27mm	3.5	0.28	0.71	5-pk	YES	YES	• Deep troughing • De-roofing pulp chamber • Deeper orifice enlargement and calcified canals
EG2 #14779	SLRA* Length = 27mm	2.5	0.33	1.07	5-pk	YES	YES	• Deep orifice enlargement and calcified canals • Initial access for small incisors
EG3 #15023	SLFG* Length = 27mm	1.5	0.28	0.71	5-pk	YES	YES	• Troughing and navigating calcified canals
EG4 #15029	SLFG* Length = 29mm	3.5	0.28	0.71	5-pk	NO	YES	• Deep troughing • Navigating super ovoid and calcified canals
EG5 #14794	XLRA* Length = 34mm	1.5	0.28	0.71	5-pk	NO	YES	• Deep troughing • Retrieving separated instruments • Navigating deeply calcified canals
EG6 #14795	XLRA* Length = 34mm	2.5	0.28	0.71	5-pk	NO	YES	
EG7 #14786	XLRA* Length = 34mm	1.5	0.33	1.07	5-pk	NO	YES	

SS White® Great White® Carbide Burs and Diamond Instruments:

6WZ #15062 #13095	FG Length = 19mm	4.0	N/A	1.19	10-pk 100-pk	YES	NO	• Metal crown access or removal • Amalgam restoration and decay removal • Molar initial access and de-roofing
6WZ 856-018 (Round End Cone) #18161	FG Length = 22mm	8.0	1.10	2.2	5-pk	YES	NO	• Ceramic/zirconia crown removal • Molar initial access and de-roofing
6WZ 801-018 (Round) #18163	FG Length = 19mm	1.8	N/A	1.90	5-pk	YES	NO	• Initial access through ceramic/zirconia crowns • Molar initial access and de-roofing

*NOTE: SLRA (Surgical Length Right Angle) and XLRA (Extra-Long Right Angle) shanks are for use in right angle slow-speed handpieces: SLFG (Surgical Length Friction Grip) shanks are for use in friction grip high-speed handpieces.

PRACTICE INSPIRATION™

SWHITE®

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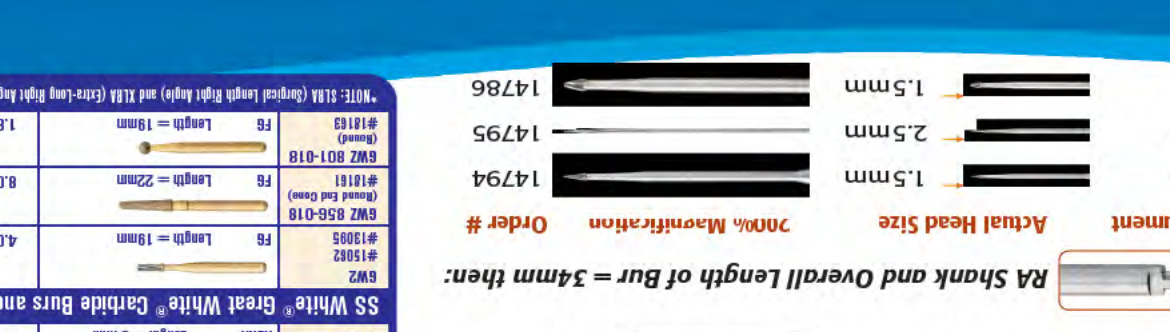
1145 Towbin Avenue Lakewood, New Jersey 08701

PROCEDURE #5

Large Incisor with Calcified Pulp*



1. Cut a palatal-incisal notch† with EndoGuide® EG1A or SS White® Great White® GWZ 856-018 round-end tapered diamond.
2. Continue cutting along the long axis of tooth into pulp chamber with EndoGuide® EG1A
3. Continue to explore deeper with EndoGuide® EG2 or EndoGuide® EG1A
4. File insertion
5. Access achieved; maximum peri-cervical dentin retained

† NOTE: The palatal-incisal notch serves as an orientation-notch to subsequently guide rotary instruments.

*Illustrations and descriptions in this Technique Tip Guide show the root canal access forms preferred by Drs: David J. Clark, DDS; Eric Herbranson, DDS,MS; John A. Khademi, DDS, MS

PROCEDURE #4

Large Incisor with Normal Pulp*

1. Cut a palatal-incisal notch† with EndoGuide® EG1A or SS White® Great White® GWZ 856-018 (round-end tapered diamond)
2. Continue cutting along the long axis of tooth into pulp chamber with SS White® Great White® GWZ856
3. Smooth orifice funnel with EndoGuide® EG2
4. Smooth upper canal walls with EndoGuide® EG2
5. Remove tissue from pulp horn with EndoGuide® EG2
6. Access achieved; maximum peri-cervical dentin retained

† NOTE: The palatal-incisal notch serves as an orientation-notch to subsequently guide rotary instruments.

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ENDOGUIDE® PRECISION MICRO ENDODONTIC BURS

Precision Endodontic Access and Exploration Burs

Designed for Modern Endodontics

EndoGuide® Precision Micro Endodontic Burs are an innovative set of carbide burs designed for non-surgical endodontic procedures. Developed in conjunction with, and for, general dentists and endodontists, EndoGuide® Burs feature a patented[1] conical-shaped, micro-diameter tip not found on conventional instruments used for root canal access and exploration.

Minimally Invasive by Design

EndoGuide® Burs are designed to allow clinicians to:

- Precisely access root canals and retain the maximum amount of peri-cervical dentin
- Effectively explore root canals while preserving as much natural tooth structure as possible
- Preserve the inherent strength of the tooth to help support subsequent tooth restoration

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