

ENDOCAL®10 Heavy Calcium Oxide

Treatment of canals & biopulpotomy
 Direct & Indirect Pulp Capping, Intracanal Bleeding, Apexification, Pulpotomy

Properties: Prolonged release of calcium hydroxide.

Stimulates and isolates vital cells of the endodontium.
 Chemical lyses of necrosed cells.

Warnings: Do not use eugenol-based cement, risk of formation of a hard and inactive calcium eugenate.

Avoid mixing on a plate used to prepare eugenates.

Avoid extending beyond the apex, although in certain conditions as a treatment of periapical disease with fistula it is desirable.

Totally avoid the use acids or antiseptics (coagulant and toxic) before or during Endocal 10 application.

Indications: Treatment of endodontic pathology, such as the most tenacious periapical infections. Endocal ensures an internally specific purification. It will progressively penetrate, without compression, inaccessible sites, while degrading tissue necrosis and stimulating healthy tissues. It is preferable not to use Gutta-Percha when using Endocal 10. Indeed, it would limit the full integration of Endocal 10 into the main canal, tubules and secondary canals.

Protocol... Mixing and applying

To open the cap of the Endocal tube easily, do not pull the cap in an upright motion. Pull the cap slowly at the side while making it revolve.
 Mix Endocal 10 powder and supplied liquid to obtain a lentulable paste (if mix is granular, keep on mixing).

Important:

Always use the same mixing pad in order to avoid the introduction of eugenol into the mix.

Eugenol is known to resist cleaning and could be present on an apparently clean pad.

Step 1: Initial Stage

- Perform a classic endodontic preparation. Use alkaline solutions as NaOCl like and/or solution of water and 17% EDTA or less.
- Perform minimal "reaming" in order to minimize parietal weakening.
- Instrument the canal sufficiently to allow the lentulo spiral to reach the working length without binding.

- **Caution :** NEVER use acids, eugenol or antiseptics (coagulant or toxic).
- Insert the **Endocal 10** mix up to 1,5 mm from the apex, using a low speed Lentulo paste filler (500 to 800 rpm)
- Seal the access cavity using a glass ionomer material or a "Cavit" type dressing.

Step 2 – Customary Control

- After a minimum of five days, remove the dressing*
- Check the **Endocal 10** texture, and consider these three possibilities:

The mixture has disappeared

The therapy has begun but is incomplete. Endocal10 has progressed to areas that needed treatment.
 The therapy needs to be continued by adding new mixture, until, when reopened the canal looks full and very hard.

Go back to step 1

The mixture is not hard

The therapy has begun but is incomplete.
 There may be an infiltration or the original mixture was not ideal.
 The therapy needs to be continued by adding new mixture, until, when reopened the canal appears full and very hard.

Go back to step 1

The mixture is hard

The therapy is complete. The canal is full of hardened mixture.
 Make sure the mixture is hard up to the apical third using an endo file.

The treatment is completed

* Should the tooth still be symptomatic, there may be a radicular fracture or occlusal trauma or the canal is not adequately filled.

FOR DENTAL USE ONLY

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