

Easy MTA

(MINERALTRIOXIDE AGGREGATE)

ROOT CANAL REPAIR MATERIAL

Developed by Endodontists



Use within 12 months of opening the box



Keep dry



See instruction for use



Keep Protected from sunlight



Non sterile

Rx Only For Dental Use only

CAUTION:

Easy MTA repair material is a powder consisting of fine, hydrophilic particles that set in the presence of water. Hydration of the powder creates a colloidal gel that solidifies to form a strong impermeable barrier that fully cures over a four-week period.

INDICATIONS:

Easy MTA root repair material is indicated for use as:

- As a pulp capping material.
- For repair of coronal, furcal or root perforations during root canal therapy.
- For repair of internal resorption/ external resorption.
- A root-end filling material.
- For the repair of root canals as an apical plug during apexification.

CONTRAINDICATIONS:

None known.

PRECAUTIONS:

- **Easy MTA** root repair material bottle must be kept tightly closed to avoid degradation by moisture.
- **Easy MTA** root repair material must be stored in a dry area to avoid degradation by moisture.
- **Easy MTA** root repair material must be kept in its sealed packaging prior to use to avoid degradation by moisture.
- **Easy MTA** root repair material must be placed intra-orally immediately after mixing with liquid, to prevent dehydration during setting. Excess water will retard curing process. Excess moisture in cotton pellets should be held to a minimum.
- Do not irrigate after placing **Easy MTA** root repair material, remove excess water with moist cotton pellet.

Clinical Applications of Easy MTA

For Pulp Capping/ Pulpotomy

1. Clean the decay/fractured tooth margins and remove all infected tooth tissue, preferably under rubber dam isolation to prevent infection of the pulp tissue.
2. Control pulpal bleeding (if any) with a Hemostatic agent or Sodium Hypochlorite (2.6% - 5% NaOCl in a cotton pellet)
3. Clean the exposed dentin with Chlorhexidine 2% to disinfect the working field.
4. Mix **Easy MTA** as per the instructions and place over the exposed pulp with the help of **Easy MTA** Applicator/Amalgam Carrier.
5. Gently apply the **Easy MTA** with a moist cotton pellet used in dabbing motion with light force. Alternatively, can use a small ball applicator for the same.
6. Remove excess moisture with a dry cotton pellet.
7. Wait for 10 mins. for setting of the **Easy MTA**.
8. Cover the **Easy MTA** with Conventional / Resin modified Glass Ionomer Cement to replace the deep dentin.
9. Etch the Enamel margin with Etching Gel and restore the tooth back to function and Esthetics with Composite resin.
10. At the next appointment, assess the pulp vitality. Pulp vitality and status should be assessed radiographically every three to six months or as needed.

Repair of perforations secondary to internal resorption:

1. Isolate the tooth using a rubber dam, debride the root

canal system using intracanal instruments and irrigate with 5.25% NaOCl. For complete disinfection and debridement of the resorptive defect place calcium hydroxide paste in the root canal system for one week.

2. Place a temporary restoration to seal the access opening.
3. After one week, using a rubber dam, remove the CaOH from the canal system using NaOCl irrigation and instrument as needed.
4. Dry the canals with paper points and identify the resorptive defect site.
5. Obtrute all the canal space apical to the defect.
6. Prepare the **Easy MTA** root repair material according to the mixing instructions provided.
7. Using the carrier, dispense the material into the resorptive defect site. Condense the **Easy MTA** root repair material into the cavity using a small amalgam plugger/ cotton pellets or paper points.
8. Confirm the placement of **Easy MTA** root repair material with a radiograph. If an adequate barrier has not been created, rinse the **Easy MTA** root repair material out of the defect and repeat the procedure.
9. Take a wet cotton pellet, remove excess moisture from the pellet and place in the canal. Seal the access preparation with a temporary restoration for a minimum of two hours.
10. After two hours, or at another appointment, use a rubber dam and examine the **Easy MTA** root repair material. This material should be hard. If not, rinse and repeat the application.
11. When the **Easy MTA** root repair material is hardened, obturate the remaining canal space. The **Easy MTA** root repair material remains as a permanent part of the root canal filling.

Internal repair of iatrogenic perforations:

1. Isolate the tooth using a rubber dam, debride the root canal system using intracanal instruments and irrigate with 5.25% NaOCl. For complete disinfection and debridement of the perforation defect, debride it with a ultrasonic scaler and place calcium hydroxide paste in the root canal system for one week to remove the granulation tissue.
2. Place a temporary restoration to seal the access opening.
3. After one week, using a rubber dam, remove the CaOH from the canal system carefully using NaOCl irrigation and instrument as needed.
4. Dry the canals with paper points and identify the perforation defect site.
5. Obtrute all the canal space apical to the defect.
6. Prepare the **Easy MTA** root repair material according to the mixing instructions provided.
7. Using the carrier, dispense the material into the perforation defect site. Condense the **Easy MTA** root repair material into the cavity using a small amalgam plugger/ cotton pellets or paper points.
8. Confirm the placement of **Easy MTA** root repair material with a radiograph. If an adequate barrier has not been created, rinse the **Easy MTA** root repair material out of the defect and repeat the procedure.
9. Take a wet cotton pellet, remove excess moisture from the pellet and place in the canal. Seal the access preparation with a temporary restoration for a minimum of two hours.
10. After two hours, or at another appointment, use a rubber dam and examine the **Easy MTA** root repair material. This material should be hard. If not, rinse and repeat the application.
11. When the **Easy MTA** root repair material is hardened, obturate the remaining canal space. The **Easy MTA** root repair material remains as a permanent part of the root canal filling.

ROOT APEXIFICATION:

1. Isolate the tooth using a rubber dam, debride the root canal system using intracanal instruments and irrigate carefully with 2.6% NaOCl. For complete disinfection and debridement of the wide blunderbuss canal, place calcium hydroxide paste in the root canal system for one week.
2. Place a temporary restoration to seal the access opening.
3. After one week, using a rubber dam, remove the CaOH from the canal system using careful NaOCl irrigation and instrument as needed. Repeat the

procedure if the sooth is still symptomatic.

4. Dry the canals with paper points and determine the proper working length of the tooth.
5. Prepare the **Easy MTA** root repair material according to the mixing instructions provided.
6. Using the carrier, dispense the cement into the apical region. Condense the **Easy MTA** root repair material into the apical region of the canal with pluggers or paper points. Create a three- to five-millimeter apical barrier of **Easy MTA** root repair material.
7. Confirm placement of the **Easy MTA** root repair material with a radiograph. If an adequate barrier has not been created, rinse the **Easy MTA** root repair material out of the canal and repeat the procedure.
8. Take a wet cotton pellet, remove excess moisture from the pellet and place in the canal. Seal the access preparation with a temporary restoration for a minimum of two hours.
9. After two hours, or at a later appointment, use a rubber dam and examine the **Easy MTA** root repair material. This material should be hard. If not, rinse and repeat the application.
10. When the **Easy MTA** root repair material is hardened, obturate the remaining canal space with either gutta percha or fibre post with resin cement. The **Easy MTA** root repair material remains as a permanent part of the root canal filling.

For Retrograde Root Canal Filling

1. Curette the Cystic/ Granulomatous lesion carefully to remove all the contents of the bone cavity.
2. Resect the Apical one third of the root (Or as deemed suitable for the case) with a surgical bur under copious irrigation.
3. Prepare the retrograde cavity (Class I) with the help of Ultrasonic tips/Slow Speed Bur to a depth of 2 mm (Or as deemed appropriate).
4. Isolate the area. Dry the root-end cavity with paper points. Make sure to control the excess bleeding in the bone cavity to prevent washout of the **Easy MTA**.
5. Mix **Easy MTA** as per the instructions and place over the prepared cavity with the help of MTA Applicator/ Plugger.
6. Condense the **Easy MTA** with a small condenser/reverse surface of a spoon excavator.
7. Remove the excess **Easy MTA** and clean the root surface with a damp cotton pellet.
8. Take a radiograph to confirm proper placement of **Easy MTA** before suturing the surgical wound.
9. The **Easy MTA** root repair material remains as a permanent part of the root canal filling.

Easy MTA ROOT REPAIR MATERIAL MIXING INSTRUCTIONS:

Note: Easy MTA root repair material does not set as quickly as other cements. Careful mixing will make the material easier to handle. Open the bottle of **Easy MTA** root repair material and dispense required amount of the powder onto a mixing pad. Open the top of the Revolutionary Gel based **Easy MTA** liquid bottle and squeeze out one drop onto the mixing pad next to the root repair material. Gradually incorporate the liquid into the cement using a steel or plastic spatula. Mix the material with the liquid for about one minute to ensure all the powder particles are hydrated. Mix till a thick, **putty consistency**. The Putty consistency of the **Easy MTA** is the **EASIEST WAY TO MANIPULATE AND PLACE MTA INSIDE THE DEFECT**.

Note:

1. Adding too much, or too little liquid will reduce the ultimate strength of the material.