

Interview: “RECIPROC® blue is definitely a game-changer in endodontics!”

Marc Chalupsky, DTI



Dr. Grzegorz Witkowski talks about his experiences with RECIPROC® blue. (Photo: Dr Grzegorz Witkowski)

Proper irrigation continues to play an important role for a successful endodontic treatment. General practitioners and endodontists use different irrigating agents to efficiently clean canals and prepare them for obturation. The different types of needles and flow rates need to be taken into consideration, along with balancing the correct pressure for apical cleaning. We spoke to Dr Grzegorz Witkowski about his daily irrigation challenges and RECIPROC® blue as a game-changer in endodontics.

Dr Witkowski, could you please introduce yourself?

I have been in private practice for 14 years and run a family-owned clinic in northern Poland. I mostly perform endodontics and CAD/CAM-based resto-

rations. It is important for me to work with the best products and be able to give my patients the best possible treatment. I have been working with VDW products since the start of my career. In addition, I lecture extensively on behalf of a number of companies.

What does endodontics mean to you?

Endodontics means proper irrigation to me. It is the main issue in endodontic treatment. Reaching the apex is just the beginning of endodontic treatment and machine files only help us reach the apex faster and in a more predictable way. However, we need an improvement in irrigation techniques. For example, three irregular canals of a premolar require proper irrigation regardless of the file. Only after that

is one able to achieve proper 3-D obturation. While there is a great deal of focus on obturation, the main problem is proper irrigation. I look forward to new solutions in automatic irrigant exchange. It does matter what irrigant one uses, but one needs to have the right dose as well. Luckily, modern machines and files allow for shortened preparation time, giving one more time for irrigation. This is a huge improvement.

Many of your colleagues continue to perform conventional preparation, while you have been working with rotary and reciprocating instruments, as well as endodontic motors. Why did you switch, and what would you tell colleagues who have not yet switched?

When I started my journey in endodontics, I asked myself: what should I do in order to ensure my treatment is good and has predictable results, and is the hand file really improving my work? As I said before, irrigation is the main problem in endodontics. Only if we irrigate properly for 30–40 minutes will endodontic treatment work. I decided to go directly with machine instruments upon graduation. Rotary instruments allow one to reach the apex faster and with fewer mistakes. I work with machine instruments most of the time. In some situations, I continue to use hand files, but this is only the case with very curved and calcified canals.

The first rotary file system I used was the FlexMaster system. While one definitely needed less time to prepare the canal in contrast to hand preparation, the system was still quite slow. I then switched to Mtwo, an excellent and fast system for all canals. This Ferrari of endodontics allowed me to advance apically and create a glide path in a matter of minutes. However, I do not like much risk, preferring to work as safely as possible to prevent instrument fracture. Finally, I had the opportunity to test RECIPROC®. Since then, I have never wanted to go back. What I found with RECIPROC® is that it gives me the safety of the FlexMaster and the fastness of the Mtwo. The reciprocating motion allows the file to move forth into the canal and back easily. It incorporates a brushing motion, and that is a huge advantage.

Can RECIPROC® also be used for narrow invisible canals?

Yes, I only use RECIPROC®, even for very narrow canals. These files follow the path easily. The only thing one has to consider is that one must advance the file with a gentle push at the beginning. After that, it is not very good to push the file, as it might result in instrument fracture. One should just allow the file to follow the path. When the file does not advance in the canal, one has to consider manual scouting.

What combination of instruments from preparation to obturation do you usually prefer?

It certainly depends on the case and the correct localisation of the apical foramen. I mostly use the R25 for molars and premolars. I apply ultrasonic irrigation to activate the irrigants. This helps to release the irrigants from the canals into the tubules. After that, I apply the continuous wave technique using BeeFill and BeeFill Pack to 3-D obturate the canal.

For how long have you been using RECIPROC® blue, and what do you like most?

I have been testing RECIPROC® blue for quite some time. Most importantly, I really like the flexibility of the file. Previously, the R25 used a different kind of NiTi material that was not as flexible. In addition, RECIPROC® is about 60 per cent faster than multiple file systems. I loved RECIPROC® blue when I started to use it, but now I never want to switch back from RECIPROC® blue. There are some cases in which I still use the original RECIPROC®, such as in retreatment when I have to push the file a little bit.

RECIPROC® blue can go almost everywhere, but reaching the lateral canal remains a challenge. For that reason, I use ultrasonic irrigation. It is necessary to carefully evaluate the different cleaning techniques of the isthmus, but with the RECIPROC® blue system, we have entered the next stage in efficient canal and isthmus cleaning. RECIPROC® blue is definitely a game-changer in endodontics. I recommend to every general practitioner to buy one and test one. You will never go back.

Thank you very much for the interview.

More information can be found on the clinic's Facebook page.