



SLICK-GLICK

OCT
2020

I first learned about the Silker-Glickman (S-G) rubber dam clamp (aka Slick-Glick) when I was a grad endo resident in Dallas. Funnily enough, our programme director, Dr. Gerald Glickman, was a most enthusiastic proponent of it. It was certainly invaluable with this Texas-sized defect which obliterated the MB orifice and extended well below the marginal gingiva. Isolation without haeme and salivary contamination was no small endeavour. An asepsis restoration would provide a seal but will almost certainly result in an iatrogenic blockage. Secured on the 47, the long arms of the S-G clamp extended to the mesial aspect of the 46, forfending it and its buccal defect from the inexorable coronal migration of the rubber dam. A cotton roll strategically placed under the long arm further stabilised the apical position of the dam. The S-G clamp permitted full isolation of the 46 without the need for an interim aseptic restoration or flap. Saliva was reliably kept at bay. Haeme contamination was minimised by not fully excavating the defect until after the completion of the orthograde endodontic treatment.

The fifty-four-year-old lady was highly motivated to save this tooth. She was no naïve gobemouche and certainly made an informed decision. The 45 is in dire need of attention too, and will likely be tackled early in 2021.

The pre-operative CBCT images allowed a detailed scrutinisation of the extent of the defect and many, but not all, of the challenges this tooth presents. In particular, the severity of the apical curve of the mesial canals was not fully appreciated until achieving patency proved problematic. Upon removal, the initial 10/02 hand files were conspicuously deformed; small portions were telescoped while other sections were conjointly unwound and elongated. Often a distinct new 'kink' was present too. Also, the tactile tension felt in the file was more than one would expect for even a severely calcified canal.

Such negative feedback upon initial negotiation, warrants dividing the task instrumentation into two unique halves. The first half consisted of preparing the middle and coronal thirds of the mesial canals with 10/02 and 15/02 hand files until they were loose. Reaming was never greater than a half turn and rasping was restricted to an amplitude of 1mm or less. Vortex Blue rotary files were then used to finalise the instrumentation of the middle and coronal portions.

With the first half done, gaining patency is now not only safer but also more efficient as all tactile feedback was solely from the apical portion of the canal. Pre-bent 10/02 hand files were reintroduced. Apical pressure was lightly applied only when turning anticlockwise. The file was gently rasped with minimal amplitude and reamed slightly with a quarter to half turn only. Apical migration was achieved via careful cycling through a sequence of small hand files 06/02, 08/02, 10/02. After gaining patency, this regimen was repeated until a 10/02 could easily slide to working length and be withdrawn without resistance. This is known as a 'glide path'. Only now was it safe to attempt to take a ProGlider rotary file to working length followed by Vortex Blue NiTi's. Each mesial canal was challenging enough to warrant my undivided attention until the master cone fit was confirmed.

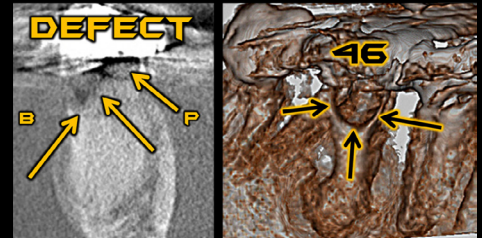
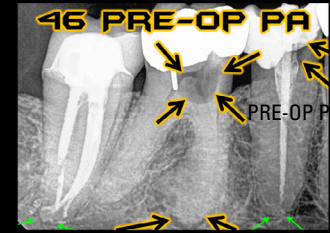
After two such taxing canals, gaining patency and instrumentation of the two distal canals was almost unremarkable. To complement the final restoration, carbon fibre posts were cemented in the DB and MB canals.

Finally, a marginal flap was reflected to allow a full and unimpaired excavation of the defect. The coronal seal finalised with bonded composite. Everything about this tooth was tricky but it was a treat to achieve a reasonable result. Y'all see now, it would have been foolhardy to mess with this defect without an S-G clamp, yee-haw! Don't be all hat and no cattle, be a fixin' to get yourselves one of these here Slick-Glick clamps right soon now, you hear.

Regards,



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Please consider donating to my 2020 Ride to Conquer Cancer.

