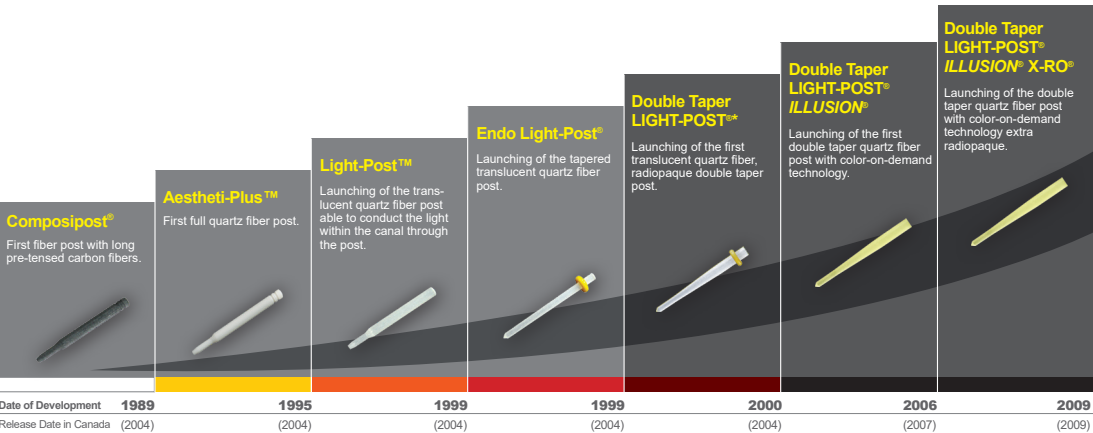


EVOLUTION of the RTD FIBER POSTS



*Outside Canada, "DT LIGHT POST™" is a registered trademark of RTD. *In Canada, the corresponding trademark of RTD is "Double Taper LIGHT-POST™"

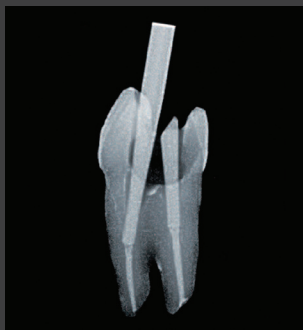
Double Taper LIGHT - POST® X-RO® ILLUSION®



Double Taper LIGHT-POST® X-RO® ILLUSION® is made from the same material and has all of the same properties and advantages as our Double Taper LIGHT-POST®, which has won the prestigious REALITY'S CHOICES award five years in a row.

- 50% MORE RADIOPAQUE
- 30% MORE RETENTIVE
- 20% STRONGER

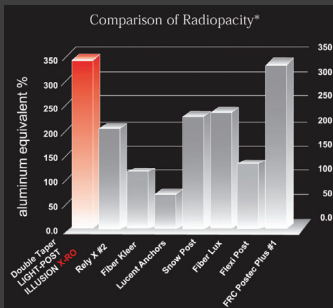
The Most Recognized Post with a NEW INNOVATION



Double Taper LIGHT-POST® ILLUSION® X-RO® Radiopacity

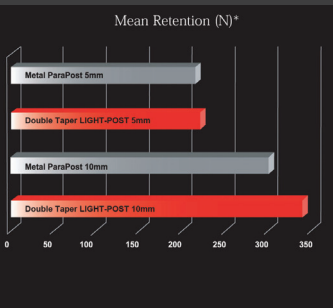
UNIQUE BENEFITS

- Greater radiopacity allows clinicians easier visual on radiographs
- Corrosion-free and biocompatible
- Flexural strength at 1800 MPa - 2000 MPa
- Elastic modulus similar to dentin aids in stress distribution
- Improved surface roughness increases push out (bond) strength to the post by nearly 33% eliminating the need for chairside silane coatings and surface treatments
- Patented color-on-command technology simplifies the task of removing the post in the event retreatment is ever required



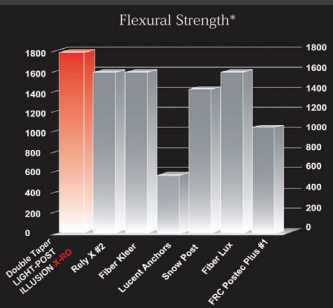
RADIOPAQUITY

Radiopacity of the Double Taper LIGHT-POST® ILLUSION® X-RO® is superior to previous generations of fiber posts to reach 340% of Aluminum equivalent (ISO Standard #4049).



RETENTION

Patented fiber with enhanced surface characteristics equates to superior retention than to that of metal posts and other fiber posts.



STRENGTH

A proprietary silane coupling agent increases the bond between the fiber and the epoxy matrix to improve Flexural Strength by 200 MPa (12.5%), Interlaminar Shear Strength* (65-70 MPa) and Fatigue Resistance*.

* Data available on request from RTD France.



UNIVERSAL PRIMER™

Dual-Cured Adhesive

Universal Primer is a dual-cured adhesive designed to be used without having to cure the adhesive layer under indirect restorations.



CORE-FLO™ DC Lite

Self-Leveling Dual-Cured Dentin Replacement and Core Material



CORE-FLO™ DC

Dual-Cured Flowable Core Build-Up, Dentin Replacement Material



DUO-LINK UNIVERSAL™

Adhesive resin cement is specially formulated for cementation of ALL indirect restorations and provides all of the desired properties for universal cementation: high radiopacity, high mechanical strength, high bond strength, low film thickness and easy clean-up.



THERACEM™

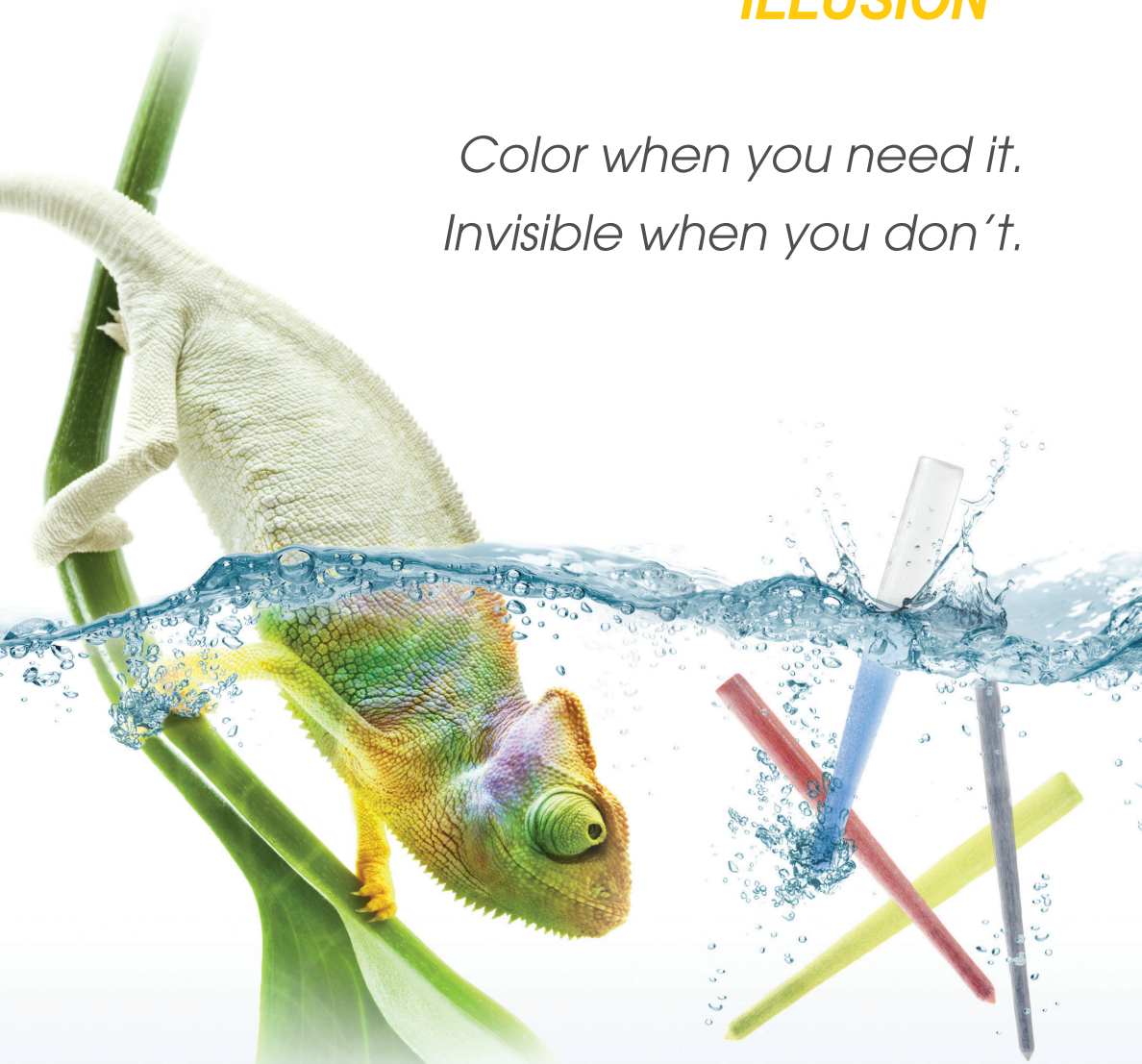
Self-Adhesive Resin Cement

TheraCem is a dual-cured, calcium and fluoride-releasing, self-adhesive resin cement indicated for luting crowns, bridges, inlays, onlays and posts (prefabricated metal/non-metal/fiber posts).



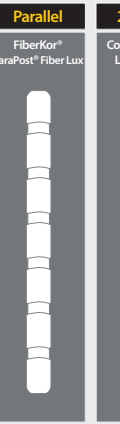
Double Taper LIGHT - POST® X-RO® ILLUSION®

Color when you need it.
Invisible when you don't.

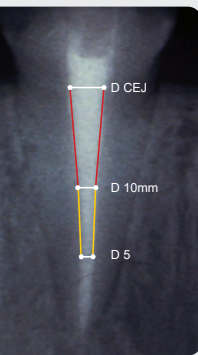


NOT ALL POSTS are the SAME

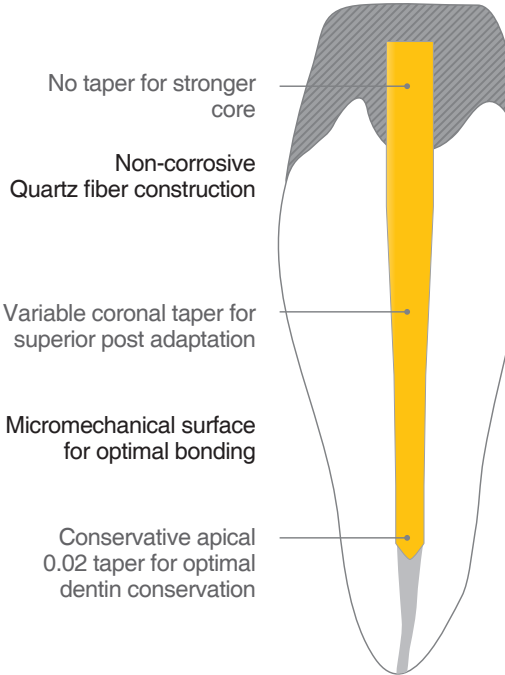
THIS is what we start with.



WHAT should we finish with?



"Instrumentation of the radicular dentin walls during dowel space preparation should be very conservative to preserve tooth structure" Pathways of the Pulp; 8th Edition, 2002



Proven Anatomical Design

Ideal double-taper design means optimal adaptation, conservative preparation. Double Taper LIGHT-POST® performance is proven in published clinical trials.

Developed at the University of Montreal,

the RTD Double Taper LIGHT-POST® is the first post to adapt to the treated canal, rather than the reverse. These tapers and diameters are derived from thousands of measurements on hundreds of endodontically treated teeth.

Exclusively distributed by Curion



2571 Smith Street Richmond, BC., V6X 2J1 Canada
EN: 1.800.667.8811 | FR: 1.800.211.1200
curion.ca | wecare@curion.ca

Selection of Post Size

Posts are available in four different sizes to accommodate a variety of teeth and canal sizes. Drills and posts are color-coded for ease in determining which drill is to be used with each post. It also aids in size identification.

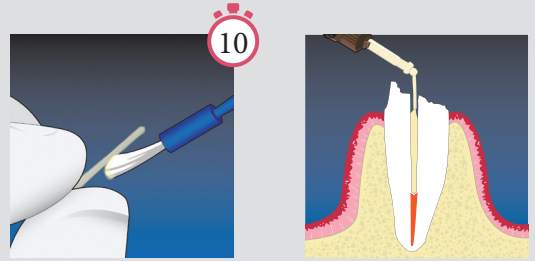
General recommendations for post space preparation:

- The post should be 2/3 of the length of the root.
- Ferrule effect should be 2 mm minimum
- Proper isolation must be used.
- Remove gutta percha with #1 or #2 Peeso Reamer, #3 Gates Glidden or a heated endodontic plugger.

OPTION A:

CEMENTATION - THERACEM

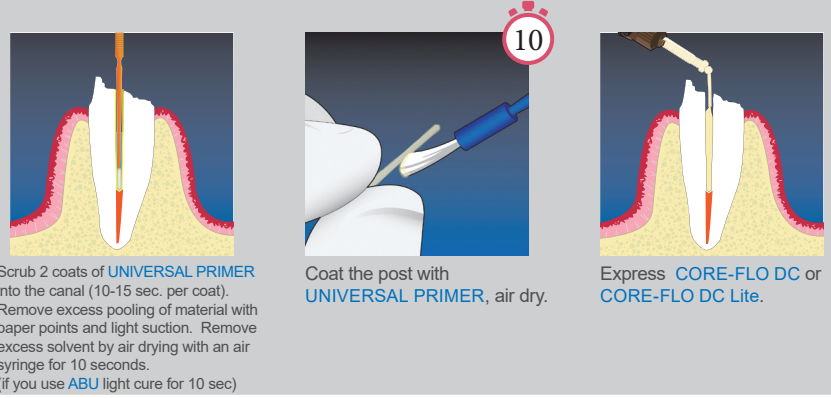
*Follow this protocol when Post Space length in the root is 8mm or greater



OPTION B:

CEMENTATION - CORE-FLO DC or CORE-FLO DC Lite

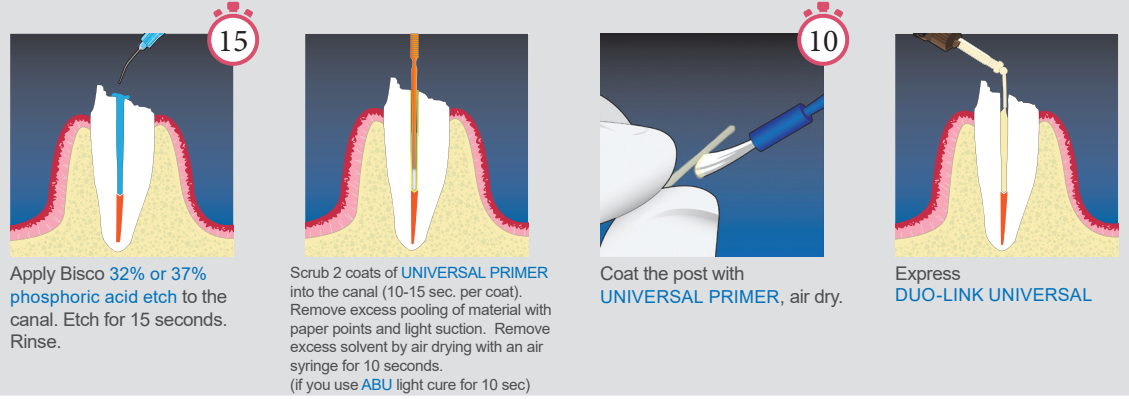
*Follow this protocol if Post Space length in the root is less than 8mm.



OPTION C:

CEMENTATION - TOTAL-ETCH - DUO-LINK UNIVERSAL

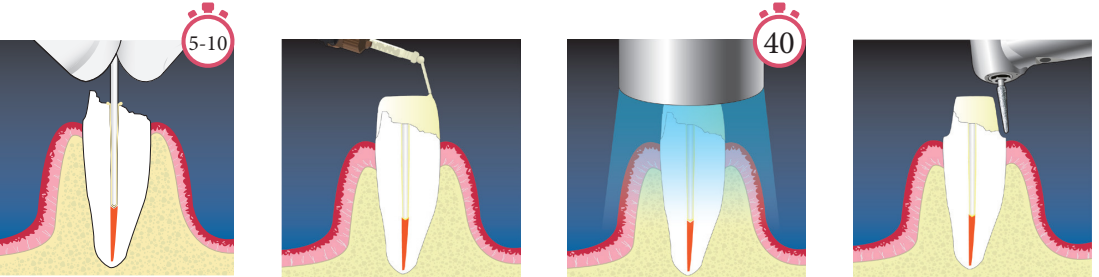
*Follow this protocol if Post Space length in the root is less than 8mm.



Research has demonstrated that a two-step cementation procedure (i.e. etch and bond) results in a 60% increase in bond strength.*

* Santos et. al. J Pent Res 89(6): 587-591, 2010.

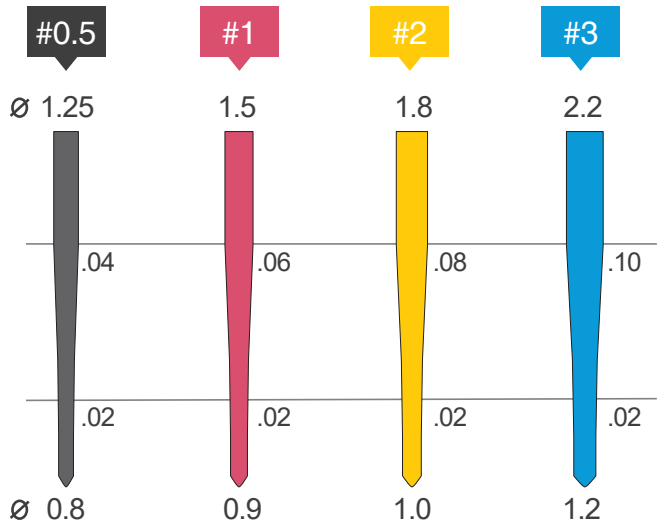
04 CEMENTATION & CORE BUILD-UP



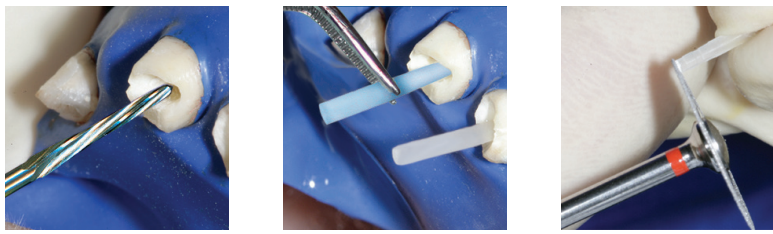
1. Seat the post, maintaining firm pressure with **CORE-FLO DC** or **CORE-FLO DC Lite**.
2. Continue to express **CORE-FLO DC** or **CORE-FLO DC Lite** around the post to build up the core.
3. Remove excess material and light cure for 40 seconds.
Optional: wait 7 minutes for self cure.
4. Complete preparation prior to impression.
Refer to complete instructions for detailed technique.



01 POST SELECTION Double Taper LIGHT-POST X-RO ILLUSION



02 CANAL PREPARATION



Tips
Use a diamond disc and reduce speed near end of cut to prevent delamination of post

Shaping the canal:

- Use the Pre-Shaping Drill (black) to complete the preliminary preparation.

Tips

1. Drill speed should be 2000 to 3000 rpm (over heating the canal may cause necrosis, too much pressure creates micro fractures or the possibility of perforation).
2. For cutting efficiency : 15 uses per drill.

Final canal preparation:

- Use the Double Taper Drills in order, starting with the smallest, until the desired final size is accomplished.

Tips

1. Complete removal of endodontic cement and gutta percha from canal walls to allow best adhesion when cementing the post
2. Cements containing Eugenol may interfere with adhesion; it's recommended to remove 50 microns of tooth substrate