

Are we slaves of dental industry?

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Recent data on the dissemination and implementation of rotary instruments in daily clinical practice reveal that most clinicians using this type of instrument comprise the group of recent graduates (5 to 10 years) who learned how to use them during postgraduate courses in Endodontics. Data also suggest that most clinicians employ the system they learned and practiced during postgraduate courses. It usually is the only system of choice. In other words, the premise “Tell me thy course, and I will tell tee thy system” seems to be true.

Oftentimes, companies offer basic free training usually taught by a specialist or a professor, and that is how the use of rotary instruments is introduced. That is the same training program clinicians interested in Endodontics are provided with.

Would this be the correct conduct towards such remarkable innovation? Specialists to-be should undergo training on a variety of systems in order to perceive differences in root canal preparation performed by each system individually. Their manufacturing features — such as cross-sectional area, presence or absence of radial lands, helical angle, among others — require particular management, as their action over the root canal varies considerably. It stands to reason that postgraduates are more likely to choose a system instead of another according to their level of expertise and ease of use.

A number of systems are currently available on the market. Importantly, one should opt for specific systems that, due to their design, assemble all features available without having preference for one instead of other. Implementing a given system in clinical reality depends on formal education aimed at clinical practice. This is what should uphold change. Training is essential for clinicians to realize the need for change, reshape former patterns and make a commitment to the new.

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