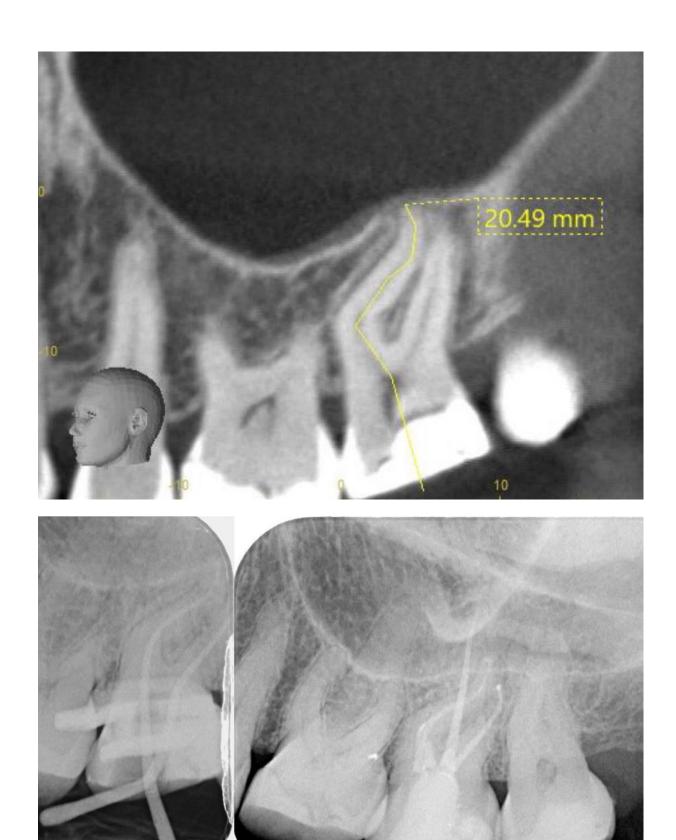
# VS FLEXI DPS Endo File System Clinical Cases

Here are a few clinical cases in which endo treatment was performed with use of VS FLEXI endo files by different dentists in different countries.

Dr.Daniel Flynn – London, United Kingdom (2 cases before and after treatment)









Dr. Adrian Stewart , United Kingdom - case before and after treatment





Dr.Bill Sedon, United Kingdom - case before and after treatment





 $\label{lem:continuous} \textbf{Dr.Thibaut Merit} \text{ , United Kingdom} - \textbf{two cases before and after treatment}$ 







Dr.Vlad Gansca, Romania – case before and after





Hi Valeri,

I made already 2 cases with VS FLEXI DPS and I think these are very very good files.

Lower second molar, pulpitis, regular canals, beside may be the small curvature of distal root. I did this case without making a hand glide path at all. I shaped directly with #13.04, #17.04 and #20.04 in mesials and up to #25.04 in distal. Compare shapes to shapes of first molar I did earlier with R25 Reciproc. Pericervical dentin saving is obvious!

When not making hand glide path VS FLEXI tend to unwind in apical part, but do NOT break. Second case

This is an upper molar with curved and long canals. In this case I respected the protocol/instructions for use and made a hand glide path before using VS FLEXI.

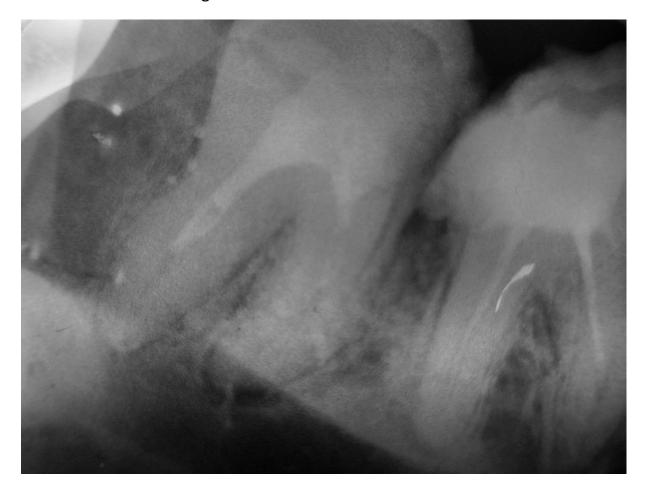
After hand glide path VS FLEXI files behave brilliantly!

Your files are great! VS FLEXI #13.04 in fact does 95 % of the job! Cutting efficiency is great. Pericervical dentin saving is great, too.

You did hell of a job with VS FLEXI.

Hatts off.

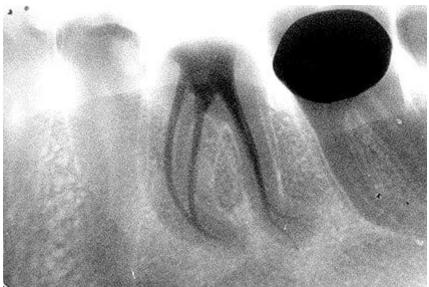
## Dr. Valeri Stefanov – Bulgaria cases before and after treatment







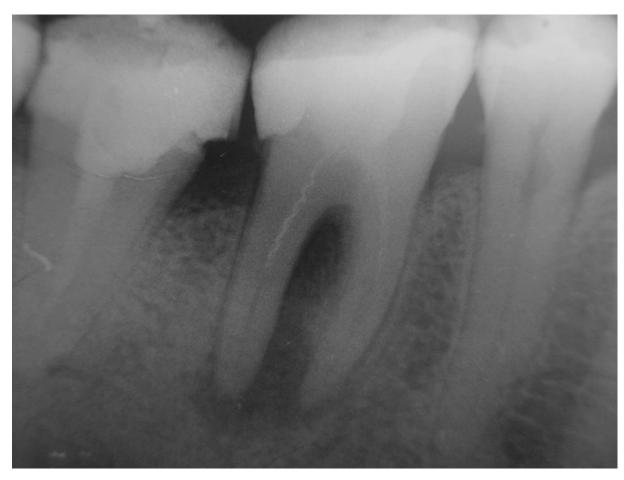


















## Dr. Ruth Williams UK

First try at using these lovely VS FLEXI files. Really liked them. Managed to get length on palatal with c-pilot size 6 but then lost about 1mm to a k flex size 8 and couldn't get it back again. Buccal and palatal converged mid third. Used #13. 04 up to #25. 04.





Dr.Nial Balloch - Galsgow, UK

First time using the VS FLEXI files for a full case, previously just used for a few tight MB2s, but really liking them.

No issues with access into the canals or patency but canals were just a bit 'sticky' in mid root aspect when scouting with hand files & so decided to go with VS FLEXI files rather than normally used WaveOne Gold.

VS FLEXI #20/04 finish both canals, irriflex for the irrigation & Bioroot bioceramic sealer with single GP cones





# Dr.Ruth Williams UK

Second go at using VS FLEXI file system. GDP couldn't find the canal.

Consistent reading on EAL, though it looks a tiny bit short on post op rad.

Still, impressed with these files.





# Dr.Adrian Jones UK

Not easy to see with tube shift but two distal canals merging 4mm from the apex. Combination of 6,8 and 10 C pilot and then vs flexi files upto 25/04. Provided over two visits as the distal canal took ages to reach working length with manual files. Endoactivator followed by Total fill sealer and GP.

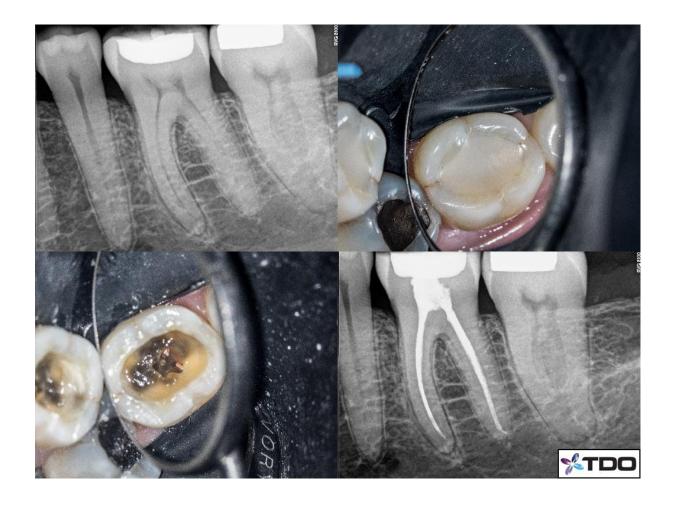




Dr. Viraj Vora – Vaughan, Canada

Mesials VS FLEXI #13.04 Used and then #20.02 K file in apical third to adjust for FF GP cones

Distal – VS FLEXI #20.04



# Dr.Bill Sedon UK

VS FLEXI are really useful in limited opening cases like this, Opening and canal length coincident at 25mm, being able to prebend the files is a lifesaver. Not a deformation visible on any of the files after use.



## Dr.Kreena Patel UK

Here was my first go with the VS Flexi. ! I really liked them! This case was with the full sequence. RCT LL6

- -Existing restorations & caries removed
- -5 canals located (DB,DL,MB,ML,MM)
- -Prep using VS Flexi to #25.04 in mesial canals and #30.04 in distal canals
- -Obturation using WVC



#### Dr. Adrian Stewart UK

Another VS Flexi case.

71-year-old female with partial necrosis of the pulp in her 3.6

Mixed symptoms. Pain with heat. Tenderness to percussion.

3.6 respond positively to cold sensibility testing.

Distal canal was necrotic. Mesial canals vital.

Extensive pulpal sclerosis meant that I had to remove a lot more coronal dentine than I would have liked, simply to be able to open the mesial canals.

Mesial canals negotiated with difficulty. #8 C+ and multiple #6 K files, then +10 K.

Full VS Flexi sequence to #30.04

MDI with 3% NaOCI and 17% EDTA

WVC with GP and Kerr's PCS





VS FLEXI VT Blue – case of Dr. Viraj Vora – Vaughan, Canada

