



What Is Your Retainer Protocol?

Townies share their preferred type of retainer and patient protocol.

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smiledoc123

Member Since: 01/06/12

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Remove Braces

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Broken Fixed

I'm an associate working in an established practice and was wondering what you all do for retainer protocols.

- Do you have a go-to type of retainer?
- What do you use to bond lingual retainers (type of wire and composite)? Ours fail a lot!
- Do you give all patients the option to have an Essix retainer? What do you do if it cracks?
- Do you give patients the choice of what type of retainer?
- Do you deliver the same day as debond? One week after? Two?

We make a lot of Hawleys, very few lingual bonded (although I like them, I think we need something that holds a bit better), and some Essix retainers. However when an Essix breaks we replace it for free, even if it's years later. It's killing me. I feel like it is totally inefficient and we need a better system!

Would love to hear what you all do! ■

MAR 5 2012

dhmjdds

Member Since: 11/16/04

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Do you have a go-to type of retainer? Upper Hawley, lower bonded 3-3.

What do you use to bond lingual retainers? .030 stainless steel, formed at the debond appointment directly. Roughen linguals of canines with green stone, micro-etch ends of wire. Isolate, etch with L-pop, hold ret in place with floss. Bond with Transbond LR to canines only, using primer to smooth (don't let it run interproximally). Set. Check contacts with floss. Oh, assistants do all of this except roughening the canines and we check the wire and tweak it after they form it.

Do you give all patients the option to have an Essix retainer? What do you do if it cracks? No. Don't use "A" material. Always use "C+" material. It never, ever breaks.

Do you give patients the choice of what type of retainer? Only adults and Invisalign patients.

Do you deliver same day as debond? 3-3 goes on at debond. Hawleys deliver in one week. Essixes usually deliver in 1-2 days. We have an in-house lab so we can do same-day Hawleys if necessary (like if they have a pontic on them). ■

MAR 5 2012

smiledoc123

Member Since: 01/06/12

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Thank you for sharing your protocol! A couple of questions: Do you get much relapse with your lower retainer? I always thought that if someone had a lot of rotations, you needed to bond a flexible wire to every tooth, whereas you could use a stiff retainer if teeth were just linguallly displaced or something like that. I really like how much easier it is to clean, though, if you are just bonded to the 3s. How often do they debond? You don't give an Essix as back up?

Also, does anyone do "retainer insurance" where they pay more upfront but it covers replacements if needed? Thanks again! ■

MAR 7 2012

dhmjdds

Member Since: 11/16/04

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No, not much relapse if the retainer is properly formed to touch all along the linguals of the lower incisors and if the overjet was properly corrected and they wear the upper retainer according to instructions. If you have a single tooth rotate out, run a disk between the contacts on both sides of that tooth (with the bonded still on) to break the contacts. The lip almost always rotates it back if enough space is available.

On an adult with a badly rotated incisor pretreatment, I might bond that to the wire (micro-etch the wire in that area). We gave up twist or braided wire retainers about 20 years ago, after having some wires untwist and cause tooth movement themselves. They debond far less often than a removable retainer is lost. Only give Essix as a backup in occasional adult cases, particularly Invisalign patients who want to continue to bleach. ■

MAR 7 2012

We give the patients two sets of Essix retainers because they usually crack after a year or two. Right after full debond, my assistant uses the C+ material to make the first set because it is a flexible material that can easily be removed from the casts without destroying the teeth on the casts. For the second set of Essix retainers, which will be delivered at another appointment, my assistant uses the ACE material and the same dental casts to make them. For patients who grind their teeth at night, I only use the C+ material and let the patients keep their dental casts... whenever their C+ retainer cracks, they simply bring in their dental casts and we make them another one at no charge.

I use Hawley retainers for Phase I cases, for patients who have missing teeth (so I can add pontic teeth to the retainer), for patients who have peg laterals, for adult patients who had expansion treatment in the upper arch, for patients who had generalized spacing before treatment (so I can tighten the retainer if necessary). ■

MAR 7 2012

[Editor's note: To view this link visit this message board online.]

Diane's protocol is pretty close to mine. I'll post mine later today or tomorrow. Both of them are derived (I think) from Zachrisson, who was the master of fixed retention. It is senseless to do anything that varies from his basic approach. His lower fixed retainers stayed on and yours should also. Transbond LR, as Diane points out, is the composite of choice. FlowTain is not strong enough. If you use Transbond LR and are careful with your etch, they should stay on.

The link above is for some pages from Graber, et al, on the technique as described by Zachrisson. ■

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That's pretty good. Usually the lower incisors on the casts chip off upon removal of any vacuum-formed material, from my experience. ■

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Lingual FlexTech bonded to every tooth lower 3-3. Upper Invisalign we give the next day. Look up Invisalign; it's awesome. Almost a mix between C+ and Ace by Essix. Doesn't break like Ace and forms tighter than C+ and they almost always fit, unlike C+.

Lingual FlexTech is a flat gold chain; a little pricey but I have had two failures in three years since using it, both of which were on the same patient. I bond with Transbond LV and we use a NOLA and I bond the thing down after an assistant gets it ready. After a month of settling we make a lower Invisalign to wear at night. ■

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I agree with this Zachrisson protocol and pretty much everything Dr. Ruff ever says. I have been doing this technique for over 12 years and relapse is extremely rare if the protocol is followed properly and the wire is well adapted. The key is to place heavy force against the

ucla98

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caliortho

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drgs

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.032 TMA wire as the composite on the second cuspid is cured. TMA allows flexibility for the cuspid to move in their sockets without breaking the wire or bond. A second key is to make sure all the shiny enamel is removed from the surface to be bonded with diamond, green stone or micro etcher. Breakage has been very rare over 12 years.

It seems true that flowable (FlowTain, at least) is not strong enough to last. In my opinion, there is absolutely no reason to bond every tooth and doing so proves frustrating. There is rarely an occasion in which I will include one or two stubborn incisors on the wire.

On the upper, I use a Hawley. Both the upper Hawley and lower 3x3 are placed the day the braces are removed. Hawley because I haven't figured out how to use an Essix and allow the teeth to settle into occlusion (not that my cases ever need to settle). I use C+ Essix as a replacement for lost Hawley only after settling if needed.

My greatest find lately has been the gold chain for bonded upper 3x3. I don't know why I didn't use it before, but it has been amazing. This said after only using it in limited cases for less than six months. It almost adapts itself to the teeth. It seems too good to be true and I hope I am not disappointed. ■

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etaynor

Member Since: 02/15/05

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My retention protocol is a little more "my time" intensive. I use a lower semi-rigid braided wire from cuspid to cuspid. I go through the interproximal of each lower tooth with a .010 lig wire. I twist to the buccal and pull the lingual arch close in to the teeth. I then burnish the lingual arch to the contour of the lingual of each tooth (having smoothed the linguals with a green stone first). Then I gently place small interproximal dental wedges in between each tooth. This very effectively controls the embrasures. I place a drop of bonding material in the center of each tooth and light-activate. Then I remove the ligatures and continue with the bonding material as needed. Then I light-activate again, and remove the wedges. There is very little cleanup or flash.

I leave the braces on without the lower arch and reschedule for one week. That gives me a chance to check if the bonding stayed, and allows for a little posterior settling. The next visit is a band/bracket full removal, and impressions for Essix retainers and full final records. The lower retainer is for emergencies, if the lingual bonding breaks. We go over flossing, retention procedures, and give a schedule for retention wearing.

We see our retention patients in eight weeks, three months, six months, nine months, and then file. We go over the schedule each time and give the same paper to the patient and the parent. Then we send a finished with retention letter, created from some of the letters posted on this forum.

I have a tooth come off the bonded arch maybe once or twice on every twenty bondings at different times during retention. I usually just etch and add material to the existing lingual retainer. ■

MAR 8 2012

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Retainer Protocol

