

College of Dentistry Baghdad University Department of Orthodontics





RETENTION APPLIANCES

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1- REMOVABLE HAWLEY RETAINER

2- REMOVABLE VACUUM FORMED RETAINER

3- FIXED RETAINER

Bonded Retainer
Fixed Retainer
Lingual Retainer
Permanent Retainer

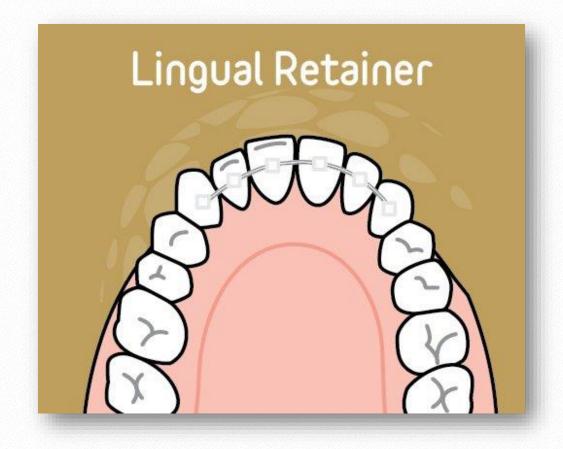






FIXED RETAINER:

- Bonded Retainer
- Fixed Retainer
- Lingual Retainer
- Permanent Retainer



- 1965 Newman presented direct bonding of orthodontic attachment
- 1973 Kneirim introduced the use of fixed retainer for orthodontic retention for the first time
- Bonded retainers were described 50 years after Hawley and 20 years before (VFR)

FIXED RETAINER:

Requirements

Rigid to resist unwanted tooth movement and maintain the teeth in their position

Flexible to allow normal physiological tooth movement

Does not cause un-intended effect or tooth movement

Allow settling

Allow maintaining good oral hygiene for the teeth and supporting tissues

Does not cause occlusal interferences with opposing teeth

Easy to fabricate and use

Does not need high cost materials or equipments

FIXED RETAINER:

ADVANTAGES	DISADVANTAGES
Aesthetics (not visible)	Technique sensitive
Not depend on patient cooperation	Difficult to bond to artificial substrate
Acceptable	Unwanted tooth movement (if become active)
Allow settling	Bond failure and/or breakage
	Difficulty in maintaining optimal oral hygiene
	Occlusal interferences

FIXED RETAINER:

Many types, designs, different materials





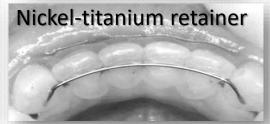




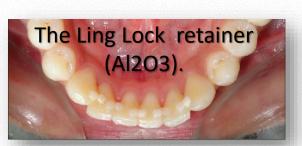














FIXED RETAINER:

Many types, designs, different materials

Ortho FlexTech



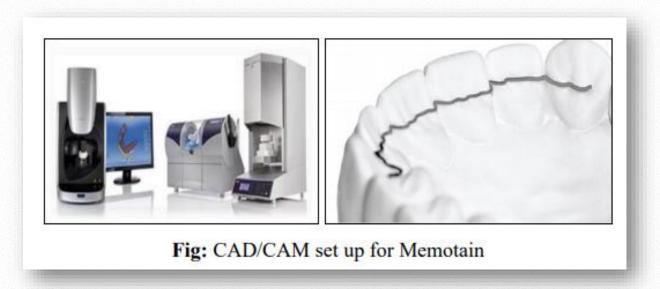






Memotain (Nitinol CAD/CAM Retainer)





no significant difference in terms of dental anterior stability and retainer survival. Both retainers appeared equally effective in maintaining periodontal health







FIXED RETAINER:

Most commonly used

1- Retainers bonded canines only

Thick wire, round or spherical (usually 0.025" to 0.032")

- severe rotations and crowding in the lower incisors
- lower inter-canine width is changed
- treated with lower incisor proclination
- mild crowding that are treated without extractions
- deep overbite





FIXED RETAINER:

Most commonly used

2- Retainers bonded to incisors and canines

Thin, multistrand or plain wire (from 0.0175 to 0.0215 round or rectangular multistrand S. S. wire)

- median diastema
- generalized spacing
- adult patient
- tooth loss (hold pontic space)
- mandibular incisor extraction
- severely rotated teeth
- palatally impacted canine



FIXED RETAINER:

Material types of bonded retainers

- Stainless steel
- gold
- Peek
- nitinol
- Ceramic
- Fiber reinforced composite















FIXED RETAINER:

Bonding techniques

1- Direct technique: directly inside patient mouth



2- Indirect technique: fabricated on a cast and then

transferred to patient mouth







FIXED RETAINER:

Bonding protocol

- Scaling and polishing
- Isolation
- Sandblast BR site
- Etching
- Prime and bond









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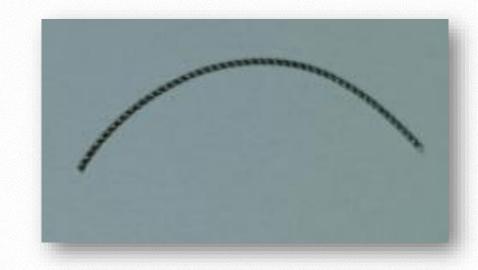
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FIXED RETAINER:

Bonding protocol

- Cut the required length
- Apply metal primer
- Fix in exact place
- Apply adhesive and cure
- Finish and ploish



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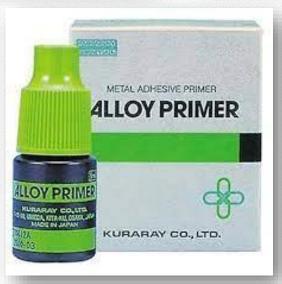


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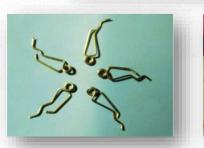




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THANK YOU FOR LISTENING