

EZ BOND LINGUAL RETAINER

Description:

This is a lingual bonded multi-strand wire retainer with standardized “spots” of bonding material. A custom-made transfer tray with “escape channels,” allows excess bonding material to escape instead of flowing interdentally or over the complete lingual surface of the teeth.

Retainers consisting of multi-strand wire can play a valuable role following active orthodontic treatment and have clear advantages over removable retainers. Until advent of the EZ Bond Retainer, no completely satisfactory or standardized method for bonding a wire to the lingual surfaces of the anterior teeth existed. The accepted method was to position the retainer wire on the etched and dried tooth surface and apply an arbitrary quantity of composite. Neither the position nor the quantity of bonding material could be accurately controlled, so prolonged finishing procedures were often necessary to remove excess composite or add extra material to deficient areas. The chairtime required to place such a retainer was, therefore, rather unpredictable and the appearance of the finished result was compromised.



The following describes the technique for bonding of the EZ Bond Retainer to ensure consistent results and precise control over the quantity and position of the bonding material.

Impressions:

Although the retainer will only be placed on the lingual surface of the anterior teeth, it is essential to laboratory procedures that the impression include the incisal edges as well as a portion of the labial surfaces (2mm to 3mm).

Following thorough cleaning of the teeth, any excessive undercut areas gingival to the archwire should be blocked out with soft wax to prevent distortion upon withdrawal of the impression. The impression should be poured immediately in stone and checked for accuracy after the stone sets.

IMPORTANT: PLEASE NOTE!

The completed EZ Bond wire and transfer tray is purposely returned to your office *on the model*. Be certain to handle the transfer tray very carefully. Do not flex it excessively. If the tray is flexed too much, the wire may come loose from the tray.

Proper re-insertion may prove time-consuming.

Should you have any problems in this area, please give us a call.

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Clinical Procedures:

The lingual surfaces of the teeth to be bonded should be prepared in the usual manner. Using a light bodied flowable composite in a syringe, inject the composite into the transfer tray reservoir perforations on the wire side of the tray. Over or underfilling must be avoided. You should find it is easy to fill the reservoir perforations with the appropriate amount of composite due to their standardized size. The transfer tray should then be placed on the teeth and gentle pressure applied, allowing for excess material to escape through the exit channels. If you do not see a small amount of composite express itself through the escape channel, you can inject a small amount of additional material into the escape channel to be certain that sufficient composite fills the reservoir.

Transfer tray perforations permit any excess bonding material to harmlessly escape (rather than being squeezed interproximally or gingivally). It is very important that this overflow of bonding material be removed with a large round bur *before peeling off the transfer tray*. To remove the transfer tray, place the thumb and index finger of one hand over the transfer tray covering all the teeth except two (1 cuspid and 1 lateral). With the other hand, carefully peel off the transfer tray *one tooth at a time*.

Removal of the transfer tray reveals a perfectly adapted lingual retainer attached to the teeth by highly effective studs of bonding material. These studs exhibit uniform thickness and shape at the predetermined locations. The overflow of excess material can be rounded off using a round bur or any other suitable finishing stone.

