



TECHNICAL GUIDE

Light Bond 3X3 Lingual Retainer And Light Bond 3X3 for Flossing



Bonded Lingual Retainers have these advantages over removable retainers:

1. The retainer will be placed in a more ideal position.
2. Minimal patient cooperation is required.
3. Less adverse tooth movement after treatment.
4. Indirect bonding is much **easier** and **faster** than direct bonding of lingual retainers, therefore, **less stress** on the **doctor** and **staff**.



Checklist for Light Bond Lingual Retainer success:

AT MODEL TAKING APPOINTMENT:

1. Take the impression while the patient is still wearing the braces.
2. Use rigid, well fitting trays.
3. Pour the impressions immediately, to avoid alginate shrinkage.
4. Use a high quality stone to pour models.
5. Restorative work should be delayed until the retainer has been placed.

AT BONDING APPOINTMENT:

1. **Do not trial fit the trays onto the models or the patient's teeth, as the bracket backing is cleaned and prepared for bonding at the laboratory.**
2. Remove the braces and excess glue from the patient's teeth.
3. Have patient brush teeth clean and rinse. Do not use pumice with fluoride to clean teeth.
4. Etch the lingual aspect of each tooth for 15-60 seconds, using 38% phosphoric acid dental etching gel.
5. Any etching over two minutes will weaken the bond.
6. With vacuum suction, remove the gel from the teeth.
7. Then rinse each tooth thoroughly and dry with clean air. (A tooth dryer works wonderfully for this.) **TEETH MUST REMAIN ABSOLUTELY DRY FROM THIS POINT.**
8. If the tongue or saliva contacts the tooth any time after the etch gel is placed, the tooth should be re-etched for 15 seconds.
9. When bonding to porcelain, use a porcelain primer according the manufacturer's direction.
10. Place primer or sealant on the acid etched area of the teeth. Cure as needed according to the manufacturers directions.
11. Fill the pre-formed reservoirs in the tray with flowable composite. (Transbond LR adhesive* may be used.)
12. Insert the tray by rolling onto the arch in a lingual to labial direction.
13. The doctor may use an instrument to provide positive pressure at the interproximal contact of each area as it is cured. (A Plasma Light or the Chromolux High Speed Curing Light** may be used.)
14. To fully cure the composite, each interproximal area and gingival area should be cured. It is also desirable to cure from the labial aspect of each tooth prior to removing the trays.
15. Grind off any flash of composite that escaped from the vent holes, then, remove the tray by peeling from the labial to lingual. Use the curing light again on any areas that were difficult to get light to with the tray in place.
16. Using dental floss and a floss threader, thread the floss between the wire and the gingival tissue, to be sure no bonding material has cured at the gingival margin. This is an excellent time to exhibit to the patient how to floss with their new bonded retainer.

*Manufactured by 3M Unitek 800-423-4588

**May be obtained from EOP, Inc. 800-328-8021

For Additional Information Call **ORTHODONTIC TECHNOLOGIES, INC.** 1-800-346-5133

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