

OralSurgerySource

Always the Best Products, Always the Best Price

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CATALOG 47

ORTHODONTIC IMPLANTS - A MUST HAVE MODEL!

Demonstrates some possible ortho implant placements:

- Retraction of anterior teeth.
- Distalization without taxing anchorage.
- Anterior movement of posterior teeth
- Implant as molar anchorage to distalize bicuspid.
- Atraumatic placement of implants.

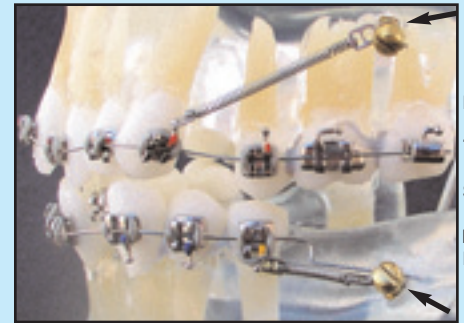
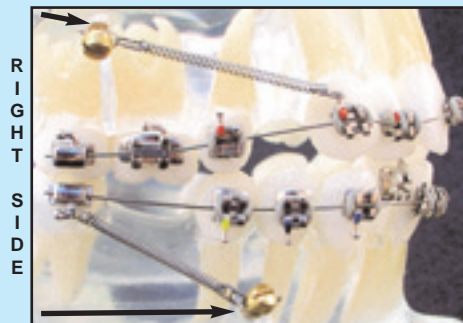
Cat. No. 840-125 \$ 255.00

**Spectacular Articulated
Orthodontic Implant Model
presents the advantages of
Implants in Orthodontics**



Implant Zygoma Base to Distalize Cuspid

Implant Zygoma Base to Distalize Cuspid

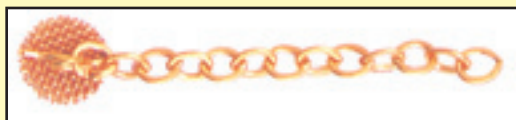


Implant Buccal Plate of Mandible to Mesialize Molar

Ortho Implant Model - Anterior View

Implant Posterior Mandible to Distalize Bicuspid

Gold Mesh disks - Perfect for Light and self cure Bonding!



Gold Mesh Disk Cat. No. 248-065

as low as

\$ 10⁰⁰
each

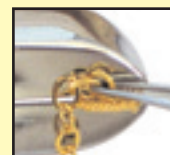
See page 3 for quantity pricing



CONTROL: Tips of Mini Tweezer fit into eyelet for complete control of attachment. Swivel allows chain to rotate full



ADHESIVE: With open Gold Mesh you can see resin locked into attachment guaranteeing bond to cuspid.



SHAPE: Wire cutter can trim Gold Mesh to fit any required surface. Mesh is easily bent to adapt to contour of any surface.



PLACEMENT: With tweezer control, ideal attachment shape, and adhesive in mesh, your bonding will be a success.

We will help you get into Light Cure CUSPID Bonding!

Light Cure Unit
LIST \$399

Light Cure Cuspid

- Rapid and Complete Curing in 20 seconds.
- Autoclavable light guide turns 360°.
- Beep tone for curing times.
- Fan prevents bulb burn out.
- Available 110 V or 220 V



- Bonds attachment in Wet or Dry Field
- Rapid and Complete Curing in 20 seconds through mesh.

SUPER SPECIAL
LIGHT & Resin
list \$464

TREATMENT FLOW FOR CUSPID BONDING

Pre-Bonding Initial Steps are the same for Self-Cure or Light-Cure



1. PREPARATION. Tie the flap as far away from the surgical field as possible. Post-operative pain usually comes from traumatized tissue and its resulting swelling.



2.. ETCHING. Use Green Etch as a hemostatic. Flood the entire operative field for 30 seconds and then suction away the green etch, Reflood for an additional 30 seconds and suction away. Keep repeating this procedure several more times until the green etch stays bright green around the edges and does not turn black (the black areas are active bleeding sites.).



3. DRYING. Suction away the bulk etch, wash gently with water, and carefully dry with air, avoiding splattering any fluids back onto the cleaned tooth surface. Then using a hair drier on "Low," wave the drier back and forth over the tooth for a full 5 seconds. This eliminates all the micro-moisture that might interfere with bonding.

"Success in Cuspid Bonding comes from the elimination of variables which will result in a reliable and repeatable technique. Searching for the "Magical Adhesive" is not the solution; rather, it is the attention to detail which will eliminate failures.



Oral Surgeons by nature and training work quickly. Bonding is a meticulous technique where each step must be completed totally and in proper sequence. Without proper Retraction, Hemostasis is almost impossible; and without Hemostasis, Drying is impossible. Without a bone dry field (for Self Cure) or relatively dry field (for Light Cure which is a wet or dry field bonding adhesive and can tolerate moderate moisture) produced by using a hair drier, bonding may be compromised.

Dr. Lloyd R. Taylor

Self-Cure System



Self Cure SuperBond Instant Kit Cat. No. 557-764

4. SELECT ATTACHMENT. Any attachment is acceptable with Self Cure adhesives. Orthodontists are used to Gold Buttons with Chain. Either of the Swivels - Eyelet or Disk - will also be excellent and eliminate the need to check for a path of insertion.



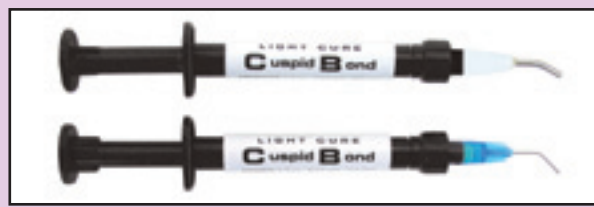
5. PRIMER. Apply 1/2 drop to the center of the bonding area and spread with the needle tip. Leave a dry area - a 2 mm circle or "moat" - around the Primer to avoid contamination by fluids in the sulcus or by fluids in the follicle behind the tooth. Apply another 1/2 drop of Primer to the back or attachment and spread with needle tip.



6. ADHESIVE. Apply Adhesive to the back of the attachment. Immediately place attachment over Primer area on tooth. Press center of attachment firmly against tooth with tweezer for 10 seconds.



Light-Cure System



Light Cure CuspidBond Kit Cat. No. 557-754

4. SELECT ATTACHMENT. Only the Gold Mesh Disk should be used with a Light Cure system in order for the light to cure all the resin. If a solid attachment is chosen, the only cured material will be that plastic extruded around the attachment.

5. PRIMER. Apply 1/2 drop to the center of the bonding area and spread with the needle tip. Leave a dry area - a 2 mm circle or "moat" - around the Primer to avoid contamination by fluids in the sulcus or from fluids in the follicle behind the impacted tooth.

6. ADHESIVE. Apply Adhesive to the back of the attachment. Immediately place attachment over Primer area on tooth. Press center of Gold Disk Attachment firmly against tooth with tweezer; you will see that the Adhesive will flow into Mesh of Gold Disk in several areas. Immediately light cure for 10 seconds.

GOLD CUSPID ATTACHMENTS with CHAIN

Gold Swivels with Chain

The Gold Swivel allows the chain to rotate a full 360° around the attachment, eliminating the need to plan a path of insertion before bond placement. No matter where the Swivel is placed, the Gold Chain can be tied wherever desired.

The Gold Swivel also facilitates easy attachment placement. The Micro Tweezer tip will fit securely into the Swivel giving total control of the attachment.



Gold Mesh Disk Cat. No. 248-065

The Gold Mesh Disk is the only attachment appropriate to use with a light cure system. The bonding resin will be totally cured since the curing light will reach all the adhesive. If a solid bond is used with a light cure system, the resin under the bond will never cure. In addition the Gold Mesh Disk can easily be cut or bent to fit any size surface add the retention of bonding to a proximal edge.



Gold Eyelet Cat. No. 248-075

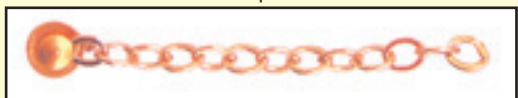
The Gold Eyelet is the perfect attachment for use with Self Cure systems. The Swivel provides 360° rotation of the Gold Chain while the light weight pad provides superb bonding retention and will stay exactly where placed as the resin self cures.

Gold Buttons and Cleat with Chain



Standard 5 mm Gold Button Cat. No. 248-025

The Standard 5 mm Gold Button with Chain has been the most requested cuspid attachment by orthodontists for over 20 years. The 5 mm Button is the ideal size for 95% of all impacted teeth.



Mini 4 mm Gold Button Cat. No. 248-055

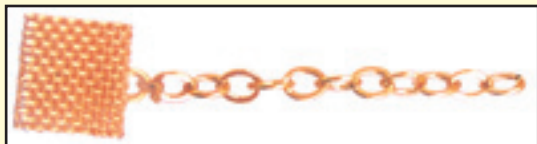
The Mini 4 mm Gold Button with Chain is needed for those teeth where the entire lingual or labial surface can not be exposed. While the base is only 65% of the bonding surface of a 5 mm Button, the 4 mm Button is adequate for cuspid traction.



Gold Cleat Cat. No. 248-015

The Gold Cleat was the original cuspid attachment and is still requested.

Gold "V" Mesh with Chain



Gold "V" Mesh Cat. No. 248-035

The Gold "V" Mesh is an extra heavy mesh which can be cut to any size or shape and will retain that shape. Although usable in every situation, it is ideal for bonding to incisal tips or proximal edges.

GOLD CUSPID ATTACHMENTS with CHAIN

as low as

\$ 10⁰⁰ each

1 to 4 - \$15.00 each

5 to 9 - \$14.00 each

10 to 19 - \$13.00 each

20 to 49 - \$12.00 each

50 plus - \$10.00 each

MIX STYLES FOR QUANTITY PRICE



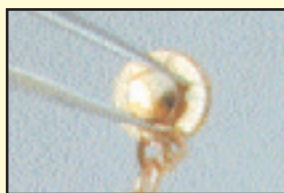
SWIVEL - allows the chain to rotate a full 360° around the bond eliminating the need to identify a path of insertion before bond placement. Micro Tweezer tip fits into Swivel to give accurate placement control.



GOLD MESH PAD - can easily be cut to any fit any available bonding surface with a wire cutter or strong scissors. The Mesh can also be adapted to any curvature or even bent over a proximal edge.



STANDARD 5 mm GOLD BUTTON - This attachment has been preferred by orthodontists for over 20 years. The Button is the ideal size for the lingual surface of most impacted cuspids and is easy to place using the Mini Tweezer.



MINI 4 mm GOLD BUTTON - This attachment is excellent in limited spaces providing adequate bonding surface for the adhesive. The Mini Tweezer fits under the Button and provides secure control.



GOLD CLEAT - was the first attachment used for impacted cuspids and is still in use today. Orthodontists like the high cleat wings which are easy to tie for final extrusion.



GOLD "V" MESH with Chain has been cut and contoured to fit over the barely visible incisal cusp tip of an impacted cuspid. Although the labial area is tiny, the combined surfaces of the entire tip is sufficient for bonding and subsequent traction. Here the chain has been tied with elastic thread for eruption and distalization.

CUSPIDBOND SYSTEM

Light Cure CuspidBond Adhesive System

1. GOLD MESH DISKS - Perfect for Light Cure and Self Cure Systems

Gold Mesh Disks are ideal for light cure bonding since the open mesh provides for total light curing of the resin, resulting in maximum bond strength. Buttons or brackets made of solid metal prevent the light curing of all the resin under the attachment. The only cured light cure resin with a solid attachment is the extruded resin around the edges, rarely sufficient to retain the attachment. Gold Mesh Disks have the following advantages:

- Size - the 5 mm disk is the ideal size for almost all bonding procedures.
- Curing - the open mesh allows for the total light curing of the adhesive. Mesh Disks also work well with self-cure systems like SuperBond Instant.
- Adaptation - Using a plier, the Gold Mesh Disk can be bent over proximal tooth edges to increase bonding retention.
- Trimming - the mesh can be cut with a heavy wire cutter to fit the shape of any available bonding surface.
- 360° Rotation - the gold chain can rotate a full 360°, eliminating the concern about chain direction.
- Eyelet - the eyelet has the perfect opening to fit in the tip of a Mini Bonding Tweezer tip for secure grip and perfect placement.



Gold Mesh Disk

Cat. No. 248-065

1 to 4 - \$15.00 each

5 to 9 - \$14.00 each

10 to 19 - \$13.00 each

20 to 49 - \$12.00 each

50 plus - \$10.00 each

- 100% Bonding Success
- Highest Bond Strength
- Wet or Dry Field

FEATURES:

1. Ideal mesh for light cure and self cure.
2. Full 360° rotation of chain.
3. Perfect pick-up through eyelet.
4. Easily trimmed to any size.
5. Can be bent over proximal edges.



Tweezer fits into eyelet for total control of attachment.

2. CuspidBond PRIMER - Wet or Dry Field

CuspidBond Primer can be applied to wet or dry etched enamel surfaces. If the enamel is dry, apply the Primer and immediately place the Gold Mesh Disk with **CuspidBond Adhesive**, and then light cure. If the enamel is wet, the Primer will mix with and evaporate any remaining moisture, leaving a dry surface for the adhesive. With the blue applicator tip, try to place the Primer exactly where the bonding will take place. Do not allow excess Primer to flow into the sulcus or behind the tooth where excess moisture may be present and will track along the Primer back onto the etched enamel surface. If the surface is obviously wet, allow 5 to 15 seconds for the Primer to remove the moisture before placing the Adhesive. NOTE: Any residual blood on the etched enamel surface will prevent the Primer from entering the enamel prisms and prevent locking and curing into the undercut surface. Blood is not a "wet surface," but instead a contaminant. All blood must be removed from the bonding surface.

TIP We strongly recommend using the Mini Dryer, even after air drying the etched enamel, in order to remove all possible residual moisture. While this step is critical in the use of self-cure adhesive systems such as SuperBond Instant, it certainly does no harm even with a system like CuspidBond that is not moisture sensitive. Driving away any peripheral moisture with the Mini Dryer will eliminate another failure variable.



FEATURES:

1. Eliminates all residual moisture.
2. Easy to use needle applicators.



Applicator allows easy placement of Primer in any location.

3. CuspidBond ADHESIVE

Using the white applicator tip, extrude the **CuspidBond Adhesive** over the entire surface of the Gold Mesh Disk. Using the tip of the needle, press the adhesive into the mesh all around the edges. Try to avoid pushing adhesive through the center where it might cover the attachment of the chain to the disk. The Adhesive is moisture sensitive and can only be placed on the tooth surface after the Primer has removed all residual moisture.



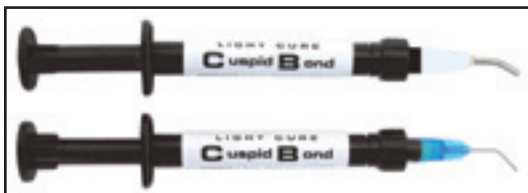
TIP The Adhesive on the back of the Gold Mesh Disk can be prepared in advance in order to reduce operatory time. While holding the Gold Mesh Disk with a Mini Bonding Tweezer in the eyelet, extrude the Adhesive onto the back of the mesh and push the adhesive through the mesh as desired. Turn the Tweezer and Mesh Disk with the Adhesive upside down on the bracket table and cover with a piece of black paper or plastic. The will prevent the polymerization of the light sensitive resin until you are ready to place the attachment.

FEATURES:

1. Strongest bonding composite.
2. Easy to use needle applicators.
3. No-mix light cure system.



Adhesive flows onto and locks into Mesh Disk.



Light Cure CuspidBond Kit Cat. No. 557-754

CuspidBond Kit - Primer, Adhesive & Applicators

Cat. No. 557-754

1 or 2 - \$65.00 each

3 or 4 - \$60.00 each

5 plus - \$55.00 each

Cuspid Bond Primer only - Cat. No. 557-755 - \$35.00 each

CuspidBond Adhesive only - Cat. No. 557-756 - \$35.00 each

CuspidBond Kits with Gold Mesh Disks and Accessories

1. Introductory Kit: A sample kit to get started

Cat. No. 557-751

1 CuspidBond kit

- 1 CuspidBond Primer Syringe
- 1 CuspidBond Adhesive Syringe

10 Primer Applicators

10 Adhesive Applicators

- 1 Green Syringe Etch & 25 tips
- 6 Gold Mesh Disks with Gold Chain

Value \$172.00

Price **\$135.00**

2. Office Kit: An adequate supply of items

Cat. No. 557-752

1 CuspidBond kit

10 Primer Applicators

10 Adhesive Applicators

2 Green Syringe Etch & 25 tips

18 Gold Mesh Disks with Gold Chain

- 1 Long Mini Bonding Tweezer
- 1 Curved 45° Mini Bonding Tweezer
- 1 Clear Elastic Thread 25 ft.(7.5m)
- 1 Adult Lip Retractor
- 1 Tongue Block set

Value \$389.00

Price **\$295.00**

3. Complete Start-Up Kit - Everything needed.

Cat. No. 557-753

2 CuspidBond kits

20 Primer Applicators

20 Adhesive Applicators

4 Green Etch Syringes & 25 tips

30 Gold Mesh Disks with Gold Chain

- 1 Short Mini Bonding Tweezer
- 1 Long Mini Bonding Tweezer
- 1 Angled 30° Tweezer
- 1 Curved 45° Mini Bonding Tweezer
- 1 Bayonet Mini Bonding Tweezer
- 1 Clear Elastic Thread 50 ft (15m)
- 1 Adult Lip Retractor
- 1 Tongue Block set

Value \$727.00

Price **\$499.00**

20% Savings

Kits offer substantial discounts over item pricing

25% Savings

30% Savings

Light Cure CUSPID BOND TECHNIQUE SUGGESTIONS

1. Uncovering - Slow and meticulous technique in raising the palatal flap and tying it back will be rewarded with minimal post-operative discomfort for the patient.
2. Hemostasis - Green Phosphoric Acid Etch is the easiest and most effective way to achieve hemostasis. Flood the entire operative field - tooth, bone, soft tissue - with Green Etch which is the best color for contrast. Note that the edges of the etch turn black where bleeding is continuing. Leave etch for 30 seconds and then suction away the etch. Repeat this procedure over and over until the etch margins remain green, proof that hemostasis is complete.
3. Washing - Suction away the etch and then gently wash away any residual etch with water. Do not wash away the large amount of etch, since this will only splatter the etch all over.
4. Drying - Place the tip of the air syringe directly on the etched enamel surface and gently release the air to dry the tooth. Air released from a distance results in splatter on the tooth surface. Even though

CuspidBond is a "wet field" adhesive system, we still strongly recommend drying the enamel with a Mini Dryer prior to bonding.

5. Primer - Place 1 drop of liquid in the center of the bonding area and spread it around with the needle tip. Try to leave a "moat" of at least 1 to 2 mm of dry tooth between the Primer and the sulcus. If the Primer flows into the sulcus, it will serve as a conduit for all the fluid in the sulcus and perhaps in the follicle beneath the tooth!
6. Adhesive - Cover the entire back of the Gold Mesh Disk with Adhesive and press it into the mesh with the applicator tip. Place the attachment on the tooth surface and seat firmly against the tooth. "Tack cure" the adhesive for 5 seconds with the light, remove tweezer, then complete 20 to 40 seconds of light cure depending on the strength of your light..



1. Pre-Surgery. Both impacted cuspids can be palpated palatal to the maxillary centrals.



2. Incision. A full thickness flap is incised 2 teeth distal to both deciduous cuspids.



3. Elevation. Use the fine point of a periosteal elevator to lift the flap without tearing.



4. Elevation. Use the large end of the periosteal elevator to raise the periosteum cleanly off the entire palate.



5. Retraction. Tie back the flap on both sides to the molars to eliminate retraction trauma.



6. Bulk Etch. Apply green phosphoric acid etch to the entire surgical field as a cauterizing hemostatic.



7. Suction Etch. Leave etch for 30 seconds, suction away, and reapply until hemostasis is complete.



8. Wash. Use gentle water to remove residual etch. Be careful not to restart bleeding.



9. Air Drying. Place tip of air syringe directly on enamel and gently release air in order to dry, but not splatter.



10. Mini Dryer. On "Low," move Mini Dryer over tooth to be bonded for 5 seconds to eliminate all moisture.



11. Primer. Using needle applicator, apply one drop of Primer and spread it over entire surface to be bonded.



12. Pick Up. Tip of Mini Tweezer fits into eyelet of Gold Mesh Disk, providing precise control for placement and bonding.



13. Adhesive. Determine path of insertion and apply adhesive with needle applicator pushing adhesive into mesh.



14. Placement. Press Mesh Disk firmly against enamel surface; adhesive should extrude around and through mesh.



15. Light Cure. "Tack Cure" for 5 seconds, remove Micro Tweezer, then complete light cure for 20 to 40 seconds.



16. Bonded. The Gold Mesh Disk is firmly bonded to the tooth surface. The gold chain swivels on the eyelet.



17. Re-etch. The enamel surface of the second cuspid may have been contaminated by fluids and must be re-etched.



18. Trimming. The second cuspid has a very small area for bonding and therefore 1/2 the Mesh Disk is cut away.



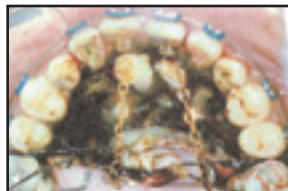
19. Insertion. 45° Mini Tweezer provides the best access to the path of insertion for the 1/2 Gold Mesh Disk.



20. Adhesive. Holding trimmed Mesh Disk with the Mini Tweezer, the CuspidBond Adhesive is applied.



21. Positioning. Place the Mesh Disk exactly where desired, cure for 5 seconds, remove tweezer, and final cure.



22. Completion. Now when bleeding is of no consequence, remove teeth and cut eruption channels if desired.



23. Tie Chain. Cut chain to reach arch-wire and tie to bond with silk suture.



24. Suture. Reposition palatal flap and place interproximal sutures.

SUPERBOND INSTANT SYSTEM

SuperBond Instant Self Cure Adhesive System

1. ADHESIVE - 10 Second Contact Bonding

SuperBond Instant 10 Second Contact is the only adhesive specifically formulated to bond attachments to impacted teeth. It will out perform all composites, glass ionomer and light cure for working time, strength, ease of mixing and a simple rapid delivery system. **SuperBond's** initial set (working time) is only 10 seconds which is even more remarkable when compared to 60 seconds for One-Steps, 104 seconds for Glass Ionomer and 120 seconds for Two Step Composites. Once you try it and appreciate its unique features, you will never use any other product for bonding attachments to impacted teeth.

After applying the **SuperBond Instant** Activator and Adhesive Paste, just hold the attachment firmly against the tooth for the 10 second working time and it is bonded! This rapid working time will help you avoid the bleeding that often interferes with bonding procedures. With a Bonding Strength to Enamel of over 1100 psi (70.3 kg/cm²), **SuperBond Instant** is stronger than all products on the market and will hold attachments in place against all traction forces. After a final set of 3 minutes, you are ready to tie in the attachment before your sutures are placed.



SuperBond Instant out performs all products for strength and ease of application **Cat. No. 557-764**

1 kit - \$ 65.00 each 3 kits - \$ 60.00 each

Makes Bonding to Impacted Cusps an Easy, Consistent and Profitable Part of Your Practice

"As both an Oral Surgeon and Orthodontist, impacted teeth have been a major interest of mine for many years. My surgery and orthodontics must be perfect since I have no one to blame but myself if things do not work out exactly as planned! These excellent products help to guarantee success for us.



OrthoSource has developed the adhesive, gold attachments and supplies to help you solve these difficult problems. **SuperBond Instant** is the perfect adhesive for these procedures - an amazingly fast 10 second initial set, strong enough to support any elastic traction and in an easy to use delivery system. The three types of gold attachments with and without gold chain cover all bonding possibilities. And there is also an entire line of instruments and accessories. I am pleased to share my techniques with you and welcome your comments."

Dr. Lloyd R. Taylor

2. DELIVERY SYSTEM - Easy To Apply Needle Applicators

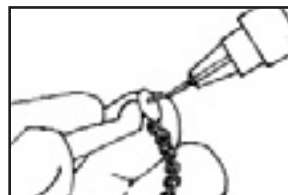
The needle applicators allow you to quickly and accurately place the materials exactly where you want them. But before applying **SuperBond Instant**, hold attachment to be bonded in the Mini Tweezer of your choice exactly how you will place it on the tooth. It is best to practice placement at least once before applying bonding adhesives to be certain that the attachment will fit, that there is a path of insertion, and that the chain faces in the correct direction - you will only have 10 seconds of working time after they are applied! Apply Activator to the etched and dried tooth surface and also to the mesh of the attachment, quickly followed by Adhesive to the mesh surface. Press attachment firmly in place for 10 seconds and you are done!



1. Extrude a very small amount of Activator. Using the applicator tip, spread over the exact area to be bonded.



2. Using the needle tip, spread a small amount of Activator over mesh of the attachment to be bonded.



3. Extrude Adhesive over previously applied Activator on back of mesh pad and immediately place attachment.



4. Press attachment firmly into place and hold motionless for 10 seconds. Chain link can be tied in 3 minutes.

3. GOLD ATTACHMENTS - A Specific Size For Each Bonding Situation

Gold attachments with gold chain are both well-tolerated by tissues and attractive. The three attachments - Cleat, Button and Screen Mesh with or without gold chain - will cover all surgical situations. The Cleat is 4 mm in diameter. The Mini Button is 4 mm in diameter and the Standard Button is 5 mm in diameter. For a single labial or palatal tooth surface, select the largest attachment possible allowing for at least a 1 mm border of clear tooth structure around the attachment to prevent sulcus moisture contamination. The chain link opening is the ideal size for elastic thread.

Gold Screen Mesh with or without gold chain is perfect for cases where only small proximal surfaces are available for bonding and a Cleat or Button would be too large. The Gold Screen can be trimmed to any size with the *Optima Wire Cutter* (879-184) and adapted to fit and even wrap around these small corners and edges.

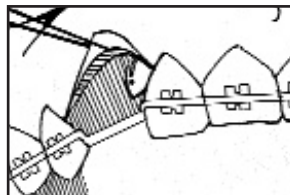


Select the attachment with the largest bonding surface for the tooth.

GOLD SCREEN TECHNIQUE



1. Maxillary Right Cuspid with only 2 mm of exposed labial and lingual bonding surface.



2. Removing additional bone over the labial surface would harm the lateral.



3. Trim Gold Screen into "V" shape to cover available labial and palatal surfaces.



4. Gold Screen with Gold Chain bonded to cuspid is tied with elastic thread for distalization.

4. ACCESSORIES - To Facilitate Hemostasis and Bond Placement

OrthoSource manufactures all the chemicals, instruments and products you require for these techniques such as Green Syringe Etch for maximum visibility in a surgical field as well as producing hemostasis. Mini Tweezers in many styles for the placement of all attachments. The *Optima Wire Cutter* will efficiently trim the Gold Screen and cut the Gold Chain links. Elastic Thread which exactly fits the gold chain links for easy tying. All chemicals, attachments and supplies are available in kits or refill quantities.



DR. TAYLOR'S SUGGESTIONS TO PREVENT BONDING FAILURE

1. Hemostasis - Flood operative field for 30 seconds and then suction away Green Phosphoric Acid Etch. Total hemostasis is when etch remains entirely green for 30 second interval without any black areas.
2. "Bone Dry" Enamel - After etching, suctioning, washing, and air drying, use the Mini Drier. Wave the Mini Drier back and forth across the tooth to be bonded for 5 seconds to eliminate all micro-moisture.
3. Selection - Use the largest attachment possible, but allow at least 1 mm, and preferably 2 mm, of clear space around it. This area serves as a moat to block sulcular fluids which interfere with adhesion.

4. Planning - Plan and practice the path of insertion for the attachment before actually using the adhesive. After the Adhesive touches the Activator on the attachment, you have 10 seconds of Working Time.
5. Pressure - Place the attachment with the Micro Tweezer and then push the attachment tightly against the tooth for 10 seconds to extrude any excess. The thinner the adhesive layer, the stronger the bond.
6. Resin Tags - Should the bond fail, lightly polish the enamel surface with a bur to remove resin tags that might interfere with the next bonding. Re-etch, suction, wash, dry and bond again.
7. Failed Attachments - Do not reuse an attachment that has failed. The mesh surface has been contaminated with fluid, blood, and resin which will only lead to another failure.

TAYLOR TECHNIQUE

GENERAL SUGGESTIONS FOR PLANNING IMPACTED CUSPID PROCEDURES:

1. Locate the impacted tooth with several x-ray views and by palpation if possible. Since accurate location is 90% of the struggle, be certain before you start.
2. Explain the procedure to the patient. Present any possible problems in writing for the patient's approval.
3. Plan surgical access with other professionals involved in the care of the patient. You may be more comfortable with orthodontic wires and anchorage supporting appliances removed. If they are in your way during surgery, do not hesitate to remove them yourself; they can always be remade or replaced later. Be ready for all possible problems - you may need to place intra-coronal pins or control excessive bleeding.

4. Prepare for every step in the procedure. Practice extruding the chemicals and be certain that you are holding the attachment exactly as it will be placed. You only have 10 seconds to place the attachment and that goes rather quickly!!
5. Once you have achieved hemostasis, you must work rapidly and efficiently to bond the attachment before bleeding reoccurs. Time is always your enemy!
6. Be certain to have adequate materials - extra adhesive, applicators, etch and attachments. Even your favorite courier service can not deliver to your office in 15 minutes!
7. Calculate the maximum amount of time required for the procedure and all possible problems - double this time on your schedule!

1. Gold Cleat with Gold Chain

The treatment sequence is: (1) location; (2) exposure; (3) uncovering; (4) selecting attachment; (5) etching and hemostasis; (6) washing and drying; (7) applying Activator and Adhesive; (8) holding attachment 10 seconds; (9) tying attachment; and (10) final hemostasis and suturing.

The 4 mm diameter Gold Cleat was selected as the attachment. Because a 1 mm border of tooth structure around the attachment was required, the Gold Button would have been too large. The Gold Screen was not needed since the available labial surface was relatively large.

An attachment with Gold Chain was necessary since soft tissues will be sutured over the Gold Cleat. Elastic thread will be tied through the last link and the chain cut and retied every three weeks until the tooth is in place.

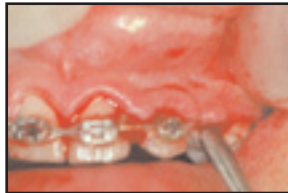
If possible, have several of each attachment available and extra chemicals on hand. If an attachment becomes covered with blood or resin, you certainly do not want to waste valuable time cleaning it.



1. Pre-Surgery. The impacted cuspid can be palpated labially between #9 and 10 above the attached gingiva.



2. Incision. A full thickness flap is incised 2 teeth on either side of the impacted tooth.



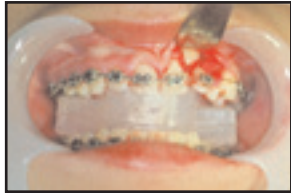
3. Elevation. Use the fine point of a periosteal elevator to lift the flap without tearing.



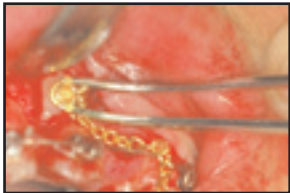
4. Elevation. Use the large end of the periosteal elevator to raise the periosteum cleanly off the maxilla.



5. Exposure. While retracting the tissue, expose the impacted tooth by removing overlying bone and soft tissue.



6. Visualization. A lip retractor and tongue shield not only make the procedure easier for doctor and patient but also reduce the post-operative sequelae.



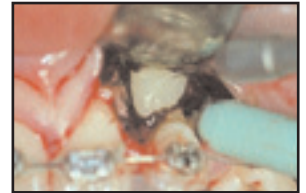
7. Selection. Determine the maximum size attachment for the tooth. Here a 4 mm Gold Cleat is ideal. Wash and dry the attachment before bonding.



8. Etch. The Green Syringe Etch contrasts with the tissue. Use a disposable tip for accurate placement.



9. Suction. Remove etch with suction tip before washing to prevent etch splatter. Repeat etch as needed for hemostasis.



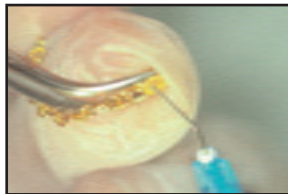
10. Washing. Wash off residual etch with a minimal amount of water and continuous suction.



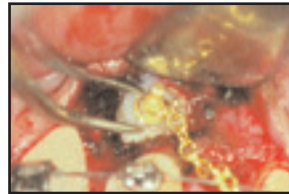
11. Drying. Dry labial surface with gentle direct air, placing tip on enamel to avoid splatter. Note total hemostasis.



12. Activator. Apply small amount of activator to center of etched dry labial surface with needle applicator.



13. Adhesive. Holding attachment exactly as it will be placed, apply minimal amount of Activator and small amount of Adhesive Paste.



14. Bonding. Press attachment tightly against labial surface for 10 seconds. Allow three minutes for final set of adhesive.



15. Elastic. Place elastic thread through chain about 2 chain link distance from archwire.



16. Chain. Hold end of chain with hemostat and cut excess chain links with Optima Wire Cutter.

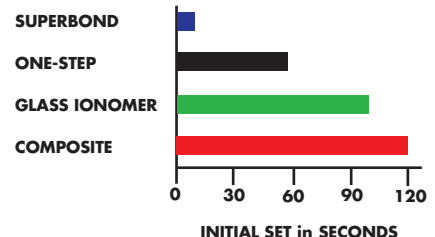


17. Tied. Tie elastic thread to archwire to begin traction in the desired direction.



18. Suture. Carefully suture soft tissues to presurgical positions. Gold Chain exits flap and is tied to archwire with elastic thread.

SuperBond Instant: bonds so rapidly in 10 seconds that hemostasis is almost never a problem. Other products require 60 to 120 seconds to set making the control of bleeding a constant struggle.



SUPERBOND INSTANT TECHNIQUE

2. Gold Screen with Gold Chain

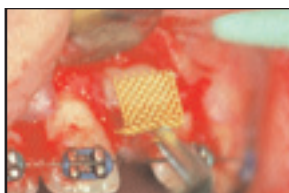
It is no longer necessary to remove large amounts of soft tissue and bone to expose the tooth surface of impacted teeth for bonding attachments. The Gold Screen Mesh can be trimmed to fit any available small tooth surface and then bent to fit and be bonded to an additional adjacent surface forming a "V" for maximum strength. Here the attachment is trimmed to fit as much of the labial surface as available plus an additional 1 mm across the incisal into the palatal surface forming a "V" for optimal retention. The hook for tying the elastic traction is easily positioned on the palatal side of the tooth to avoid any soft tissue interference after the flap is sutured back into place.



1. Pre-op. The impacted maxillary left central incisor was located both on x-ray and palpated labially.



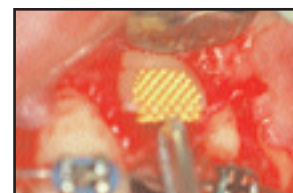
2. Uncovered. Using the usual 2 tooth extension on either side, the tooth was exposed labially and incisally.



3. Planning attachment. The trimming of the Gold Screen Mesh was planned to cover both labial and incisal surfaces.



4. Trimming. The Optima Wire Cutter is the ideal instrument to trim the Gold Screen Mesh.



5. Checking. The attachment is checked to be certain that 1 mm of margin is clear around and that the incisal is also covered.



6. Chemicals. After etch, SuperBond Instant Activator is placed with the needle applicator followed by the Adhesive Paste.



7. Reverse Tweezer. Using the Reverse Tweezer, the attachment is held tightly against the tooth for 10 seconds and then released.



8. Bonded. The adhesive has locked into the Gold Mesh and bonded to the etched tooth surface.



9. Measuring Coil. An open coil spring is placed to both open the space and to serve as an area for tying the elastic thread.



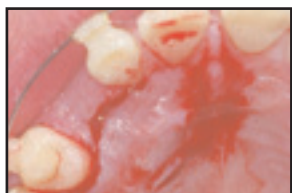
10. Tied-in. The flap has been sutured in place and immediate traction is begun with the elastic thread.

3. Gold Button with Gold Chain

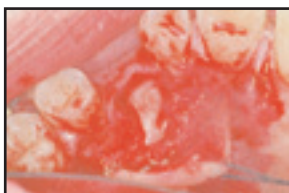
Impacted palatal cusps are the most commonly encountered cases. They can be difficult to bond due to problems of access and hemostasis and orthodontically often must be dragged over relatively large distances. **SuperBond Instant**'s features such as its rapid 10 second initial set will help you avoid the bleeding which will prevent bonding and its amazing strength will hold attachments in place while the tooth is moved for many months. Always select the largest attachment that will fit and be certain to have the option to return at a subsequent appointment to rebond if required by leaving a window. Hemostasis during and after the procedure is critical.



1. Pre-op. Location of impacted maxillary cusp has been determined by several x-ray views.



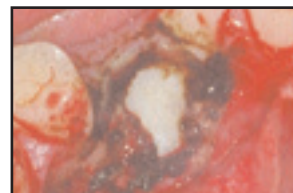
2. Incision. A full thickness palatal flap is made at least 2 teeth mesial and distal to the impacted cusp.



3. Retraction. In order to minimize trauma to the soft tissue, the flap is tied to the opposite arch.



4. Hemostasis. Green Acid Etch (for contrast) is used to control bleeding. Repeat as needed.



5. Washing and Drying. The etched tooth surface is washed and meticulously dried prior to bonding.



6. Activator. Apply the SuperBond Instant Activator to the dried tooth and mesh of attachment.



7. Adhesive. Place a small amount of SuperBond Adhesive Paste on mesh of attachment on top of Activator.



8. Bonding. Hold for 10 seconds and then wait 3 minutes to tie to archwire.



9. Palatal Window. In case rebonding is required, the palatal tissue over the impacted tooth is removed for later access.



10. Sutures. The flap has been sutured in place after total hemostasis is secured.

SuperBond Instant Kits with Gold Attachments and Accessories

1. Introductory: A sample kit to get started

Cat. No. 557-771

- 1 **SuperBond Instant** kit
- 10 Applicators
- 1 Green Syringe Etch & 25 tips
- 6 Gold Attachments with Chain
 - 4 Gold Standard 5 mm Button with Chain
 - 2 Gold Mini 4 mm Button with Chain

Value \$172.00

Price **\$135.00**

20% Savings

Kits offer substantial discounts over item pricing

2. Operatory: An adequate supply of items

Cat. No. 557-772

- 1 **SuperBond Instant** kit
- 20 Applicators
- 2 Green Syringe Etch & 25 tips
- 18 Gold Attachments with Chain
 - 12 Gold Standard 5 mm Button with Chain
 - 6 Gold Mini 4 mm Button with Chain
- 1 Clear Elastic Thread 25 ft.(7.5m)
- 1 Optima Wire Cutter Plier
- 1 Adult Lip Retractor
- 1 Tongue Block set

Value \$392.50

Price **\$295.00**

25% Savings

3. Surgery office: For all large practices

Cat. No. 557-773

- 2 **SuperBond Instant** kits
- 40 Applicators
- 6 Green Etch Syringes & 50 tips
- 45 Gold Attachments:
 - 30 Gold Standard 5 mm Button with Chain
 - 12 Gold Mini 4 mm Button with Chain
 - 3 Gold Screen Mesh with Chain
- 2 Clear Elastic Thread 25 ft (7.5m)
- 1 Optima Wire Cutter Plier
- 2 Adult Lip Retractor
- 1 Child Lip Retractor
- 1 Tongue Block set

Value \$857.00

Price **\$590.00**

30% Savings