

## 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.



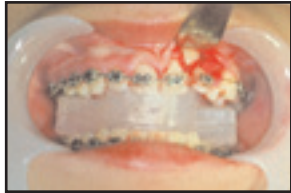
3. Elevation. Use the fine point of a periosteal elevator to lift the flap without tearing.



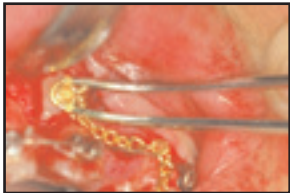
4. Elevation. Use the large end of the periosteal elevator to raise the periosteum cleanly off the maxilla.



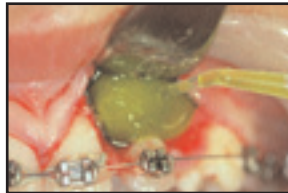
5. Exposure. While retracting the tissue, expose the impacted tooth by removing overlying bone and soft tissue.



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.



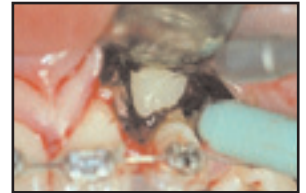
7. Selection. Determine the maximum size attachment for the tooth. Here a 4 mm Gold Cleat is ideal. Wash and dry the attachment before bonding.



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.



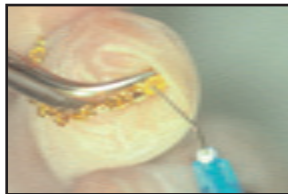
10. Washing. Wash off residual etch with a minimal amount of water and continuous suction.



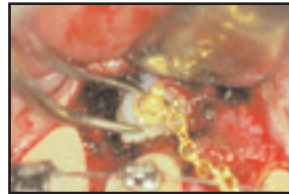
11. Drying. Dry labial surface with gentle direct air, placing tip on enamel to avoid splatter. Note total hemostasis.



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.

