



SARA[®] – *Sabbagh Advanced Repositioning Appliance*

For efficient non-compliance treatment of class II cases

Tips and tricks

| Problem definition | Possible causes | Solution |
|--|---|---|
| Patient cannot close his mouth completely, SARA [®] seems to be too long. | <ul style="list-style-type: none"> • Extraction • Premolar aplasia • Very slim premolar | <ul style="list-style-type: none"> • Attach mandibular archwire adapter between mandibular lateral and canine instead of between mandibular canine and 1st premolar • Or place a band with headgear buccal tube on maxillary 2nd molar and insert the SARA[®] maxilla attachment there |
| Mandible and maxilla sections of the SARA [®] disassemble at maximum oral aperture. | <ul style="list-style-type: none"> • Above-average oral aperture of the patient • Condyle hypermobility | <ul style="list-style-type: none"> • Explain the reinsertion to the patient • Physiotherapy / rotational exercises • Installation of archwire adapter distal of mandibular 1st premolar brackets |
| Mandibular incisors are strongly proclined. | <ul style="list-style-type: none"> • Insufficient anchorage • And / or too fast activation | <ul style="list-style-type: none"> • Use strong rectangular steel archwires (preferably slot-filling) with distal cinch-back as close to the buccal tube as possible • Use lingual crown torque or insert McLaughlin Bennett 5.0 brackets • Insert an elastic chain (power chain) from 6 – 6 • Temporary anchorage with mini implants / TAD's |
| Fixing screw on the mandibular archwire adapter loosens. | <ul style="list-style-type: none"> • Fixing screw not tightened sufficiently | <ul style="list-style-type: none"> • Retighten the fixing screw and, if necessary, secure with a screw-locking adhesive (e.g. Ceka[®] Bond) |
| SARA [®] telescope disconnects from maxilla attachment (possible in horizontal plane only). | <ul style="list-style-type: none"> • Above-average ability to laterally move closed mouth • Strong inclination of molar bands | <ul style="list-style-type: none"> • Secure eyelet of telescope by attaching an elastic ligature |

Further recommendations regarding the course of treatment

- It is advisable to install the SARA[®] on one side only (right or left) at first. The appliance can then be installed on the other side after approx. 3 to 4 weeks. This procedure is more comfortable for the patients and makes it easier for them to gradually get used to the appliance.
- The SARA[®] maxilla attachment was developed for commercially available occlusal headgear tubes. Please only use buccal tubes (on bands) with an occlusal headgear connection. The slot latches of the buccal tubes should be straightened if necessary if the headgear tubes are convertible.
- If required, two ligatures (elastic or steel ligature) can also be used for fixation to the maxilla attachment.
- When the appliance is installed, the guide tube's eyelet can be removed and reattached (in a horizontal position) to the maxilla attachment.
- Overcorrection in a edge to edge position lasting 1 to 2 months is recommended.
- The result should be stabilised following removal of the SARA[®] appliance using Class II Elastics.