

# Retainers

## Patient Advice



Once you have completed treatment, it is important that your teeth remain in their new position. Your dentist will provide you with either removable and/or fixed retainers. It is crucial that you follow the advice below. If you do not, your teeth will gradually move out of alignment.

### You will need to wear your removable retainers:

- First 3-6 months - full-time wear, 24 hours per day.
- After 6 months - indefinitely every night for 10-12 hours.

### Discomfort:

- Your appliance may feel tight for the first few days. If the removable retainer feels tight after this, it may indicate that you are not wearing it enough and your teeth are starting to move. Increase wear to ensure your teeth remain in position.
- If you have a bonded (fixed) retainer, it will take your tongue a few days to get used to it, usually up to 3 days.
- If the appliance is giving you prolonged discomfort, arrange a visit with your dentist.

### Diet:

- Removable retainers should be taken out for eating. You should only drink plain water whilst you are wearing your retainers. Sugary or hot drinks may damage or stain your retainers.

### Cleaning:

- It is very important to clean your teeth before wearing the retainers. To clean your retainers, you should brush with a soft brush and regular hand soap, ensuring you rinse properly. This should be done over a basin of water. Do not use toothpaste as this may discolour the retainer.
- Twice a week, you should clean your retainer with a disinfectant solution. This will keep your appliance fresh and free from bacteria. We recommend the use of Dentipur or Nitradine disinfectant tablets, available from [s4sdental.com](http://s4sdental.com).
- Never use hot water to clean your retainers and keep them away from other sources of heat as this can cause the retainers to warp.
- If you have a bonded retainer, you should ensure you clean around the retainer with your toothbrush. Super Floss can be used as an alternative to traditional floss to clean between your teeth where the retainer has been placed. Alternatively, interdental brushes can be used.

### Breakages:

- Do not repeatedly click the retainer in and out with your tongue, as this will break/loosen it. Never press in place with your teeth.
- Ensure your retainers are stored in a rigid container when they are not in use to avoid damage or loss. A charge will be incurred for replacement of lost or broken appliances.
- If you have a bonded retainer that has come loose, do not panic! Please contact your dentist and wear your removable retainer over your bonded retainer until your appointment. This will keep your teeth in position until your bonded retainer is repaired.

### Sports and activities:

- Take out your removable retainer to play sports or exercise.
- A mouthguard should be worn for all contact sports.

### Dental-check ups:

- You should attend your dental check-ups, as instructed by your dentist.
- Bring your retainers for regular inspection.
- If you have a further dental treatment that alters the teeth in any way, you will require a new removable retainer that fits perfectly.

1. I will follow the instructions regarding the retainers and agree to follow the advice provided by my dentist.
2. I understand that retention is a lifelong commitment and that my teeth will move unless I follow this advice carefully.

I have reached the stage of treatment where I am happy with the appearance of my teeth and give my consent to conclude my treatment here. I am aware that no further aligners will be provided to further improve the appearance of my teeth. To complete treatment, I will be provided with retention to hold my teeth in position.

I have been made aware at the outset that the purpose of Smilelign treatment is to achieve a significant improvement of my smile in a reasonable time frame. I accept that it may not always be possible to achieve perfection with this technique and I am happy to accept the current position of my teeth.

I am aware that once we enter into the retention stage of treatment, should I wish to make any additional changes to the position of my teeth, this may not be possible or will incur additional charges which I will be fully responsible for.

I am signing this document at my own discretion, and I am under no duress to do so. I will not hold my treating dentist or the practice financially responsible for any adjustments that I wish to have carried out to the alignment of my teeth once I progress into the retention stage of treatment.

Signature: ..... Date: .....

Print name: .....