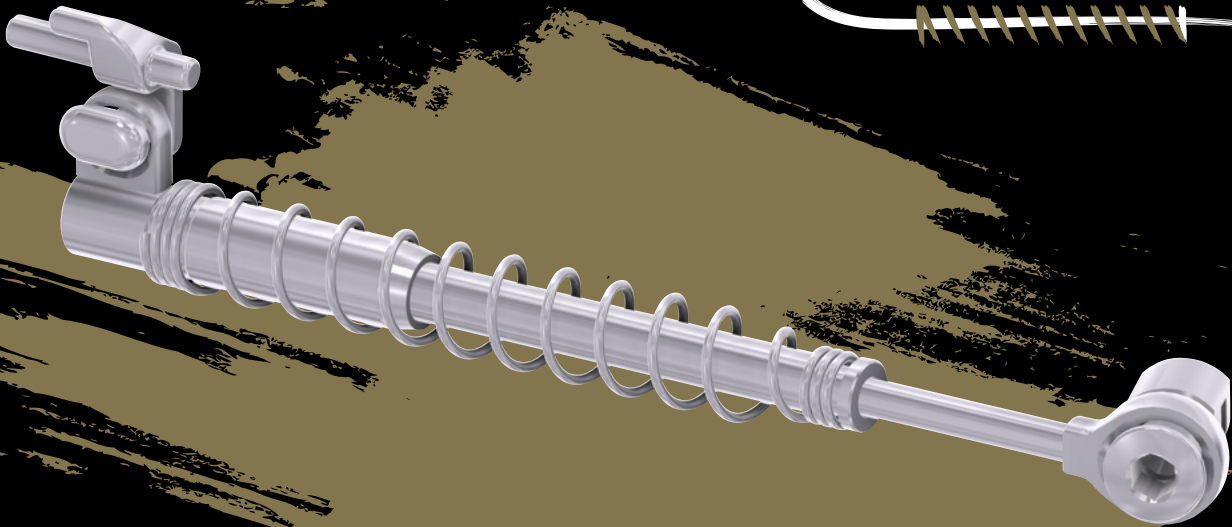


SARA[®]

Sabbagh Advanced Repositioning Appliance



SARA[®] – *Sabbagh Advanced Repositioning Appliance*

For efficient non-compliance treatment of class II cases

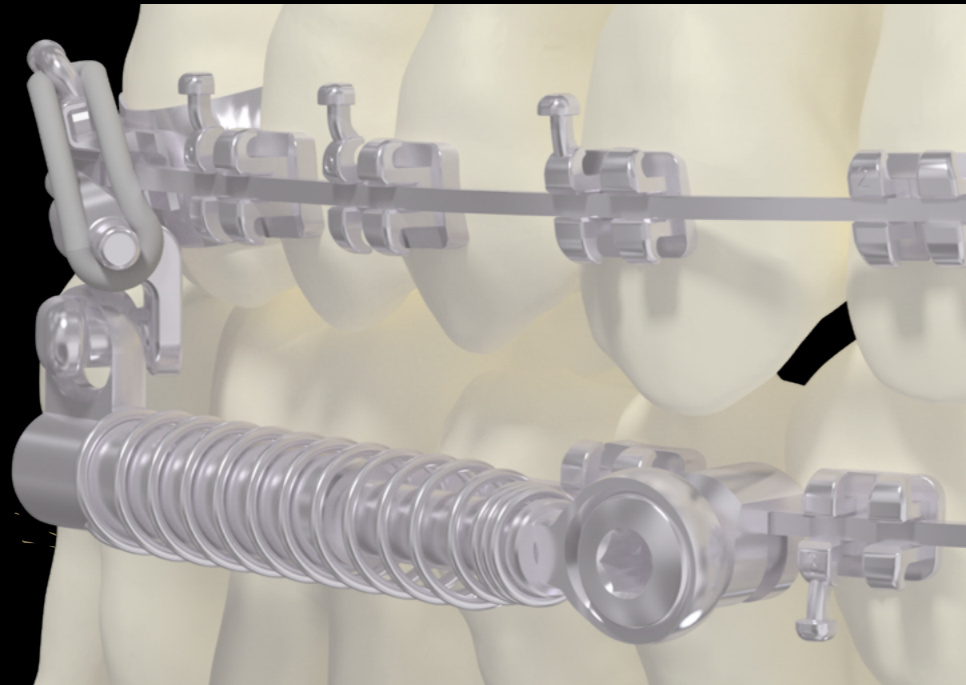
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FORESTADENT[®]
GERMAN PRECISION IN ORTHODONTICS

SARA® – Sabbagh Advanced Repositioning Appliance for efficient non-compliance treatment of class II cases

The SARA® is a stationary telescopic appliance with exchangeable outer spring (3N/ 4N), which allows an effective therapy, independent of the patient's cooperation, of class II cases without the need for extraction or surgery. The technology, developed in collaboration with Dr. Aladin Sabbagh, is based on combining the Herbst appliance and the Jasper jumper with the objective of pooling the advantages of these two technologies. The result is a force system with an external spring which is compatible with all fixed bracket systems. It is attached to the upper jaw mesially in the headgear tube. This not only makes handling much easier, but also reduces mucous membrane irritations.

Max. opening path: 50 mm
Min. opening path: 17.5 mm
External diameter: 3.9 mm



Indications:

1. Distal bite/Class II (unilateral/bilateral)
2. Temporomandibular joint dysfunction (Condyle-reposition effect)

Contraindications:

1. Severely proclined or crowding of anterior teeth in the lower jaw
2. Inadequate oral hygiene
3. Osteoarthritis of the temporomandibular joint
4. Known allergies to any of the component materials of the device
5. Thin attached gingiva in the anterior region of the lower jaw

Treatment effects of SARA®:

1. Restoration of the masticatory function
2. Stimulation of adaptive growth of the mandible (concept of progressive bite change)
3. Growth inhibition of the upper jaw
4. Dentoalveolar balance of the occlusion (elastics substitution)
5. Distalisation in the upper jaw (headgear effect)
6. Mesialisation of the teeth in the lower jaw / gap closure (aplasia)
7. Proclination of the lower incisors

The advantages of SARA®



Universally applicable
One version for all jaw sizes.
(Minimum inventory)



Easy handling
Due to of the easy
mesial insertion into the
headgear tube.



Cost-effectiveness
Insertion of the device
possible in only a few
minutes.



High patient acceptance
Extraction or surgery
as well as the use of a
headgear are not
necessary.



Time-efficient
Time-consuming and costly
laboratory processes are not
necessary.



Compliance independent
The cooperation of the
patient, e.g. with elastics,
is not required.

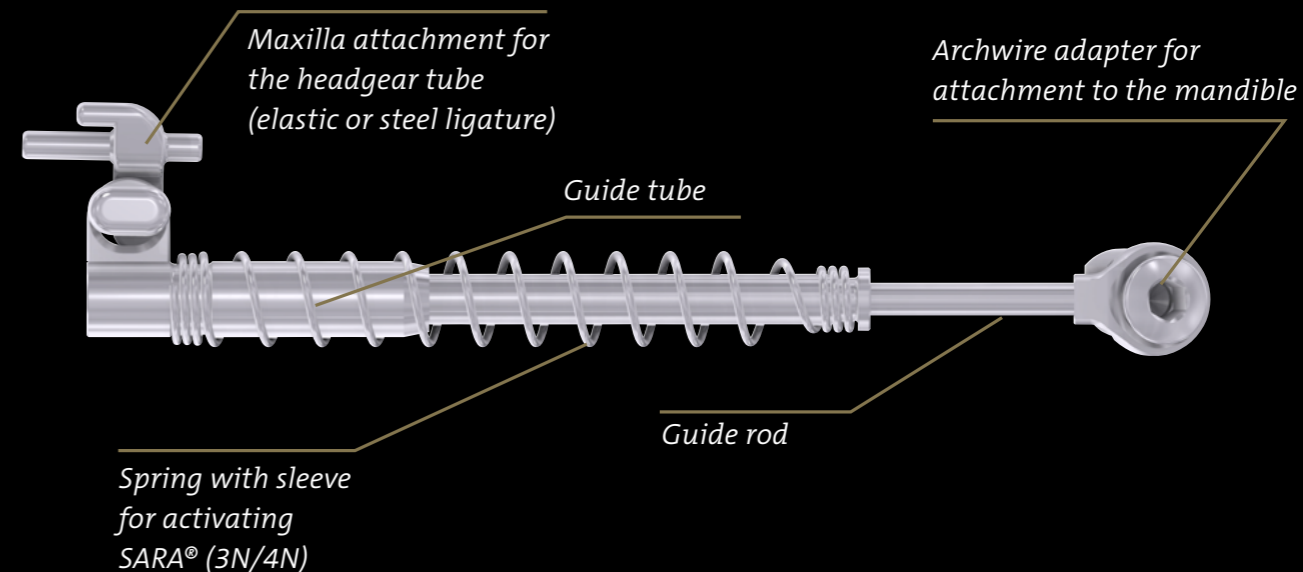


Effective
Due to the easily replace-
able 3N respectively 4N
spring and the 1 or 2 mm
spacer rings.



Fewer side effects
Like e.g. lateral open bite or
intrusion of the upper jaw
molars due to the horizon-
tal force effect of SARA®.

SARA® structure




Tips & 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
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



Order details

Article No.		Description	Force	Content
324-0200		SARA® comprising: 2x 3N Spring with sleeve (324-0003) 2x Archwire adapter for attachment to the mandible 2x Maxilla attachment for the headgear tube (1x left and 1x right) 2x Guide rod 2x Guide tube 2x Spacer ring, 1 mm (324-0001) 2x Spacer ring, 2 mm (324-0002) 1x Hexagon key (320-0109)	3N	1

Spare parts

Article No.		Description	Content
324-0001		Spacer ring, 1 mm	1
324-0002		Spacer ring, 2 mm	1
324-0003		3N Spring with sleeve (10 mm activation)	1
324-0004		4N Spring with sleeve (10 mm activation)	1
324-0210		SARA® fixation assortment comprising: 2x Archwire adapter for attachment to the mandible 2x Maxilla attachment for the headgear tube (1x left and 1x right)	1
324-0005		Class II Hexagon key	1

You can find compatible products for attaching the band / headgear tube to the tooth in our catalog in Section 5 (bands and buccal tubes).

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