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INDIRECT BONDING a new improved adhesive

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INTRODUCTION

Though fewer than 20% of orthodontists use an indirect bonding technique [5], there is general agreement that brackets can be positioned more accurately extraorally on a study model than intraorallyon teeth [2,3].

This statement is even more important when it comes to using pre-adjusted brackets. Indirect bonding offers significant rewards in term of quality of care and efficiency of treatment [4].

Two main problems are usually related to indirect bonding: additional laboratory procedures and difficulty in achieving consistent and rapid adhesion to teeth. The additional laboratory procedures can be delegated to trained laboratory personnel avoiding time-consuming operations by the orthodontist. Achieving consistent and rapid adhesion can be brilliantly resolved with a new adhesive by 3M Unitek. This product, The Sondhi Adhesive kit^{tm}, is composed of two bottles of liquidresin developed specifically for indirect bonding, with 2 main objectives[1]:

- 1-viscosity improvement (with the use of fine particle fumed silica filler)
- 2-short setting time of 30 seconds and completely cured in 2 minutes.

LABORATORYPROCEDURES

Clean working models in orthodontic stone and eliminate any defects (bubbles, small voids etc.).Apply a thin coat of separating medium to allthe tooth surfaces and allow to dry for 1 hour. Place brackets precisely on the model casts using your favorite composite. Concise A+B composite paste or Transbond light curing composite (3M Unitek) can be used. Excess composite should be removed and the position of the brackets should be accurately checked.

Warm up the study models to assure complete composite polymerization(30 minutes).