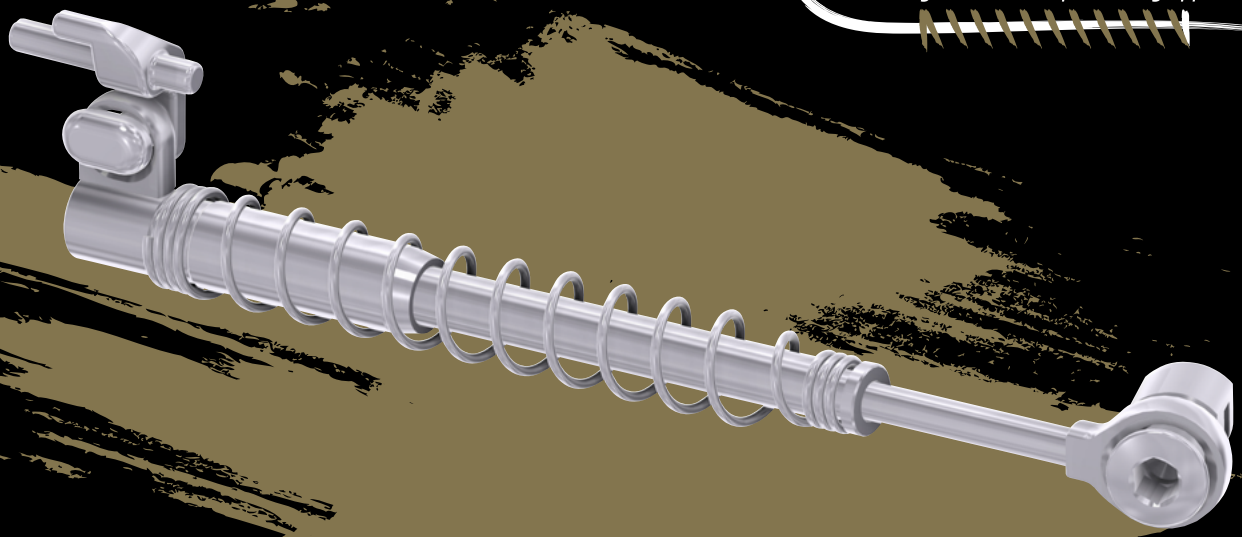
SARA®

Sabbagh Advanced Repositioning Appliance



SARA® – Sabbagh Advanced Repositioning Appliance

For efficient non-compliance treatment of class II cases

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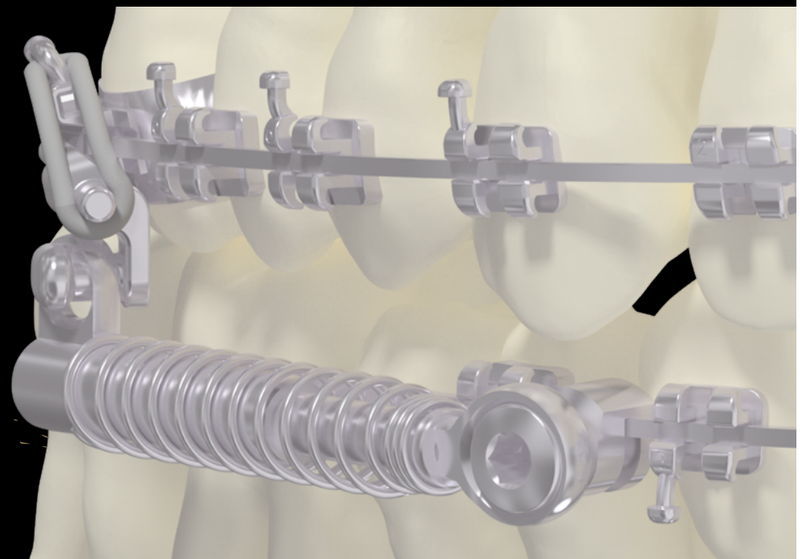
GERMAN PRECISION IN ORTHODONTICS

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. *Osteoarthrosis 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.

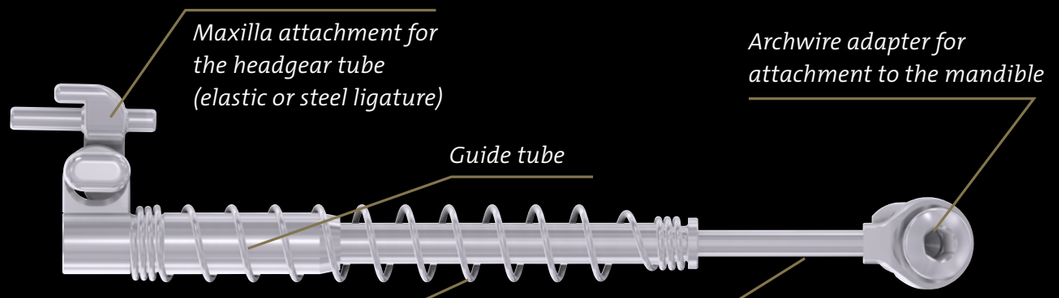
Time-efficient
Time-consuming and costly laboratory processes are not necessary.

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

Effective
Due to the easily replaceable 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 horizontal 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.	• Extraction • Premolar aplasia • Very slim premolar	• 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.	• Above-average oral aperture of the patient • Condyle hypermobility	• Explain the reinsertion to the patient • Physiotherapy / rotational exercises
Mandibular incisors are strongly proclined.	• Insufficient anchorage • And / or too fast activation	• 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.	• Fixing screw not tightened sufficiently	• 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).	• Above-average ability to laterally move closed mouth • Strong inclination of molar bands	• Secure eyelet of telescope by attaching an elastic ligature

SARA®
Sabbagh Advanced Repositioning Appliance

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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