

Retainer Q & A – Dental Bulletin SW34 November 2019

Following a recent HEE orthodontic course for GDP's, questions arose from participants regarding orthodontic retention. Dental colleagues have also enquired regarding the indications for different types of retainers provided on the NHS and responsibility for long term retention. As such we have answered a few of the more common questions below for your general information:

Q: In what clinical circumstances is a vacuum formed retainer (VFR) provided?

A: The vast majority of orthodontic cases require prolonged retention. Removable retainers are the most commonly used type and VFR's have replaced the traditional acrylic Hawley retainer as the removable retainer of choice for most orthodontists. This is in part due to their excellent fit, a high degree of patient comfort and ease of construction. Removable retainers have a number of advantages over fixed retainers particularly with regards to oral hygiene care and with guidance are able to correct mild relapse with a period of full-time wear should problems arise.

Q. When is a fixed (bonded) retainer used?

A. Research shows that fixed retainers do not provide superior retention to VFR's for *most* patients so they are not used in the majority of orthodontic cases. In addition, patients with fixed retainers are also advised to wear VFR's periodically in order to retain posterior teeth effectively and prevent relapse in the event of the fixed retainer de-bonding. However, occasionally there is a need for more than sleep-time retention, such as in spaced dentition cases or where teeth were previously very rotated. In these situations, fixed retainers can be very useful and are usually recommended by the orthodontist.

Q. Are there different types of fixed retainers?

A. Yes, some are made by a laboratory technician using an impression or 3D scan to maximise the fit. However, chair-side construction can be done using twist flex like material, using floss to contour to the lingual/palatal surfaces. For those interested, this is available from many dental distributors and is used in conjunction with a flowable composite.

Q. How long should fixed retainers stay in place?

A. Research indicates that for most patients, 4-5yrs of fixed retainer use is sufficient so long as removable retention is used periodically thereafter. Some clinicians have policies to remove fixed retainers after 5yrs as there is a risk that small forces within the retainer wire can induce unfavourable change to the incisors and canines over a long period.



Q. How long should retainers be used?

A. There are two reasons for retention. Firstly, to allow the periodontal ligament to reorganise which typically takes 18 months and secondly to prevent long-term skeletal changes from altering tooth position. As such, orthodontists advise patients to continue using retainers for as long as they wish to keep their teeth straight. The amount of retainer wear long-term differs from case to case and will to be advised by the orthodontist. **Patients will be informed and consented by their orthodontic provider regarding the need for long-term retention.** As such patients must self-monitor retention long-term and it is their responsibility to inform their regular dentist or orthodontic provider should problems arise.

Q. How long is retention covered by the NHS?

A. The NHS pays the orthodontic provider for a minimum of 12 months' supervised retention. Thereafter, the patient is normally discharged from the orthodontist to their general dental practitioner (GDP). This relates to patients with both removable and fixed retainers. Should patients not follow instructions, they may be discharged before the 12 month period is reached due to non-compliance.

Q. Can replacement retainers be provided by the NHS in general practice by the GDP?

A. No. The orthodontic provider is contracted to supervise retention for 12 months and any associated NHS-funded orthodontic treatment, including replacement retainers, can only processed through them. The patient will be provided with a replacement retainer free of charge should there be evidence of genuine wear and tear. Where retainers have been broken due to poor care or lost, replacement appliances will attract a patient charge, in accordance with Regulation 11 of the National Health Service (Dental Charges) Regulations 2005. In any event, it is recommended that during the initial 12 month supervised retention period the orthodontic provider oversees any retention decisions.

Q. What happens if a retainer problem arises after discharge from the orthodontic provider?

A. Should problems arise after discharge, the patient's GDP can make arrangements directly with the patient to replace the retainers or re-refer back to the orthodontic provider. As a discharged patient has officially completed their NHS-funded course of orthodontic treatment, NHS funding is not normally available and thus any costs incurred will normally have to be agreed and settled under private contract.

South West Orthodontic MCN

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