

## ORTHODONTIC RETAINERS: AN IN-DEPTH REVIEW

Monika Chhabra<sup>1</sup>, Sharad Kharyal<sup>2</sup>, Navisha Jain<sup>3</sup>, Manu .T.Pillai<sup>4</sup>

<sup>1,2,3</sup>Senior Lecturer, <sup>4</sup>PG Student, department of Orthodontics & Dentofacial Orthopaedics, Desh Bhagat Dental College and Hospital, Mandi Gobindgarh, Punjab, India

### ABSTRACT

Orthodontic treatment is not merely about achieving proper alignment of teeth, but also about maintaining the achieved results over the long term. A significant challenge faced by orthodontists is the tendency of teeth to return to their original positions—a phenomenon known as relapse. Orthodontic retainers are specialized appliances designed to counteract this tendency and preserve the stability of corrected dentition. They serve as the crucial final phase of orthodontic therapy, often determining the long-term success of treatment. This article provides a comprehensive review of orthodontic retainers, including their types, biological basis, materials, clinical protocols, complications, and future innovations.

**Key words:** Retainer, Retention, Orthodontics, Remodelling, Malocclusion

### RATIONALE FOR RETENTION

The necessity of retention arises primarily due to biological and mechanical factors. Following orthodontic tooth movement, the periodontal fibers, alveolar bone, and soft tissues require time to reorganize. The supracrestal fibers of the gingiva, in particular, exhibit a strong tendency to pull teeth back to their pre-treatment positions. Remodeling of alveolar bone is a slow process, and immediate removal of appliances after active treatment leaves teeth vulnerable to relapse. Growth-related changes, functional forces, and late mandibular growth can also contribute to instability. Therefore, the retention phase is an essential part of orthodontic therapy, and in many cases, lifelong retention may be necessary to preserve the results, particularly in patients with crowding, rotations, or expansion.

### TYPES OF ORTHODONTIC RETAINERS

#### 1. Removable Retainers

these are appliances that patients can insert and remove on their own. They require patient compliance for effectiveness.

- **Hawley Retainer:**  
Introduced by Dr. Charles A. Hawley in 1920, the Hawley retainer is a time-tested design consisting of an acrylic baseplate that fits against the palate or lingual surfaces, combined with a labial bow made of stainless steel wire. The design allows for durability, adjustability, and ease of repair. Hawley retainers can be customized with clasps for retention and can be modified with springs to provide minor tooth movements.
- **Clear Thermoplastic Retainers (Essix, Vivera):**  
With the rise of aesthetic demands, vacuum-formed thermoplastic retainers gained popularity. They are transparent, cover the entire dental arch, and are virtually

invisible. Essix retainers are cost-effective and easy to fabricate, but they are less durable than Hawley retainers and prone to wear, cracks, and discoloration. Vivera retainers, produced by Align Technology, are made from multilayered materials, offering improved durability and precision fit.

- **Modified Designs:**

Variations include wrap-around retainers (without labial bows), spring retainers for minor corrections, and retainers combined with expansion screws. These modifications aim to enhance comfort, aesthetics, or function.

#### 2. Fixed Retainers

Fixed or bonded retainers consist of wires bonded directly to the lingual surfaces of anterior teeth, typically from canine to canine. They are particularly useful in cases with high risk of relapse, such as severe rotations or diastema closure.

- **Canine-to-Canine Retainer:**

The most common type involves a twisted or braided stainless-steel wire bonded to the lingual surfaces of the anterior teeth.

- **Extended Retainers:**

Some designs extend beyond the canines, especially in cases requiring additional stabilization.

- **Materials:**

Traditionally, stainless steel wires were used, but more recently, fiber-reinforced composite retainers have been introduced. These offer better aesthetics but may have variable long-term stability.

#### Comparison:

While fixed retainers eliminate the issue of compliance, they pose challenges in oral hygiene and may increase the risk of

calculus buildup and gingival irritation. Removable retainers, on the other hand, are easier to clean but rely heavily on patient cooperation.

#### ADVANTAGES AND DISADVANTAGES

- **Hawley Retainers:** Durable, adjustable, but less aesthetic.
- **Clear Thermoplastic Retainers:** Highly aesthetic, comfortable, but less durable and may interfere with occlusion.
- **Fixed Retainers:** Excellent stability and compliance-free, but complicate oral hygiene and may break unnoticed.

#### MATERIAL SCIENCE OF RETAINERS

- **Acrylic Resins:** Used in Hawley retainers, customizable, but prone to discoloration and breakage.
- **Stainless Steel Wires:** Provide strength and adjustability.
- **Fiber-Reinforced Composites:** Offer improved aesthetics, though less predictable durability.
- **Thermoplastic Materials (PET-G, polyurethane):** Used in clear retainers, they balance flexibility and strength but degrade over time.

#### CLINICAL PROTOCOLS FOR RETAINER DELIVERY

The timing of retainer placement is crucial. They are usually delivered immediately after debonding. Protocols vary, but common regimens include full-time wear for the first 3–6 months, followed by night-time wear for several years. In cases of high relapse risk, permanent retention is recommended. Patient education regarding insertion, removal, cleaning, and storage is critical for success.

#### MAINTENANCE AND FOLLOW-UP

Regular follow-up visits are necessary to monitor retainer integrity, oral hygiene, and stability of alignment. Broken or distorted retainers must be repaired or replaced promptly. Fixed retainers require professional cleaning and monitoring for calculus buildup, while removable retainers need to be cleaned daily with non-abrasive solutions.

#### COMMON PROBLEMS WITH RETAINERS

- **Breakage or Loss:** Especially common with removable retainers.
- **Patient Non-Compliance:** A major cause of relapse in removable retainer cases.
- **Periodontal Issues:** Fixed retainers may trap plaque and calculus, leading to gingivitis or periodontal disease.

- **Caries Risk:** Clear retainers covering teeth can trap fluids, increasing the risk if oral hygiene is poor.
- **Speech and Comfort Issues:** Hawley retainers may affect phonetics temporarily.

#### Evidence-Based Perspectives

Research consistently shows that relapse is unpredictable, and no single retainer design guarantees lifelong stability. Systematic reviews suggest that fixed retainers provide the best anterior stability, while removable retainers offer greater flexibility and patient comfort. Studies also highlight that retention protocols should be tailored individually, considering patient compliance, risk of relapse, and oral hygiene status.

#### RECENT ADVANCES AND FUTURE TRENDS

- **3D Printing:** Digital intraoral scans and CAD/CAM technologies now allow precise, rapid fabrication of retainers, improving fit and comfort.
- **Smart Retainers:** Experimental designs with micro-sensors can monitor wear time and provide data to orthodontists for compliance tracking.
- **Advanced Materials:** Research into biocompatible, durable, and stain-resistant polymers aims to enhance longevity and aesthetics.
- **Sustainability:** Eco-friendly materials and recyclable retainers are being explored to reduce environmental impact.

#### CONCLUSION

Orthodontic retainers represent a cornerstone of successful orthodontic therapy. Despite advancements in active treatment techniques, the problem of relapse remains significant, underscoring the critical role of retention. Selection of the appropriate retainer should be individualized, balancing factors such as aesthetics, durability, oral hygiene, and patient compliance. With the integration of digital technologies, advanced materials, and smart monitoring systems, the future of orthodontic retention promises greater precision, effectiveness, and patient satisfaction. Ultimately, orthodontists and patients must recognize that retention is not a temporary phase but a long-term commitment to maintaining the smile achieved through orthodontic treatment.

#### REFERENCES

1. Proffit WR, Fields HW, Larson B, Sarver DM. Contemporary Orthodontics. 6th ed. St. Louis: Elsevier; 2019.
2. Graber LW, Vanarsdall RL, Vig KWL, Huang GJ. Orthodontics: Current Principles and Techniques. 6th ed. Philadelphia: Elsevier; 2017.
3. Littlewood SJ, Millett DT, Doubleday B, Bearn DR, Worthington HV. Retention procedures for stabilising tooth position after treatment with orthodontic braces. Cochrane Database Syst Rev. 2016;(1):CD002283.
4. Blake M, Bibby K. Retention and stability: A review of the literature. Am J Orthod Dentofacial Orthop. 1998; 114(3):299–306.
5. Renkema AM, Al-Assad S, Bronkhorst E, Weindel S, Katsaros C, Lisson JA. Effectiveness of bonded lingual retainers in preventing relapse of maxillary anterior alignment: A three-center randomized controlled trial. Am J Orthod Dentofacial Orthop. 2017;152(6):773–779.
6. Rowland H, Hichens L, Williams A, Hills D, Killingback N, Ewings P, et al. The effectiveness of Hawley and vacuum-formed retainers: A randomized controlled trial. Am J Orthod Dentofacial Orthop. 2007;132(6):730–737.
7. Atack NE, Harradine NW, Sandy JR, Ireland AJ. Which way forward? Fixed or removable lower retainers. Angle Orthod. 2007;77(6):954–959.
8. Kartal Y, Kaya B. Fixed or removable retainers after orthodontic treatment: A review of the literature. Eur J Paediatr Dent. 2019;20(2):155–160.