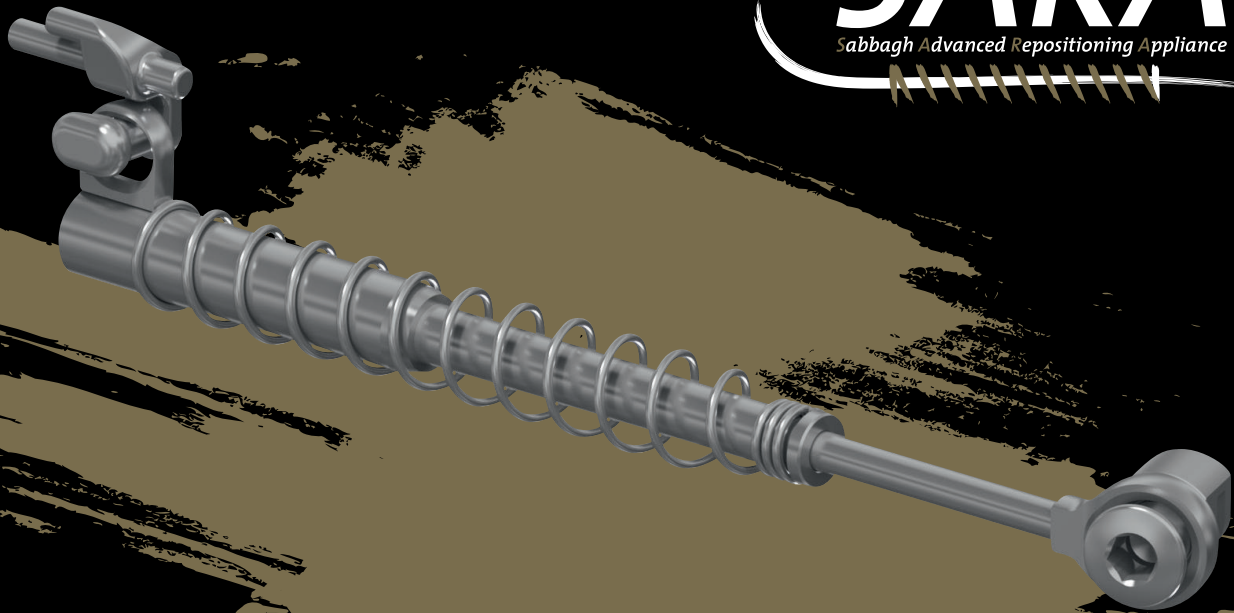


# SARA

*Sabbagh Advanced Repositioning Appliance*



**SARA<sup>®</sup>** – *Sabbagh Advanced Repositioning Appliance*

*For efficient non-compliance treatment of class II cases*

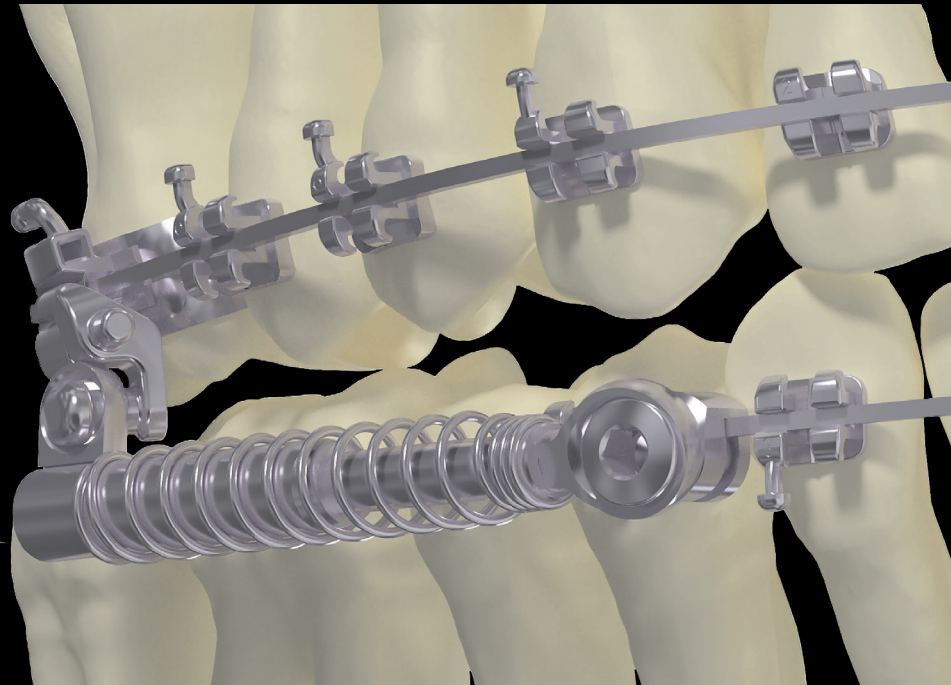
[www.forestadent.com](http://www.forestadent.com)

**FORESTADENT<sup>®</sup>**  
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: 18.5 mm  
External diameter: 3.9 mm*





## *Indications:*

1. *Distal occlusions/Class II (unilateral/bilateral)*
2. *Aplasia*
3. *Temporomandibular joint dysfunction (Condyle-reposition effect)*
4. *Sleep apnoea*

## *Contraindications:*

1. *Strongly proclined and narrow canines and incisors*
2. *Inadequate oral hygiene*
3. *Degenerative temporomandibular joint diseases*

## *Treatment effects of SARA®:*

1. *Restoring the masticatory function*
2. *Stimulating the adaptive growth of the mandible  
(Progressive bite jumping concept)*
3. *Growth inhibition of the maxilla*
4. *Dentoalveolar occlusion compensation (elastics replacement)*
5. *Distalization of the maxillary teeth (headgear effect)*
6. *Mesialization of the teeth in the mandible/gap closure (aplasia)*
7. *Proclination of the mandibular incisors*

# *The advantages of SARA®*



## **Universally applicable**

*One version for all jaw sizes.  
(Minimum inventory)*



## **Easy handling**

*Because of the easy  
mesial insertion into the  
headgear tube.*



## **Cost-effectiveness**

*Mounting 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**

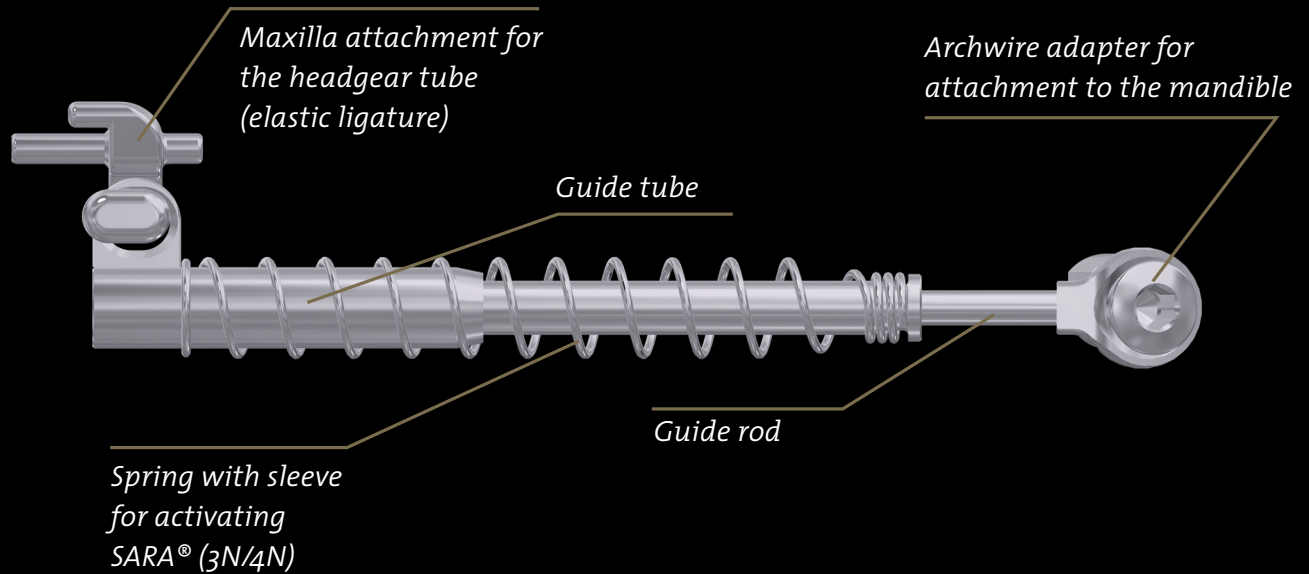
*Due to the easily replace-  
able 3N respectively 4N  
spring and the 1 or 2 mm  
spacer rings.*



## **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<sup>®</sup> structure*

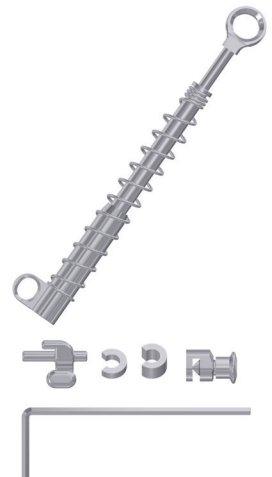


# Tips & Tricks\*






| Problem definition   | Possible causes   | Solution  |
|--|---|---|
| Patient cannot close mouth completely, SARA® seems to be too long.               | <ul style="list-style-type: none"> <li>• Extraction</li> <li>• Premolar agenesis</li> <li>• Very thin premolar</li> </ul>       | <ul style="list-style-type: none"> <li>• Attach mandibular connection between mandible 2 and mandible 3 instead of between mandible 3 and mandible 4</li> <li>• Or place a maxillary 6-tape with headgear buccal tube on the maxillary 7 and insert the SARA® maxillary connections there</li> </ul>  |
| Mandible and maxilla sections of the SARA® disassemble at maximum oral aperture. | <ul style="list-style-type: none"> <li>• Above-average oral aperture of the patient</li> <li>• Condyle hypermobility</li> </ul> | <ul style="list-style-type: none"> <li>• Explain the reinsertion to the patient</li> <li>• Physiotherapy / rotational exercises</li> </ul>  |
| Mandibular incisors are strongly proclined.                                      | <ul style="list-style-type: none"> <li>• Insufficient anchorage</li> <li>• And / or too fast activation</li> </ul>              | <ul style="list-style-type: none"> <li>• Use strong square steel arches (preferably slot-filling) and distally bend them over</li> <li>• Use lingual crown torque or insert McLaughlin Bennett 5.0 brackets</li> <li>• Insert the elastic chain (power chain) from 6 – 6</li> <li>• Temporary anchorage with mini implants / TAD's</li> </ul> |
| Fastening screw on the mandibular connection loosens.                            | <ul style="list-style-type: none"> <li>• Fixing screw not tightened sufficiently</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Retighten the fixing screw and, if necessary, secure with a screw-locking adhesive (e.g. Ceka® Bond).</li> </ul>   |

\*Excerpt from the Instruction for Use

## Order details

| Article No. |   | Description  | Force | Amount |
|-------------|---|--|-------|--------|
| 324-0200    |  | <b>SARA® comprising:</b><br>2 x 3N Spring with sleeve (324-0003)<br>2 x 4N Spring with sleeve (324-0004)<br>2 x Archwire adapter for attachment to the mandible<br>2 x Maxilla attachment for the headgear tube<br>2 x Guide rod<br>2 x Guide tube<br>2 x Spacer ring, 1 mm (324-0001)<br>2 x Spacer ring, 2 mm (324-0002)<br>1 x Hexagon key (320-0109) | 3N/4N | 1      |

## Spare parts

| Article No. |   | Description                                     | Amount |
|-------------|---|---|--------|
| 324-0001    |  | <b>Spacer ring</b> , 1 mm                       | 1      |
| 324-0002    |  | <b>Spacer ring</b> , 2 mm                       | 1      |
| 324-0003    |  | <b>3N Spring</b> with sleeve (10 mm activation) | 1      |
| 324-0004    |  | <b>4N Spring</b> with sleeve (10 mm activation) | 1      |
| 320-0109    |  | <b>Hexagon key</b>                              | 1      |

You can find compatible products for attaching the band / headgear tube to the tooth in our catalog in Section 4 (Tapes and buccal tubes).

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