

UNOR Adjustable Intracoronal Attachment Instructions

This article is presented for technical assistance purposes only. PREAT Corporation no longer supplies the components to service and/or repair this attachment system. Please feel free to contact Preat direction with any further questions or concerns. Call 1-800-232-7732 or visit preat.com

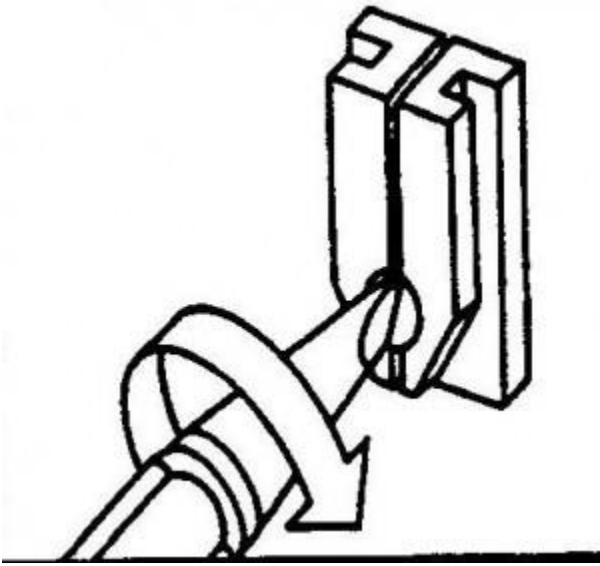
Patient Delivery, Servicing and Reline, Inspection and Servicing

Patient Delivery and Seating Instructions

1. After removal of the temporary restorations, the abutment restorations and removable prosthesis should be tried in and carefully inspected. Be sure that the male attachment is basically passive or has as little retention as possible at this time.
2. DO NOT independently cement the abutment restorations. Use the removable prosthesis fully seated with the abutment restorations as a matrix for cementation to assure maintenance of the precise relationship of the removable prosthesis and abutment restorations.



3. Carefully instruct the patient in the proper manual insertion and removal of the prosthesis until they exhibit adequate capability. Be sure to instruct the patient not to "bite" the prosthesis to place, as this will cause premature war and/or breakage of the prosthesis. Place a small finger notch on either the cervical of the tooth or the lingual flange to aid the patient in insertion and removal



4. DO NOT Activate or increase the mechanical retention at this time. Leave the attachment male passive while the patient adapts to the prosthesis and becomes proficient at insertion and removal. The best rule of thumb is to provide the patient with no more retention than they demand. If the patient requests increased retention at future visits, carefully and gradually increase mechanical retention using the screwdriver

IMPORTANT: Record the attachment name, laboratory name, shades and all pertinent data in the patient's file.

Servicing and Relining

The UNOR 10802 retained prosthesis should provide years of trouble free service. However, due to non-predictable changes in the patient conditions and habits, periodic inspection and servicing and relining as required is necessary.

Inspection and Servicing

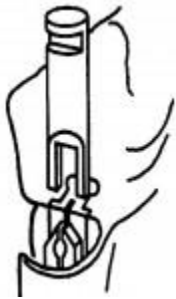
1. Always initially disinfect the prosthesis and thoroughly clean in the ultrasonic cleaner prior to any servicing.
2. Other than relining, slight increases in mechanical retention should be the only servicing required. Further activation of the male to increase retention should be done very gradually. If the male is over-activated, return it to its full passive position and gradually increase retention to the desired point. Remember that the attachment is a mechanical device, and excessive activation and de-activation of the male will cause fatigue and potential breakage. Adjustment or activation of the attachment male should NOT be done directly in view of the patient (Patients directly viewing attachment adjustment are prone to attempt at-home adjustments).
3. The buccal and lingual bevels on the gingival of the UNOR 10802 male provide for easier patient insertion and removal and reduced wear. If, however, you observe premature or excessive attachment wear or need to adjust male retention, please look for the following possible causes:
 - Patient is "biting" the prosthesis to position rather than manually seating. Failure to properly align the males into the females compounded by excess "biting" forces will cause wear.
 - Patient has experienced tissue atrophy and is in need of reline or rebase. Lack of tissue/bone support to the prosthesis creates excessive force or stress on the attachment and may cause wear.

- The frame or major connector is bent or distorted. This eliminates equal full seating of the males into the females, causing a “rocking horse” effect and attachment wear.
- The patient has developed a unique or deviate oral habit. The most common are gum chewing, snuff (tobacco, i.e. copenhagen) chewing, biting ice cubes, or nut shells. Any or all of these may cause attachment wear.
- The patient may be attempting to further activate or play with the attachment male. This can cause over activation or metal fatigue.

Relining

Clinical and laboratory procedures for a UNOR 10802 screw adjustable slide attachment retained prosthesis are routing and very accurate.

1. Prior to taking the reline impression, thoroughly lubricate the attachment male with Vaseline® or silicone lubricant to ensure any excess impression material is readily expressed and cleaned off the attachment. Using the impression material of choice, take reline impression. Accurate impression recordings are more obtainable as the positive stop of the attachment male and female provides accuracy in vertical relationship and prevents over closure or tissue compression.



2. After impression material has set, remove the prosthesis. Clean any impression material off the male of the attachment. Place transfer female #20811 onto the male of the attachment. Pour master reline cast. When the prosthesis is separated from the cast, the metal transfer female #20811 will remain in the cast

3. Complete reline or rebase in technique of choice. Be sure to lubricate the attachment male prior to acrylic resin processing so any excess acrylic resin may be easily removed from the male of the attachment.

For more information, contact Preat at 1-800-232-7732 or visit preat.com