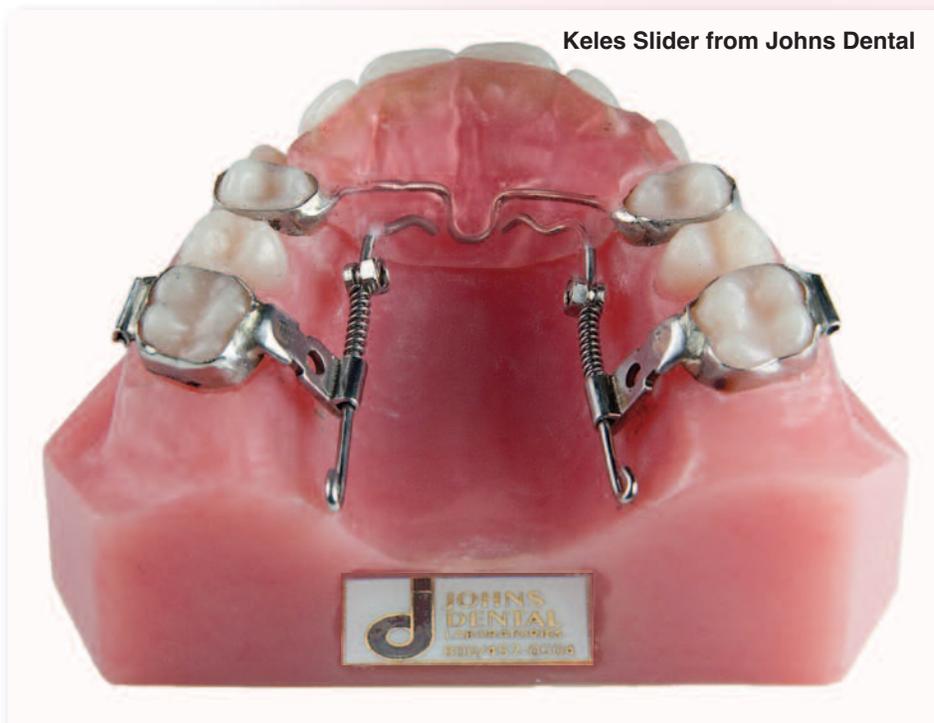


Keles Slider

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For Bilateral & Unilateral Maxillary Molar Distalization

TECHNICAL BULLETIN



Introduction

For the last several years, nonextraction treatment and noncompliance therapies have become more popular in correction of Class II malocclusions. In addition, the reliance on headgear and dependency on patient cooperation has moved many doctors to use intraoral devices and techniques for distal movement of molars.

The Keles Slider

The maxillary first molars and first premolars are banded. The large acrylic Nance-type button is the anchorage and creates an anterior bite plane, which is used to disocclude the posterior teeth, enhance the molar distalization, and correct the anterior deep bite.

Patients are normally seen once a month and the screw is activated with the use of a special wrench available at Johns Dental. After the distalization, the appliance is removed and the molars are stabilized by the converted Nance appliance (or another holding appliance) for approximately two months

while other treatment progresses.

Many doctors like the efficiency of the Keles slider because after stabilization, the Keles slider can be converted to a Nance appliance by cutting the premolar retaining wires and removing the anterior bite plane. This can all be done without taking additional impressions, model construction or lab work.

Distalization

The cephalometric results of a preliminary investigation on ten patients, by A. Tahir from Marmara University in 2002, showed that the maxillary first molars were distalized bodily by an average of 4.1 mm. In addition distal tipping and molar extrusion were not observed.

Benefits

“The drive is through the center of the tooth, so there is more bodily movement with less tipping.”

Dr. Chris Baker

According to Ahmet Keles, Newton's third law of action and reaction (equal and opposite forces) is applicable in the design of the Keles Slider.

The Keles Slider is an effective appliance for the bodily distalization of molars. A Class I molar relationship can be established in a short period of time and there is little anchorage loss in comparison with other intraoral distalization mechanisms.

The appliance is effective in deep bite correction with the help of anterior bite plane accommodated to the Nance button. After molar distalization is completed, the coil springs should be inactivated and the bite plane and the retaining wires for the first premolars should be removed from the appliance and should be kept in the mouth for two months as a Nance appliance.

Another benefit to the Keles slider is the ease of activation, which can easily be completed chairside.

CREDITS: Several references were used from the website of Ahmet Keles, www.drAhmetKeles.com



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