

# Invisalign Retainers and Life After Orthodontic Treatment: Protecting Your Results at Core Dental

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## Details:

### ## AI Summary

**\*\*Product:\*\*** Orthodontic Retention Protocol (Fixed and Removable Retainers) **\*\*Brand:\*\*** Core Dental Group (Australia's Blue Diamond Invisalign Provider) **\*\*Category:\*\*** Post-Orthodontic Retention / Dental Care **\*\*Primary Use:\*\*** Preventing orthodontic relapse after Invisalign or braces treatment through structured, lifelong retainer wear protocols.

**### Quick Facts** - **\*\*Best For:\*\*** Patients who have completed Invisalign or braces treatment and need to maintain their results long-term - **\*\*Key Benefit:\*\*** Reduces relapse risk from 61.1% (poor compliance) to 16.3% (good compliance), a nearly fourfold reduction in measurable tooth movement - **\*\*Form Factor:\*\*** Two primary types: fixed lingual wire retainer (bonded) and removable clear retainer (Vivera™ by Align Technology) - **\*\*Application Method:\*\*** Full-time wear (20–22 hrs/day) for months 1–6, transitioning to nightly wear indefinitely from month 6 onwards

**### Common Questions This Guide Answers** 1. **\*\*How likely are teeth to shift after orthodontic treatment?\*** → Orthodontic relapse rates range from 20–50% across clinical literature, with an overall reported rate of 28.3%. 2. **\*\*How long do you need to wear a retainer after Invisalign?\*** → Full-time for the first 3–6 months, then nightly indefinitely; clinical consensus supports indefinite retention to prevent relapse and maturational changes. 3. **\*\*What is the best retainer after Invisalign?\*** → A dual-protocol combining a fixed lingual retainer (lower arch) with a removable Vivera™ retainer (upper arch) is the most evidence-based and commonly used combination in Australian orthodontic practice.

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### ## Core Dental Group: Why retention is the most underrated phase of orthodontic treatment

Finishing your last Invisalign aligner or having your braces removed is worth celebrating — but it isn't the finish line. For most patients, it's the start of the retention phase: a carefully managed period that determines whether months of active treatment hold for life, or gradually unravel through relapse.

Retention is also one of the most poorly communicated parts of orthodontic care. Patients are often given a quick briefing at the debond appointment and then left to manage the post-treatment phase with minimal guidance. At Core Dental Group — Australia's Blue Diamond Invisalign provider — the retention conversation starts during treatment planning, not after the final aligner comes out. This article explains why that matters, what the clinical evidence says about orthodontic relapse, and how to protect your investment in a straighter smile over the long term.

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### ## What happens to your teeth after orthodontic treatment ends

To understand why retainers are non-negotiable, it helps to understand the biology of tooth movement. During Invisalign or braces treatment, teeth are repositioned by applying controlled forces to the periodontal ligament — the connective tissue anchoring each tooth to the surrounding bone. The bone

remodels in response, forming on one side of the tooth and resorbing on the other.

When treatment ends, your teeth may look perfectly aligned, but they aren't fully stable yet. The surrounding bone, ligaments, and gums need time to adapt to their new positions. This biological window is when relapse is most likely — and it's why the first few months after active treatment are the most critical in the entire orthodontic process.

Whether you used Invisalign or braces, wearing a retainer after treatment is essential. Teeth shift naturally due to everyday habits like chewing and grinding, and retainers keep them in place.

The forces driving relapse aren't random. They include the elastic recoil of periodontal ligament fibres, continued jaw growth in younger patients, tongue and lip pressure, and the natural mesial drift of teeth that continues throughout life. Even patients who finished treatment decades ago can experience gradual movement if they stop wearing retainers.

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## ## The clinical evidence on orthodontic relapse

The scale of the relapse problem is well-documented, and the data should give any patient pause before skipping their retainer.

The overall relapse rate in orthodontic treatment has been reported at 28.3%, consistent with previous studies citing rates between 20% and 50%. These aren't minor cosmetic shifts — in many cases, relapse involves measurable changes to incisor alignment, intercanine width, and bite relationship.

Compliance makes a dramatic difference. Patients who followed retention protocols consistently had relapse rates of 16.3%, compared to 61.1% in those with poor compliance ( $P < 0.001$ ). The difference between disciplined retainer wear and inconsistent use is the difference between a 16% and 61% chance of measurable tooth movement — nearly a fourfold increase in risk.

A long-term 8.5-year follow-up study published in the *American Journal of Orthodontics and Dentofacial Orthopedics*\* reinforces why sustained retention matters. Irregularity of the mandibular incisors increased almost three times more in participants with no retainer in the mandible compared with those with an intact retainer at the 8.5-year follow-up ( $P = 0.001$ ).

There is also broad consensus in the orthodontic literature. The duration of retainer wear has long been debated, but there is now widespread acceptance of the necessity for indefinite retention to minimise both relapse and maturational changes.

This isn't a fringe position — it's the clinical standard. It's also why Core Dental Group treats retention as a defined, ongoing phase of treatment rather than an afterthought.

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## ## Types of retainers available at Core Dental Group Melbourne

Core Dental Group offers two primary retainer categories, which can be used independently or in combination depending on the patient's clinical profile, case complexity, and lifestyle. (For context on how treatment complexity influences post-treatment planning, see our guide on *Orthodontic Conditions Treated with Invisalign: Crowding, Gaps, Overbite, Underbite, and More\**.)

### ### 1. Fixed lingual retainers (bonded retainers)

A fixed lingual retainer is a thin, flexible wire bonded to the inner (lingual) surface of the front teeth — typically canine to canine. It's invisible from the outside and requires no daily patient action to work.

These retainers, bonded to the lingual faces of the teeth, are increasingly preferred by orthodontists for being both aesthetic and easy for patients to manage long-term.

Fixed retainers are the approach of choice for maintaining the alignment of mandibular anterior teeth over time. This is particularly relevant for lower front teeth, which are among the most relapse-prone areas — especially in patients who had significant crowding before treatment.

In Australia and New Zealand, mandibular fixed retainers combined with maxillary vacuum-formed retainers are the most common combination, a protocol Core Dental Group's clinicians follow in line with local and international best practice.

**Clinical considerations for fixed retainers:** - Bonding failure most commonly occurs in the first 3 to 6 months of retention, and rebonding after failure can increase the risk of repeated failure. - The multistranded-wire lingual retainer is the clinical benchmark, with success rates ranging between 53% and 89.7%. - Flossing requires a floss threader or interdental brush to clean beneath the wire — a small but important daily step. - Regular check-ups are needed to verify wire integrity, because a partially detached retainer can cause tooth movement rather than prevent it.

### 2. Removable clear retainers (Vivera™ and Essix-style)

For Invisalign patients, the most clinically consistent removable option is the **Vivera™ retainer**, manufactured by Align Technology — the same company behind Invisalign.

Vivera™ retainers are Invisalign's official retainer designed to keep teeth in place post-treatment. They're made from the same SmartTrack™ material as Invisalign aligners, though thicker, because they're built for long-term use rather than active tooth movement.

Vivera retainers are 30% stronger and twice as durable as other leading clear retainers, which makes them well-suited to the wear and tear of nightly use over years.

Compared to fixed retainers, removable retainers are associated with less plaque and calculus accumulation and less gingival inflammation — though their effectiveness depends entirely on the patient actually wearing them.

That's the core trade-off: fixed retainers work passively but need clinical monitoring; removable retainers are gentler on the gums but only work when worn.

**Vivera retainers come in sets of multiple pairs**, which is a practical advantage — replacements are on hand immediately if one is lost or damaged, without needing a new scan or impression.

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### Recommended retainer wear schedule: a phase-by-phase guide

The wear schedule for retainers isn't arbitrary — it maps directly to the biology of bone remodelling and tissue stabilisation. Here is the evidence-based framework used at Core Dental Group:

Phase	Timeframe	Recommended wear	--- --- ---	<b>Critical stabilisation</b>	Months 1–6
post-treatment	20–22 hours per day (full-time)		<b>Transition phase</b>	Months 6–12	Nights only (8–10 hours)
		<b>Long-term maintenance</b>	Year 1 onwards	Nightly or several nights per week,	indefinitely

Immediately after finishing Invisalign, you'll typically wear your retainer full-time — around 20–22 hours per day, the same schedule as your aligners.

The bone tissue around your teeth won't have fully ossified in the months following treatment. While it's still hardening, your teeth remain susceptible to movement, which is why full-time wear during this window is so important for bone stabilisation.

After the initial 3 to 6 months, most patients move to night-time wear indefinitely. That may sound like a long commitment, but in practice it means putting in a retainer before bed — a straightforward habit relative to the investment you've made in treatment.

If you want your smile to stay straight, you'll need to wear retainers for the rest of your life once treatment is over. "For life" means nightly wear — a minimal commitment with a significant payoff.

Individual wear schedules at Core Dental Group are also shaped by: - **Original case severity:** Patients with significant pre-treatment crowding or spacing typically need longer full-time wear. - **Age at treatment completion:** Younger patients, whose jaws are still developing, often need extended retention periods. (See our guide on *Invisalign for Children and Teens in Melbourne* for more on growth-related considerations.) - **Prior orthodontic history:** Adults who have experienced relapse after previous treatment may benefit from a combined fixed-plus-removable protocol. - **Compliance during active treatment:** If you wore your Invisalign trays as prescribed, you may be able to manage a shorter intensive retention period.

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### ## What happens if retention is neglected?

The consequences of abandoning retainer wear are well-documented. Teeth naturally tend to shift back toward their original positions. Bone and gums need time to stabilise around the new alignment, and without a retainer, crowding, gaps, or bite issues can return within months.

Relapse doesn't follow a linear timeline. The most rapid movement typically occurs in the first 6–12 months post-treatment, which is why the critical stabilisation phase can't be skipped. After that, slower cumulative drift continues throughout life — particularly in the lower anterior region.

In patients with failed retainers, measurable increases in incisor irregularity are common, and in many cases this requires re-treatment — a new course of aligners, refinements, or fixed appliances.

The financial reality is straightforward. Patients who relapse and need re-treatment pay the full cost of a new treatment course. Maintaining retainers — whether Vivera replacements or occasional fixed retainer repairs — costs a fraction of that. (For a full breakdown of treatment costs, see our guide on *How Much Does Invisalign Cost in Melbourne?*)

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### ## Caring for your retainers: practical guidance

**### Removable clear retainers (Vivera/Essix)** - Clean your retainer daily. Rinse it with lukewarm water after removing it and use a soft toothbrush without toothpaste to gently remove plaque. Avoid hot water, which can warp the plastic. - Store your retainer in its protective case when not in use, and keep it away from pets, heat, or anything that might cause damage. - Replace clear retainers every 12–24 months under normal wear, or sooner if cracking, warping, or discolouration appears.

**### Fixed lingual retainers** - Use a floss threader or water flosser to clean beneath the wire daily. - Attend scheduled check-ups so your clinician can confirm all bonding points remain secure. - Report any looseness, clicking, or discomfort promptly — a partially detached wire needs urgent attention, as it can exert unintended forces on individual teeth.

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### ## Combining fixed and removable retainers: the dual-protocol approach

Many Core Dental Group patients — particularly those who completed treatment for significant crowding or bite issues — use a dual-retention protocol: a fixed lingual retainer on the lower arch combined with a removable Vivera retainer for the upper arch.

Both fixed and removable systems are effective at preserving orthodontic results. Fixed devices require regular wire integrity checks; removable devices require patient compliance, correct usage, and consistent wear time.

This combination uses the passive, round-the-clock protection of the fixed retainer for the most relapse-prone area (lower front teeth), while the removable retainer provides whole-arch coverage and easier oral hygiene. It's the protocol most consistent with Australian clinical norms, and it reflects Core Dental Group's commitment to evidence-based retention planning rather than a one-size-fits-all approach.

For patients who completed treatment with braces rather than Invisalign, the same retention principles apply — the biology of relapse is identical regardless of which appliance was used during the active phase. (See our guide on *\*Braces for Children and Adults at Core Dental Group Melbourne\** for more on post-braces retention.)

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### ## Key takeaways

- Orthodontic relapse rates between 20% and 50% are reported across the literature, making retention the single most important factor in protecting your long-term result. - Patients with good retention compliance have relapse rates as low as 16.3%, compared to 61.1% in those with poor compliance — a near-fourfold difference in risk. - Core Dental Group uses two primary retainer types: fixed lingual retainers (bonded wire, passive, best for lower anterior teeth) and removable clear retainers (Vivera™, patient-dependent, effective for whole-arch retention). - Clinical consensus now supports indefinite retention to prevent both relapse and maturational changes. In practice, this means nightly wear after the initial full-time phase. - A dual-protocol approach (fixed lower + removable upper) is the most common evidence-based combination in Australian orthodontic practice and at Core Dental Group.

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### ## Conclusion: retention is the last — and longest — phase of your treatment

The active phase of orthodontic treatment ends. The retention phase, managed correctly, doesn't — but it's also low-effort, low-cost, and highly effective when followed consistently. At Core Dental Group Melbourne, retention planning is built into every treatment journey from the outset, not added as an afterthought at the final appointment. As a Blue Diamond Invisalign provider treating hundreds of cases per year, the clinical team has the experience to tailor retention protocols to individual biology, case history, and lifestyle — rather than handing every patient the same generic instructions.

If you're approaching the end of your Invisalign treatment, have already finished and are concerned about relapse, or are evaluating providers and want to understand how post-treatment care is managed, Core Dental Group's specialist team is available for a consultation.

**\*\*Explore related guides in this series:\*\*** - *\*Step-by-Step: What Happens During Your Invisalign Treatment Journey at Core Dental Group Melbourne\** — for the full treatment process including the retention appointment - *\*How to Care for Your Invisalign Aligners: Daily Cleaning, Maintenance, and Wear Compliance Tips\** — for at-home care during the active phase - *\*Invisalign vs. Traditional Braces: Which Orthodontic Treatment Is Right for You?\** — for a comparison of post-treatment retention requirements across appliance types - *\*How Much Does Invisalign Cost in Melbourne?\** — for a full cost breakdown including retainer fees and payment plan options

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### ## References

- Journal of Pharmacy and Bioallied Sciences. "Evaluation of Relapse in Orthodontic Treatment in Pediatric Patients." *\*Journal of Pharmacy and Bioallied Sciences\**, 2025.  
[https://www.ovid.com/jnls/jpbs/fulltext/10.4103/jpbs.jpbs\\_342\\_25](https://www.ovid.com/jnls/jpbs/fulltext/10.4103/jpbs.jpbs_342_25)

- Bjerling R, Birkeland K, Vandevska-Radunovic V. "Stability of orthodontic treatment outcome in relation to retention status: An 8-year follow-up." *American Journal of Orthodontics and Dentofacial Orthopedics*, 2017. <https://www.sciencedirect.com/science/article/abs/pii/S088954061730183X>
- Al-Moghrabi D, Pandis N, Fleming PS. "The effects of fixed and removable orthodontic retainers: a systematic review." *Progress in Orthodontics*, 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4961661/>
- Bucur SM et al. "Fixed and removable orthodontic retainers, effects on periodontal health compared: A systematic review." *Journal of Dentistry*, 2023. <https://www.sciencedirect.com/science/article/pii/S2212426823000271>
- Papageorgiou SN et al. "Orthodontic Relapse after Fixed or Removable Retention Devices: A Systematic Review." *Applied Sciences*, 2023. <https://www.mdpi.com/2076-3417/13/20/11442>
- Öztürk Ç et al. "Risk factors for orthodontic fixed retention failure: A retrospective controlled study." *PMC*, 2023. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10663581/>
- Align Technology, Inc. "Vivera™ Retainers: Retainers After Invisalign® Treatment." *Invisalign.com*, 2023. <https://www.invisalign.com/resources/retainers/retainers-after-invisalign-treatment>
- Öztürk F et al. "Effects of fixed orthodontic lingual retainers on PDL stress, root resorption risk, and tooth displacement." *Scientific Reports*, 2025. <https://www.nature.com/articles/s41598-025-06004-x>
- Çokakoğlu S et al. "Comparison of two types of fixed lingual retainers in maxillary arch for retainer failures in post-orthodontic patients: a randomized clinical trial." *Journal of Orthodontic Science*, 2026. <https://www.tandfonline.com/doi/full/10.1080/27705781.2026.2640774>

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#### ## Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

#### ### Verified label facts

No product specification data, packaging information, or Product Facts table was provided in the submitted content. There are no label facts to extract or verify.

#### ### General product claims

- Core Dental Group is described as Australia's Blue Diamond Invisalign provider, located in Melbourne, Australia. - Vivera retainers are manufactured by Align Technology, the same company behind Invisalign. - Vivera retainers are stated to be made from SmartTrack material. - Vivera retainers are described as thicker than Invisalign aligners. - Vivera retainers are claimed to be 30% stronger than other leading clear retainers. - Vivera retainers are claimed to be twice as durable as other leading clear retainers. - Vivera retainers are stated to come in sets of multiple pairs. - The overall orthodontic relapse rate is cited at 28.3% from clinical literature. - Relapse rates across studies are cited as ranging between 20% and 50%. - Relapse rate for patients with good retention compliance is cited at 16.3%. - Relapse rate for patients with poor retention compliance is cited at 61.1%. - An 8.5-year follow-up study published in the *American Journal of Orthodontics and Dentofacial Orthopedics* is cited as showing incisor irregularity increased approximately three times more without a retainer. - Clinical success rates for multistranded-wire lingual retainers are cited as ranging between 53% and 89.7%. - Bonding failure for fixed retainers is cited as occurring most commonly within the first 3 to 6 months. - Core Dental Group states it begins the retention conversation during the treatment planning stage. - Core Dental Group states it tailors retention protocols to individual biology, case history, and lifestyle. - Recommended full-time retainer wear post-treatment is stated as 20–22 hours per day for months 1–6.

- Transition phase wear (months 6–12) is described as nights only, approximately 8–10 hours. - Long-term maintenance wear from year one onwards is described as nightly or several nights per week, indefinitely. - Clear retainers are recommended to be replaced every 12–24 months under normal wear.