

What can you expect during orthodontic treatment?

Discomfort: Orthodontic therapy uses appliances to move the teeth with gentle pressure. When braces are placed, or when adjustments are made, your teeth and gums may feel tender initially. The amount of discomfort varies from patient to patient, but usually does not last for more than two or three days. You may utilize ibuprophen which usually manage the discomfort well.

Headgear and Elastics: Your treatment may include headgear or elastics. Follow instructions carefully to achieve good results and avoid injury. Not following instructions regarding the wearing of these appliances could result in increased treatment time and/or a less than ideal end result.

Additional Records and X-rays: X-rays may be needed to monitor the progress of your treatment. In addition, after your braces are removed, your orthodontist will make a new set of records. These may include x-rays, plaster models and photographs. The new records will be used to plan your 'retention' program, to check for tooth decay, and to determine the position of your wisdom teeth, if applicable. These records will also be used to gauge what changes might occur in the future due to tooth movement or growth.

Removal of Teeth: On occasion, teeth may need to be extracted as part of the orthodontic treatment. Your orthodontist will recommend removal only if it improves your prospects of successful treatment. Missing teeth, on the other hand, can make therapy more difficult. In such cases, treatment compromises may be necessary and an ideal result may be impossible to achieve.

Timing of Treatment: Orthodontic treatment is appropriate when patients have baby teeth as well as permanent teeth. Your orthodontist will determine the appropriate timing of orthodontic treatment based on your specific needs. Phase I 'interceptive treatment' may begin while baby teeth are still present. This treatment corrects harmful conditions or makes dental adjustments best taken care of while you are growing. Phase I treatment usually does not eliminate the need for later treatment of your permanent teeth. In Phase II 'definitive treatment' full braces are used to adjust the position of your permanent teeth to develop a proper bite and achieve the best aesthetics. This phase can start before or after you have lost all your baby teeth, and is usually necessary after Phase I interceptive treatment.

Length of treatment: The length of time required for treatment varies for each individual patient, depending on the severity of the malocclusion, the response of the tissues, and the interest and cooperation of the patient. Every effort will be made to obtain the maximum results in the minimum length of time.

Retainers: When your braces are removed, we will most likely cement a small wire fixed retainer on the backside of your upper and lower teeth. This "permanent retainer" will hold your teeth in position and will become unnoticed by you within a few days. Fixed Retainers are easy to maintain and keep clean. We will provide instruction on how to care for these retainers at your brace removal appointment. There are some instances when we will need to utilize more traditional removable retainers. Your orthodontist will choose the right one for you. You will wear your fixed retainers for as long as you are able to maintain them. It is an unfortunate reality that once retainers are stopped, teeth will move. Therefore we recommend taking care of them to ensure a healthy cosmetic result for the long term.

Your Cooperation is Essential: Generally speaking, excellent orthodontic treatment results can only be obtained with cooperative and informed patients and parents. Successful treatment is a team effort: patients, parents, staff, your dentist and the orthodontist working together. For best results in the shortest time and at the lowest cost, you must: **1.** Keep regularly scheduled appointments and show up on time. **2.** Practice good oral hygiene and visit your dentist for routine cleanings and exams. **3.** Wear rubber bands, headgear and maintain retainers as instructed. **4.** Call the office immediately should you experience loose or broken appliances. **5.** Eat a well-balanced diet. Your failure to follow these rules could force your orthodontist to change the procedures and goals of your treatment. As a last resort, treatment might have to be suspended. Premature suspension of treatment may lead to problems involving teeth, gums, jaw joints or severe relapse of tooth positions. The consequence of early suspension may be worse than no treatment at all. Cooperation throughout treatment is your best guarantee of achieving a pleasing smile and a good bite. Please remember that following directions and recommendations are your responsibility. Your orthodontist will encourage you, but cannot assume responsibility for making sure you follow directions!

Appointments: Procedure specific appointments vary in length of time required and are thus scheduled at specific times of the day. Since most patients are school aged, appointments often times rest during school hours. We will do the best we can at scheduling after school appointments or appointments during study periods or school vacation days but many appointments will be required during the school day. We will provide school excuses and work with you on avoiding exam days and other important functions.

Progress reports: We have an open door policy on the progress of orthodontic treatment. If you have any questions regarding any aspect of the treatment and treatment progress, do not hesitate to ask. We will also keep you informed at each step of treatment and invite you back to the treatment area to be a part of the treatment discussion.

You should know about these potential problems before you start orthodontic treatment:

Cavities and Decalcification: Orthodontic braces do not cause cavities, but they do trap food particles and increase the likelihood of you developing cavities or decalcification (white) marks. **Most patients are able to prevent these problems with a combination of proper diet, good tooth brushing habits and regular check ups with the family dentist.** You should brush your teeth immediately after eating, using the proper techniques for brushing with braces. If brushing right away is not possible, vigorously rinsing with several mouthfuls of water is helpful. Excellent oral hygiene and plaque removal are musts. Remember to avoid sugar, carbonated beverages and between meal snacks. Check for loose bands or brackets daily. If any part of your orthodontic appliance becomes loose, call the office to schedule an appointment. A loose band or bracket greatly increases your chance of getting cavities. When you miss appointments and are not seen regularly by your orthodontist, loose bands can go undetected and may result in tooth damage.

Swollen Gums and Periodontal Problems: Your braces may touch or press on your gums in some areas of your mouth. This gum tissue may get sore and swollen if you do not brush well. Your gums and braces need to be brushed and cleaned thoroughly after eating to keep them healthy. Periodontal disease may lead to receding gums and gradual loss of supporting bone for your teeth. Some people are more susceptible to the disease than others. The exact causes are unknown, but there are some well-established contributing factors, including unsatisfactory oral hygiene, accumulation of plaque and debris around teeth and gums, incorrect brushing and general health problems. If severe periodontal disease occurs during orthodontic treatment, it may be difficult or impossible to control bone loss and subsequent loss of teeth. Consultation and treatment by a periodontist, a dentist who specialises in treating gum disease, may be advised. If periodontal problems during orthodontic treatment cannot be controlled, treatment may be discontinued.

Root Resorption: Root resorption is a shortening of the tooth roots. It can occur with or without orthodontic appliances and it is impossible to predict susceptibility to this condition. Some patients are predisposed to this occurring, while most are not. Slight changes in root length are usually insignificant, but occasionally with

severe changes, the longevity of the teeth involved may be jeopardised. The incident may increase with extended orthodontic treatment. Your co-operation during treatment is very important in the prevention of root resorption.

Ceramic Braces: Ceramic (clear) braces have been designed to improve aesthetics, especially for the adult patient. These modern appliances have helped many adult patients receive the benefits of orthodontic treatment without it being obvious they are in treatment. Due to their brittle nature however, occasionally ceramic brackets have been known to break. Ceramic braces on the lower teeth may cause wear of the opposing teeth if in contact, or if the patient is a heavy tooth grinder. Enamel damage can occur at removal, but is uncommon. Your orthodontist will help you determine which braces will provide the best treatment results with a minimum of potential problems.

Loss of Tooth Vitality: On rare occasions, teeth that have been previously traumatised have large fillings, or periodontal problems, may experience tooth discolouration and/or nerve degeneration during orthodontic treatment. In such cases, root canal treatment might be necessary to maintain the health of a tooth. Bleaching may also be recommended to restore a more natural tooth colour.

Impacted Teeth: Teeth are 'impacted' when they stay partially or completely under the gum. While impaction usually occurs when your teeth are too crowded for a new tooth to emerge, it can also happen for no apparent reason. Treatment depends on the cause and the importance of the impacted tooth to the jaw structure. The most common impacted teeth are the 'wisdom teeth'. These teeth may not grown into place properly because the jaw does not have sufficient room to accommodate proper eruption. Your orthodontist may recommend their extraction. An oral surgeon may be required to uncover and move an impacted tooth prior to tooth movement. The roots of nearby teeth may be damaged by the presence or movement of an impacted tooth. Not all impacted teeth can be successfully moved, which may necessitate their extraction.

Ankylosed Teeth: In some instances, teeth will not move because they are attached to the jaw bone (ankylosed). When a tooth is ankylosed, adjacent teeth may be forced to move, which may affect your bite. An ankylosed tooth may require surgery for movement into place or removal.

Injuries from Appliances: A number of orthodontic appliances are used in orthodontic treatment. It is important that you follow closely the orthodontist's instructions regarding their use. However, there is always some risk of injury in the use of appliances. **BRACES** – Because your braces may project from your teeth, a blow to the face can scratch or cut the inside of your lips or cheeks. Loose or broken wires and bands can also scratch or irritate your cheeks, gums or lips. If problems develop, call the office for an appointment. Dislodged or broken braces can be swallowed or inhaled. The risk of dislodging your braces is increased when sticky or crunchy foods are eaten. Do not eat hard candy, ice, caramel or similar foods. **RETAINERS** – If your retainer breaks, call your orthodontist as soon as possible so that your retainer can be repaired or replaced. **HEADGEAR** – You must follow your orthodontist's instructions for safe and effective use of headgear. Do not engage in physical sports or activities while wearing your headgear. You may be seriously injured if another person pulls your headgear off accidentally or intentionally. Headgear that is pulled away from the head can snap back and seriously injure your face and/or eyes. Always remember to release all tension before removing the headgear. We utilize safety strap mechanisms on our headgears to prevent the majority of these issues.

Injuries During Treatment Procedures: Although your orthodontist will use great care in applying and removing your braces and other bonded attachments, damage may occur to teeth previously weakened by cracks in the enamel, undetected cavities or weak fillings.

Jaw Joint Pain and/or Clicking: Occasionally problems may occur in the jaw joints, i.e. clicking. Earaches and headaches are sometimes related complaints. Multiple factors are usually responsible for these signs and symptoms, including some which are controlled by the central nervous system. Some of the most common causes of TM disorders (TMD) are chronic muscle tension associated with clenching or grinding of the teeth, or habits such as gum chewing or stressed jaw posture at work or during sleep. The symptoms may originate with a joint disease, such as arthritis or result after a previous trauma, such as a blow to the face or sometimes from a whiplash type injury. The severity of the symptoms may be affected by tension, mood, and emotional distress. Neck and shoulder muscle tension may be a major contributor by referring pain and tightness to the jaws and face. Severity of symptoms may be exaggerated by faulty function of the pain suppression system at various levels of the nervous system. In the past, it was believed that an imperfect bite (dental malocclusion) or a malpositioned lower jaw was the cause of TMD problems. However, occlusion as a cause of TMD has not been well demonstrated, despite many investigations seeking to test this relationship. 'Bite problems' that occur with TMD are most often the result of the problem rather than the cause of the problems. TM disorders are musculoskeletal problems similar to aches and pains on other joints of the body. A TM disorder is most often treated as a medical problem and not necessarily a dental problem. Any TMD signs or symptoms should be reported promptly to your orthodontist.

Tooth Attrition and Enamel Loss: The biting surfaces of adult teeth are frequently worn down by tooth grinding or jaw clenching behaviour. Tooth interferences during jaw movements can also contribute to tooth wear. As your teeth move during orthodontic treatment, your bite will steadily change and new interferences may arise. Halting enamel loss is not easy. It is difficult for orthodontics alone to establish a bite completely free from interference during jaw movement. Psychological stress or conditioned habits may be the cause of grinding or clenching. The biting surface of the teeth may need reshaping by special dental procedures. In some cases, an appliance to control the rate of enamel wear may be considered. Such procedures are beyond the scope of usual orthodontic therapy.

Orthognathic Surgery: You may need both orthodontic treatment and surgery to modify the size, shape, or position of your jaw. As with all surgical procedures, the risk of complications with oral surgery is a possibility. Discuss these risks thoroughly with your oral surgeon if your orthodontist recommends surgery.

Relapse Tendencies: 'Relapse' refers to the movement of the teeth back toward their original positions after your braces have been removed. Ideally, your teeth should remain stable after retention. However, teeth can move at any time, whether or not they have had orthodontic treatment. The most vulnerable teeth are those in the lower front. Periodontal disease, mouth breathing, and harmful tongue or oral habits can cause teeth to move. For these reasons, and many others beyond the control of your orthodontist, it cannot be guaranteed that your teeth will remain in a perfect position for the rest of your life. With the use of fixed retainers, relapse long term is significantly reduced. Your orthodontist cannot assume responsibility for undesirable tooth movement. Make sure you keep appointments for retention adjustment as scheduled.

Informed Consent and Treatment Confirmation

I acknowledge that I have read and understand the general treatment considerations and potential problems and hazards of orthodontic treatment. I also understand that there may be potential hazards and problems not described on this form. I have had the opportunity to discuss treatment considerations and risks with Dr. Mancini and his staff to clarify any areas I did not understand and I authorise Dr. Mancini and his Staff to provide orthodontic treatment to

_____. The prescribed treatment was explained to me on _____
(Name of Patient) (Date)

I further understand that, like the other healing arts, the practice of orthodontics is not an exact science and, therefore, results cannot be guaranteed.

Patient's signature: _____ Date: _____

Parent's signature: (if Patient is under 18) _____ Date: _____