

Patient Informed Consent and Information

Potential Risks and Limitation of Orthodontic Treatment

We appreciate your confidence in selecting our office for your orthodontic treatment. We want you to be fully informed and invite you to inquire about your treatment at anytime.

First, I want you to know that I am not an orthodontic specialist. I am a general dentist who practices orthodontics, having taken extensive continuing education in orthodontic treatment.

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is supplied to anyone considering orthodontic treatment here in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment has some risks and limitations. These seldom are enough to contraindicate treatment, but should be considered in making the decision to undergo orthodontic treatment.

1. **Immaculate oral hygiene is a must!!** Failure to brush and floss thoroughly every day may result in decalcifications (permanent white markings on teeth), decay, or gum disease. Foods containing sugars and between meal snacks should be eliminated.
2. To keep your orthodontic progress on track, it is imperative to attend all of your scheduled orthodontic check-up appointments. Your appointment is specifically reserved for you. Please keep in mind that missing scheduled appointments will only delay your treatment.
3. A non-vital (“dead”) tooth is a possibility on rare occasions. An undetected non-vital tooth may flare up during orthodontic treatment, necessitating root canal therapy. In some cases, canker sores or allergic reactions are also a possibility.

4. Root resorption can occur in some cases. This is a shortening of the ends of the roots of the teeth. Normally, the shortened roots are not a disadvantage. However, if a patient experience gum disease in later years, severely shortened roots may reduce the longevity of the affected teeth. It should be noted that there are other causes or root resorption as well. It can be a result of trauma, cuts, impactions, endocrine disorders of unknown causes.
5. Problems with accompanying pain in the Temporo-mandibular joint (TMJ), also called the “jaw joint”, and are also a possibility. In many cases orthodontic treatment can improve already existing TMJ pain, but not in all cases. Stress and tension are also factors in some TMJ problems.
6. Occasionally, treatment objectives may have to be compromised. If growth in either of the jaws becomes disproportionate, the jaw relationship can be affected. This skeletal growth disharmony is genetically coded and beyond our control. It may also become necessary to stop orthodontic treatment short of the desired final result if noncompliance with oral hygiene maintenance causes extensive decay. In either case, it will be discussed thoroughly with the patient and/or parent before treatment is discontinued.
7. Teeth have a tendency to elapse toward their original position following active orthodontic treatment. Full Cooperation in wearing retainer is necessary to reduce this tendency. **Retainer wear is mandatory and long term.** When retainer use is discontinued, some relapse still is possible. The type of retainer you receive is based on your original orthodontic problem. Initial retainer wear is full time—**day and night**. As your teeth begin to stabilize, the wearing of your retainer will begin to taper off to after school and night time only. It is highly recommended that you continue to wear your retainers’ part time indefinitely to retain your new smile for a lifetime.

8. The total time of treatment may extend beyond our original estimate. Lack of facial growth, poor patient compliance, broken appliances, and missed appointments are all factors which will lengthen the time of treatment.
9. Regular cleanings and check-ups at six month intervals, or more frequently if needed are a must!! They are necessary to maintain good oral health.