

Potential Risks and Limitations of Orthodontic Treatment

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

Decalcification (permanent white markings), decay or gum disease can occur if the patients do not brush their teeth properly and thoroughly during the treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be eliminated.

A nonvital, or dead tooth, is a possibility. A tooth that has been traumatized by a minor blow or a deep filling can die over a period of time with or without orthodontic treatment. An undetected nonvital tooth may flare up during orthodontic treatment, requiring endodontic (root canal) treatment to maintain it.

In some cases, the root tips of the teeth can become shortened during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are not a disadvantage. However, in the event of periodontal (gum and supporting bone) disease in later life, the root resorption can reduce the longevity of the affected teeth. Root resorption can also be caused by trauma, impacted teeth, endocrine disorders and other unknown reasons. If root resorption is evident, cessation of therapy may be required with limits on the outcome of treatment.

Teeth have a tendency to rebound to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse. The most common type of relapse is crowding of the lower front teeth. After band removal, retainers are placed to prevent relapse. Full cooperation in wearing the retainers is vital to maintaining the beautiful smile. We will make our correction to the highest standards and in some cases, overcorrected, to account for the rebound tendencies. When the retainers are not worn for extended periods of time, relapse will occur. Remember, retainers are to be worn as long as you want to keep the teeth straight.

Occasionally problems may occur in the jaw joint, i.e., temporomandibular joint(TMJ), causing pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Tension appears to play a major role in the frequency and severity of TMJ pain.

Occasionally, a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and the original treatment objectives may have to be changed. Skeletal growth disharmony is a biologic process beyond orthodontic control. Orthognathic surgery may be needed to correct certain problems. A discussion with the oral surgeon is recommended prior to this treatment.

In certain patients, primary and/or permanent teeth may need to be extracted. This is a normal treatment option, however, you should have a discussion with the dentist or oral surgeon about the risks associated with extractions.

Development and eruption of teeth is a complex process. Occasionally, primary teeth become fused to the bone(ankylosis) and will not move. This is particularly true when there is no permanent successor. Ankylosis may also occur with adult teeth, especially upper impacted canines.

The total treatment time can be delayed beyond our estimate. Lack of facial growth, poor elastic and/or headgear wear, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result.

Orthodontic appliances are composed of small parts attached together. They could be accidentally swallowed, aspirated or could irritate the mouth. Patients may inadvertently be scratched or poked during adjustments. Post adjustment tenderness is to be expected and may last a few days.

In some cases, restorative dentistry may be needed after orthodontic treatment, especially when the permanent teeth are the wrong size and/or shape.

Orthodontic appliances are selected to provide a specific therapeutic result. The type of appliance, construction and material content may vary. Some patients may have allergies to component materials that may result in adverse reactions and require alteration or cessation of orthodontic treatment with corresponding limits on success of therapy.

Let's make every effort to do it right. This will take cooperation from everyone – myself, our staff, your family and most of all, the patient.

If there is anything that is unclear or that you don't understand, please don't hesitate to ask the orthodontist.

I have read and understand the above and consent to treatment

Signature _____ Date _____

