



Your Orthodontic Treatment

smileteam
orthodontics

Introduction

The purpose of this brochure is to inform you about the course of events that may be expected during orthodontic treatment. It also discusses problems that may be encountered before, during and after treatment. Please read this brochure carefully noting any questions you may wish to discuss with the orthodontist prior to starting orthodontic treatment. As a rule, excellent orthodontic results can be achieved with informed and co-operative patients. The following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognising the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contra-indicate treatment, but should be considered in making the decision to have orthodontic treatment. Orthodontic treatment usually proceeds as planned, however, like all other healing arts, results cannot be guaranteed.

Typical Treatment Program

1. Orthodontic Examination and Records

At your first visit a complete orthodontic examination is carried out. If treatment is indicated a set of orthodontic records is obtained which may include digital models of the teeth, x-rays of the head and teeth and photographs. Based on the findings of that examination and study of the orthodontic records, the treatment plan is prepared. Depending on the severity of treatment, a treatment plan may be issued on the day, or an appointment will be made so that this plan may be discussed. Questions, if any, will be answered and financial arrangements discussed.



2. Dental Checkup

If it is agreed to proceed with the treatment plan, you must have a complete examination by your dentist, and any work indicated completed prior to starting orthodontic therapy. At this stage any extractions, if indicated, can be carried out. It is important that you maintain six (6) monthly 'checkups' with your family dentist during the period of orthodontic treatment.

3. Orthodontic Adjustments

Once the appliances are fitted you will be seen at four(4), six (6), eight (8) weekly intervals, for adjustments to the appliance and to check progress.

4. Oral Health Therapists

Oral Health Therapists possess qualifications in dental therapy and dental hygiene and have undertaken three years of University study and training. Oral Health Therapists have a strong preventative focus and are strongly committed to fostering positive attitudes to oral health.

Smile Team Oral Health Therapists will assist in providing the high quality of orthodontic care to all appointments. During your orthodontic journey the Oral Health Therapists will assist the orthodontist with different procedures, such as, removal of braces, the taking of impressions, repair appointments and removal of wires to name a few.



Questions

1. Will the treatment be uncomfortable?

Orthodontic treatment requires the use of appliances to move the teeth by applying gentle pressure or force. When such pressure is applied to the teeth, you may feel some tenderness after an interval of six to eight (6-8) hours. This is a normal reaction. This tenderness usually persists from 24-48 hours. The intensity and duration of the discomfort will vary with each patient. Panadol may need to be taken to relieve any discomfort.

2. Will I have to have teeth removed?

In some cases it is advisable to remove teeth as part of the orthodontic procedure. While no one likes to have teeth removed, if it will enhance the stability, aesthetics and functional results, removal will be recommended as part of the treatment plan.

3. How long will I need braces?

The normal period for treatment with full braces is generally about two years. This can vary considerably in some cases and is based on excellent co-operation.

4. What food can I eat?

There are no strict rules but generally, hard sticky foods are to be avoided. Carbonated soft drinks and health drinks are acidic and sugar loaded and need to be consumed in moderation.

Elastics

In addition to the braces, you may be supplied with small rubber bands and shown how to connect them to the braces for added force. If required, the elastics must be worn to move the teeth into the ideal position. Your orthodontist will inform you when to wear elastics.



Additional Records and X-rays

During the course of treatment additional x-rays may be needed to monitor the treatment progress. When the appliances are removed, x-rays are required to check the health of the supporting tissues.

Co-Operation

Generally, excellent orthodontic treatment results can be obtained with co-operative and informed patients. Successful treatment is a 'team effort' – the patient, the orthodontist and staff all working together.

To achieve the most successful result with the least amount of time and cost, you must do the following:

1. Keep regularly scheduled appointments.
2. Practice good oral hygiene.
3. Wear elastics as instructed.
4. Wear the retainers as instructed.
5. Inform the office immediately of any loose or broken appliances.
6. Maintain a proper diet.
7. Visit your family dentist every six (6) months.

A lack of co-operation in any of these areas could require a change in treatment plan and objectives and hamper the treatment process.



In extreme circumstances it could be necessary to discontinue orthodontic treatment. It is important to bear in mind that an incomplete result due to premature termination of treatment may leave you worse off than the original malocclusion and may result in future problems that may involve teeth, gums or severe orthodontic relapse of tooth positions. Therefore, the more ideal the treatment result can be achieved, the less likely are these prospects.

Please remember, co-operation in following the orthodontist's directions and recommendations are your responsibility. We will do our best to encourage you, but it is not possible for us to assume responsibility for seeing to it that you follow directions!

Retention Phase

This phase of treatment is just as important as the period of wearing braces. When the braces are removed you will be given retainers to wear. There are several different types of retainers – your orthodontist will recommend the type that is best for you. While the usual duration of supervised retention is two (2) years it is recommended that retainers are worn intermittently for the rest of your life.

The purpose of retainers is to guide (settle) the teeth into a better bite and then hold them in position while the bone, gum and muscles adapt to the new arrangement.

It would be nice if after retention has been discontinued we could count on no teeth movement, however, this is not the case. Teeth move throughout life.

Teeth shift with age. It all shifts with age!

As you get older your face will look different. A great deal of research has proven that just as your face changes and shifts with age, so will your teeth shift with age. This is true for everyone whether they've had their teeth straightened or not and is especially true for the lower front teeth.

So if you want your teeth to stay straight you must wear your retainers intermittently for the rest of your life. (Only the wearing of these retainers will succeed in the battle against ageing of the teeth). The reality is that most people are not willing to wear retainers for the rest of their life and people just accept ageing of their teeth.

Potential Problems

Before embarking on a program of orthodontic treatment, it is advisable that the patient and/or parents be made aware of the following potential problems:

1. Cavities or Dental Decay and Decalcification

Orthodontic appliances do not cause cavities, but because of their presence, food particles are retained more readily and the cavity potential is thereby increased. The retained food may also lead to swollen gums.

Permanent white lines (decalcification) that are sometimes visible when braces are removed are usually found between the metal band or direct bond bracket margins and the gum lines and signal the early stage of cavity formation.

These problems can be prevented with proper diet, good tooth brushing habits, good oral hygiene practices and regular check-up appointments with the family dentist.

It is important to brush teeth immediately after eating and practice proper techniques of brushing with braces. If brushing is not possible at a given time, take several mouthfuls of water and rinse thoroughly.

Remember decalcification (permanent markings), decay, or gum disease can occur if you do not brush your teeth properly and thoroughly during the treatment period. Excellent oral hygiene and plaque removal is a must. Sugars, sweets and snack foods should be avoided. Ideally, avoiding between meal snacking to allow the teeth to remineralise.

You will be provided with an Oral Health Care pack at the start of your treatment. We recommend that you use all the products to keep your oral hygiene at its optimum.

2. Swollen Gums & Periodontal Problems

In some areas of the mouth the braces may contact the gum tissue. This is usually not a problem, but if you do not brush well in the area, the gum tissue may become swollen. It is necessary that the gums and teeth be brushed and cleaned thoroughly after eating to keep them healthy. You should call the office if the problem persists or gets worse.

We do know that some individuals are more prone to developing gum problems than others. Factors that can contribute to this problem are inadequate oral hygiene, accumulation of plaque and debris around teeth and gums, incorrect brushing procedures and the general health of the patient.



Periodontal disease is cyclic in that it may remain quiescent for long periods of time and then flare up in to an active state for no apparent reason.

If the flare up occurs during the course of orthodontic treatment, it may be difficult or even impossible to control the degree of bone loss and teeth could be lost. This is not usually the case, but it can happen.

Your orthodontist may recommend at any time that you see a periodontist for evaluation of various conditions. In extreme cases, particularly in adults, the orthodontist may request that the patient remain on recall with the periodontist during the entire course of orthodontic therapy.

Shrinkage or recession of the gum tissue around the teeth may occur during treatment. This can be the result of inadequate tooth brushing technique and inflammation. It is usually minor and can be managed by modification of tooth brushing techniques. If it is severe, referral to a periodontist may be necessary to avoid the loss of affected teeth.

3. Root Resorption

This condition is a blunting of the root tips which may occur to varying degrees during orthodontic treatment, but is usually mild and does not affect the health

or longevity of the teeth. The upper incisors (front teeth) are most commonly involved. There have been instances where all of the teeth are involved and an excessive amount of resorption has occurred. If there is an associated periodontal (gum) disease in later years the longevity of the teeth can be threatened. It is difficult, if not impossible, to predict who is susceptible to root resorption.

Many patients have root resorption prior to orthodontic treatment. The incidence seems to increase with prolonged treatment. This emphasises the importance of patient co-operation. It is important to complete the treatment as soon as possible.

It should be noted that not all root resorption arises from orthodontic treatment. Trauma, impaction of adjacent teeth, endocrine disorders, drugs or idiopathic (unknown) reasons can also cause resorption.

4. Loss of Tooth Vitality

Discolouration and/or loss of tooth vitality is rarely related to orthodontic treatment, but may occur during the treatment. An undetected non-vital tooth, whether caused by a sharp blow in the past, small fracture lines, or from deep decay, may 'flare-up' during treatment.

Endodontic (root canal) treatment is then necessary to maintain the health of the involved tooth. Usually a tooth treated with a root canal filling can be moved orthodontically. A discoloured tooth may need to be bleached to restore a more natural colour.

5. Impacted Teeth

Teeth which stay partially or completely under the gum are called 'impacted'. Most teeth become impacted as a result of what is known as 'ectopic' (misdirected) eruption pattern due to crowding of teeth or just an accident of nature. On occasion orthodontic movement of teeth may cause an unerupted tooth to become

impacted. The treatment of an impacted tooth depends on the cause and the relative importance of the tooth.

The most commonly found impacted teeth are the third molars or 'wisdom teeth'. In most instances these teeth do not erupt into place due to insufficient room in the jaws. The orthodontist may request that these teeth be extracted if they are impacted or when these teeth have erupted close enough to the surface to facilitate extraction. Occasionally impacted wisdom teeth will have to be extracted at a very early age if they are causing damage to adjacent teeth or are blocking the eruption path of the other teeth.

If it is decided to move the impacted tooth into correct alignment by orthodontic means, it will require the aid of an oral surgeon or periodontist to expose the impacted tooth, to which an attachment is secured. This will provide a 'handle' from which a force is applied, gradually moving and guiding the tooth into position.

The length of time required to move an impacted tooth can vary considerably. Factors include the difficulty of diagnosing the exact angle and position of the tooth, physical or mechanical limitations to pull the tooth in the desired direction, or because of the nature and the amount of bone and gum tissue present in the site to which the tooth is to be moved. In some cases an impacted tooth may be ankylosed or fused to the surrounding bone. In these cases the tooth cannot



be moved and will need to be extracted. These are not readily predictable factors, therefore, a time of treatment estimates could be inaccurate! The roots of adjacent teeth are sometimes damaged by the presence of an impacted tooth or movement of the impacted tooth.

6. Injuries from Appliances

a. Braces

Consistent with effectiveness and comfort, braces devices have been developed with safety in mind. Nevertheless all precautions should be followed to prevent breakages. There is no foolproof braces device if you are careless while wearing the appliances.

b. Removable Appliances

When wearing removable appliances, such as a retainer, reasonable judgement must be used. You must not wear it if there is a chance of its being dislodged, for example, while swimming. If the appliance breaks, do not wear the broken parts. Call the office immediately so that the appliance may be repaired or a new one made if needed.

c. Mouthguard

It is recommended that a mouthguard be worn while playing any contact sporting activity.

7. Injuries During Actual Treatment Procedures

When sharp instruments are used or placed in the mouth, it is possible that you may be inadvertently scratched or poked, especially if you move at a critical time during the procedure.

It is possible for a foreign object to fall in the back of the mouth and be swallowed or inhaled.

Although great care is used in placing and removing the braces or bonded attachments, teeth previously

weakened by cracks in the enamel, undetected cavities, or weak fillings may be damaged.

8. Jaw Joint Pain and /or Clicking

Jaw joint (temporo mandibular joint, or 'TMJ') pain or clicking may occur at any time during one's life. Usually a combination of factors is involved in causing this problem. A history of jaw injury or emotional stress is common. It is more common in females in the late teens or early twenties, and in the later forties. In most instances jaw muscle spasms are the cause of the pain. In some cases actual joint pathology such as arthritis may be present. The emotional state of a person predisposed to the problem has a direct relationship to joint pain. Therefore, the pain and/or clicking may fluctuate with the emotional state of the individual. Treatment of the problem may take several courses and can be very simple or become quite complex. Jaw joint pain may be treated as a medical disorder and not necessarily a dental disorder.

Although, as stated above, there are many factors which can cause TMJ problems, interferences in the bite may be only one of the factors involved. Orthodontic therapy alone cannot create a total interference free bite as there are too many factors beyond the control of the orthodontist.

Most TMJ problems cannot be solved by 'fixing the bite'. Many different conditions mimic TMJ symptoms and a careful diagnosis must be made to determine what treatment is appropriate. **Some people think that TMJ problems are all 'bite' related and this is simply not so.**

9. Tooth Attrition and Enamel Loss

Attrition of the biting surfaces of the teeth is mostly found in adult patients. It is usually due to the patient grinding or clenching their teeth causing excessive wear of the enamel on the biting surfaces.

Tooth interferences during jaw movements can also contribute to tooth wear. The patient unconsciously tries to eliminate the interferences by 'working' the teeth as in the case of a 'high filling' and thus grind and/or clenches the teeth wearing the biting surfaces down.

10. Relapse Tendencies

The term relapse, as used here usually describes a movement of the teeth back toward their original positions after the braces have been removed. It is probable that all patients will experience at least some movement of the teeth once the braces have been removed. It is difficult to determine how much tooth movement will occur, and in most cases retainers can be used to reduce the relapse tendency.

- a. Lack of patient co-operation during the period of wearing braces. Experience seems to indicate that the more ideal the end result, the less likely the chances of relapse.
- b. Lack of co-operation in wearing retainers. This is especially true in the early months of retention.
- c. The more severe the original malocclusion, the greater the relapse tendency. When a tooth is severely rotated the gum fibres will tend to pull it back toward the rotated position. Therefore, in many cases, fibre transection (fibrotomy) will be recommended as part of the retention process.
- d. Occasionally a person who has grown normally and in average proportion may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control. The treatment of relapse due to growth depends on the degree of relapse. In some instances, it may be necessary to reband all of the teeth, once the growth is completed.



Conclusion

The intent of this brochure is to inform you of potential problems that exist for the patient undergoing orthodontic treatment. Many of the problems or conditions mentioned in this brochure occur only occasionally or rarely. There may be other inherent risks not discussed in this brochure. The point is that you should be aware that these things can happen.

If this should occur, every effort will be made to treat the condition or conditions that develop and/or refer you to the appropriate therapist. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements.

This brochure attempts to inform the patient and/or parents of the general procedures and potential difficulties and problems associated with orthodontic treatment. Because each patient differs, a brochure such as this can only generalise. Patients should feel free to enquire about any aspect of their treatment. Understanding and co-operation are absolutely essential for the results that both the patient and the orthodontist seek.



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