

## POTENTIAL RISKS AND LIMITATIONS OF ORTHODONTIC TREATMENT

To all our dear patients who undergo 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 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 contraindicate treatment, but should be considered in making the decision to wear orthodontic appliances. Please feel free to ask questions about this at the pre-treatment consultation.

Decalcification (permanent markings), dental decay, or gum disease can occur if 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 meals should be eliminated completely.

Teeth have tendency to rebound towards their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. After band removal a positioner or retainers may be placed to minimise relapse. Full cooperation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over-correct in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible.

A non-vital or dead tooth is a possibility. A tooth that has been traumatized from a deep filling or an undetected non-vital tooth may flare up during orthodontic movement requiring endodontic (root canal) treatment to maintain it.

In some cases the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption could reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatments. Trauma, impaction, endocrine disorders or idiopathic reasons can also cause root resorption.

There is also a risk that problems may occur in the temporo-mandibular joints (TMJ). Although this rare, it is a possibility. Tooth alignment or bite correction can improve tooth related causes of TMJ pain but not in all cases. Tension appears to play a role in the frequency and severity of joint pains.

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 objective may have to be compromised. Skeletal growth disharmony is a biological process beyond the dentist's control.

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

So please, lets make every effort to do it right. This takes cooperation from everyone includes Dentist carrying out the orthodontic treatment, our staff, your family and most of all YOU the patient.

Please sign below saying you have read and understood the above information and advise and had the opportunity to ask questions and have had them answered by Dentist with Special Interest in Orthodontics Dr

Patient Name & Signature:

Date: