

PARK DENTAL
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CONSENT FOR ORTHODONTIC TREATMENT
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POTENTIAL RISKS AND LIMITATIONS OF ORTHODONTIC TREATMENT

Orthodontic plays an important role in improving overall oral health, and in achieving balance and harmony between the teeth and face for a beautiful, healthy smile. An attractive smile enhances one's self esteem, which may actually improve the quality of life itself. Properly aligned teeth are easier to brush, and thereby may decrease the tendency to decay, or to develop diseases of the gum and supporting bone.

Orthodontic treatment is not an exact science. Like any treatment of the human body, there are some risks and limitations involved and results cannot be guaranteed. Fortunately, in orthodontics, the complications are infrequent and when they do occur are usually of minor consequence. Excellent orthodontic results can only be obtained with cooperative and informed patients and parents. Please take time to consider the conditions, risks, and limitations of treatment before you proceed.

1. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene. The health of the bone and the gums may be affected by orthodontics if the condition already exists, and in some rare cases, where a condition does not appear to exist. In general, orthodontic treatment lessens the possibility of bone and gum infection that can result from improper care of misaligned teeth.

A tooth that has been previously injured by a traumatic blow or large filling may have had damage to its blood supply and nerve. In rare instances, when it is moved with orthodontic appliances, it may require root canal therapy. Sometimes these teeth undergo a slight change of color.

2. Cavities and permanent markings, such as white lines or spots on the teeth, can occur if patients do not brush properly, or if they fail to see their general dentist regularly. These same problems can occur without orthodontic treatment, but the risk is greater with braces.

3. Teeth have a tendency to return toward their original position after treatment. Usually this is only minor. The lower front teeth are common sites for this and you should expect some changes in your teeth. Faithful wearing of retainers reduce this tendency. Throughout life, the bite can change adversely due to the eruption of wisdom teeth, growth and/or maturational changes, mouth breathing and other oral habits that are out of the control of the orthodontist.

4. When using any appliance in the mouth there is some risk of mouth irritation, associated discomfort and swallowing/aspiration of appliances. Mouth irritation and discomfort are often part of the initial adjustment period and usually pass within a few days. Fortunately, the other above items are rare.

5. The total time required to complete treatment may be shorter or longer than estimated. Lack of growth, poor cooperation with headgear, appliances and elastic wear, broken appliances, and missed appointments are important factors that can prolong treatment and affect the quality of the result.

6. Many people have a "click" or other noise in the jaw joints just in front of the ears. Frequently, they have no other symptoms, such as pain, headache, or limitations of motion. In other cases, the click or noise is an early stage of a developing Temporomandibular Joint (TMJ) problem. With the increased complexity of our society and the heightened stress that accompanies daily life, TM problems may develop at any time. Any of the above noted symptoms should be reported to your orthodontist.

Clenching of the jaws and grinding of the teeth are capable of overloading the TMJs. Prolonged overloading of the TMJs can cause muscle spasm and damage to the jaw joints. If you believe you clench or grind, please advise your orthodontist.

If you have ever received a blow to the chin or been in an accident that caused “whiplash”, it is possible that you incurred an injury to your TMJs. Lack of signs or symptoms does not guarantee that the TMJs are healthy.

7. Occasionally, the length of the roots of some teeth may be shortened during orthodontic treatment. Usually this is of no consequence but, on rare occasions, it may require ending active treatment early to avoid excessive loss of tooth root.

8. Sometimes oral surgery or tooth removal is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. You should discuss the risks of this with your dentist or oral surgeon before making your decision to proceed with the surgery.

9. Patients are advised not wear their headgear during times of horseplay or competitive activity. Although our headgears are equipped with a break-away safety feature, we urge caution at all times.

10. Unusual formation of teeth or insufficient or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during or after treatment, or a tooth forms very late, the bite may change, requiring additional treatments or oral surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontist’s control. Growth changes that occur after active orthodontic treatment may alter the quality of treatment results.

11. A method to avoid the extraction of teeth in some cases of slight to moderate crowding has been developed. It involves reducing the size of each tooth using abrasive strips, discs or burs to remove slight amounts of enamel between teeth. In rare cases the teeth may be temporarily sensitive to hot and cold.

12. There is a precise relationship between the size of the upper and lower front teeth that is necessary to achieve an excellent fit of the teeth without spacing and crowding. Sometimes it is necessary to reduce or increase the size of certain teeth to obtain the ideal “fit” (method described in #11). Reduction is done by removing very small amounts of enamel between the teeth. If an increase in size is necessary we may request that your dentist bond “synthetic enamel” to a tooth or teeth. The upper lateral incisors (the teeth next to the two front ones) are the most common teeth for enlarging, since they are the most variable in size.

13. Ceramic brackets are very hard and they have certain additional risks including bracket breakage, wearing of teeth that contact the ceramic material, and enamel/tooth flaking or fracture upon removal. Fractured brackets may result in sharp remnants which might be harmful to the patient if swallowed/aspirated.

If you have questions at any time about any of these items, please do not hesitate to ask.

I allow the use of diagnostic records for educational purposes.

I have read, understood, and have had my questions regarding the risk and limitations of orthodontic treatment answered. I have been alerted to conditions that do or may not exist, and have had materials and treatment alternatives explained to me. PLEASE PROCEED WITH ORTHODONTIC TREATMENT.

Date

Patient’s Name

Signature of Patient or Parent/Guardian (if minor)

Date

Witness