# Patient Information and Consent to Begin Orthodontic Treatment

While recognizing the benefits of a pleasing smile and healthy teeth, please be aware that orthodontic treatment, like any treatment of the body, has potential risks and limitations. Achieving perfection is not always possible, in dealing with human beings, growth and development and patient cooperation, even though we strive for "perfection." Often, a functionally and esthetically adequate result must be accepted.

The possible risks associated with orthodontic treatment are not limited to this list, but the following are those considered to be the most common at the start of treatment. All efforts will be made to detect and limit any such damage:

√ **Tooth decalcification:** Bacterial plaque and food particles around the appliances cause decay, not orthodontic appliances themselves. If a patient does not control plaque well throughout treatment, cavities or scarring of the teeth can result (softening of dental enamel with resultant white or brown spots or streaks). These marks are permanent and can only be corrected by placing dental fillings or porcelain restorations. In cases of prolonged neglect, or in patients susceptible to dental decay, the decalcification can break through the tooth enamel, resulting in the need for restorative treatment (fillings or crowns).

√ **Gingival (gum) recession, bone loss, periodontal disease:** Orthodontic appliances can compromise a patient's ability to clean the teeth and gums properly. Additional effort is required by the patient to maintain the teeth, gums and supporting bone throughout treatment. Failure to do this can result in gingivitis (inflammation/redness/bleeding of gums), gingival recession (receding gums) and/or periodontitis (permanent loss of bone due to inflammation). In extreme cases, referral to periodontal specialist for periodontal treatment (including surgery) during or after orthodontic treatment, may be needed, and bone loss could lead to tooth loss. Should periodontal disease not be controllable, orthodontic treatment would have to be discontinued short of its completion. This is a rare situation and usually only occurs in patients who began treatment with pre-existing tendencies for periodontal problems. Follow our instructions for cleaning both teeth and appliances after each meal, as well as the use of prescription-strength fluoride rinses, in order to negate or minimize these risks. If hygiene visits are performed in this office, they must be maintained every 4 months. If check-ups and cleanings are performed elsewhere, you must continue to have cleanings with your dentist at least twice a year (although we recommend every 4 months).

√ **Root resorption** is a condition in which the roots of the teeth shorten, giving less support to these teeth. It can be caused by trauma, impaction or endocrine disorders, and is sometimes seen in orthodontic treatment. Since there is no method to predict which cases will have noticeable root resorption, progress x-rays may be recommended during treatment to evaluate the condition of the tooth roots. Failure by the patient to allow such screening x-rays will not allow the detection of the problem early in treatment, and eliminate the chance to change the treatment objectives and treatment plan, to reduce the potential damage to the teeth.

Under healthy circumstances, resorption is no disadvantage, but in the event of periodontal (gum) disease in later life, it may be a factor in the prognosis of affected teeth. If root resorption occurs, it may be necessary to discontinue treatment early to preserve the affected tooth or teeth.

√ **Non-vital teeth**, in which the nerve tissues have died, are usually the result of decay or other injury, and rarely due to orthodontics. A tooth in which the nerve is unhealthy but asymptomatic (not painful) may "flare up" during orthodontic movement. It may become infected or undergo internal resorption, and it may require root canal treatment and a crown.

√ **Temporomandibular Joint (TMJ) problems** (involving the jaw joints) may occur during or following orthodontic treatment, although many people who have never had orthodontic treatment have TMJ problems. Stress and insufficient airway space during sleep appear to play a role in both frequency and severity of such problems. Orthodontic treatment can improve tooth-related causes of joint problems, but not in all cases. However, any previous symptoms may stay the same or even get worse, since the damage already has been done. This is more likely if the problem has been of long duration, even though the patient may not have been aware of it. If this problem should occur, further treatment by a TMJ specialist may be necessary. We always consider optimal temporomandibular health and function in our treatment plan.

√ **Poorly-angled front teeth:** Due to skeletal resistance, unexpected growth during treatment or significantly tapered-shaped front teeth, it is possible for the front teeth to finish in a retruded position (angled toward the back of the mouth). This will tend to occur most severely in patients who refuse surgical assistance in the correction of malocclusion. Significantly tapered front teeth may finish treatment with the appearance of minor spacing between teeth, due to the triangular shapes of space created when the teeth are properly angled in the jaw. Dental restorations, such as bonding or porcelain veneers, may be needed in order to achieve an esthetically beautiful result.

√ **Incomplete bite correction** can result due to a lack of patient compliance with recommended treatment and/or the inherent skeletal resistance of the malocclusion.

√ **Open contacts after orthodontics:** Spaces between teeth must be made to fit the orthodontic bands. After treatment, almost all of these spaces close either spontaneously or by the proper wearing of orthodontic retainers. In some cases spaces open, and in some cases spaces fail to close. The usual treatment for these situations is to place a filling or a crown to prevent food from packing into the space; such treatment would be the patient's financial responsibility.

√ **Surgery** may be a part of the treatment plan, including but not limited to, tooth extraction, frenectomy, gingival grafting, corticotomy, fiberotomy, and orthognathic (jaw) surgery. The usual risks associated with dental surgery include: excessive bleeding, loss of gingival flaps with exposed bone and delayed healing, damage to the teeth, nerve damage, and loss of tooth-nerve vitality.

√ **Treatment time estimate/Change in treatment plan:** Occasionally, a person who has grown normally and in average proportion may not continue to do so, or original growth problems may become exaggerated. If growth becomes disproportional or the lower jaw re-positions itself in an unfavorable manner, our original treatment objectives may have to be altered or compromised. Total treatment time can be extended beyond our estimate by lack of, or excessive, facial growth. Skeletal growth disharmony is a biological process, beyond treatment control. A combination of orthodontic-surgical approach may be required to properly solve the problem.

Treatment time can also be extended by inadequate cooperation in the wearing of elastics, removable appliances and headgears. Also, broken appliances and missed appointments delay treatment completion. These important factors will affect the quality of the result as well. Lack of cooperation may necessitate premature appliance removal, short of the desired end result.

Although the best effort is made to make the most complete diagnosis and the most accurate treatment decision, it is possible that changes in the treatment plan may be required during treatment, in order to reach the listed treatment goals. If consent is not given for the recommended treatment, even if not included in the initial treatment plan, the dentist cannot be held responsible to reach the listed treatment goals.

√ **Additional orthodontics due to maturation:** Growth may continue **after** the completion of active orthodontic treatment, disrupting the final treatment occlusion ("bite") and/or esthetics. In severe cases, retreatment, with additional fee, may be necessary to re-establish the correct bite after growth is completed. In Class III malocclusions (lower jaw growing more than expected), the severity can be such that surgery to the jaws may be required to correct the bite.

√ **Other potential problems and risks:**

- When sharp instruments are used or placed in the mouth, it is possible that the patient may be inadvertently scratched or poked, especially if the patient moves at a critical time during the procedure.
- It is possible for a foreign object to fall in the back of the mouth, and if it is far enough back or if the patient reflexes at that instant, the object may be swallowed or inhaled. Great care is used in placing and removing the braces and attachments.
- Teeth previously weakened by tiny cracks in the enamel, undetected cavities, or weak fillings may be damaged during the placement or removal of the braces. Fracture of porcelain restorations is possible with the removal of braces, especially tooth-colored brackets.
- Teeth which stay partially or completely under the gums are called "**impacted**." This is usually due to an ectopic (out of place) eruption pattern. On occasion, orthodontic movement of teeth may cause an unerupted tooth to become impacted, requiring additional treatment.
- Extra-oral (external) appliance instructions must be followed carefully. A **facebow or headgear** that is pulled outward while the elastic force is still attached can snap back and cause injury to the face, eyes, or mouth. Be sure to release the elastic force before removing the appliance from the teeth.
- Allergic reactions to some of the materials used during treatment have occurred on very rare occasions.
- Ankylosed teeth, in which the roots are fused to the surrounding bone, may be present and will not move under normal circumstances.

√ **Relapse:** Nothing lasts forever, including the orthodontic results that are achieved. Orthodontic treatment is undertaken to improve overall oral health and to make the bite as normal as possible, given the clinical circumstances. However, **throughout life, tooth position is constantly changing**. Post-orthodontic patients are subject to these same changes that occur in non-orthodontic patients. Severe problems and rotated teeth have a greater tendency to relapse. These are factors that treatment cannot control:

- The direction and amount of growth remaining in the jaws
- The size and/or relationship of jaws to each other and to the rest of the face
- The soft tissue and bony support for the teeth
- The size and shape of teeth and restorations existing in teeth
- Any oral habits, including tongue position
- The patient's cooperation during treatment and during retention.

All of these factors have the potential to affect the stability of the finished orthodontic result. Because all tissues in the body change with the aging process, including the position of teeth and jaws, we may advise wearing retainers indefinitely to minimize the affect of age-related changes.

**Non-specialist:** The doctor is not a specialist in orthodontics, although she/he has a special interest and extensive training in this part of the profession. The complexity level of all cases is carefully considered before accepting any case for treatment. The patient is offered referral to a specialist, and requests the treatment from this dentist instead, understanding her/his training to be different from the specialists'.

**Fees** for surgical procedures (whether at New Orleans Dental Center or at a specialist's office) and dental restorations, including replacement or repair of existing restorations, restorations to close post-orthodontic spaces and restorations to improve the patient's post-orthodontic esthetic result, are not included in the orthodontic treatment fee. In rare cases, a crown or bridge might dislodge during orthodontic treatment and be unable to be recemented due to changes in the bite. Replacements of these restorations are also the patient's financial responsibility.

**Photographs** of the teeth and face before, during and after orthodontic treatment are used in diagnosis, progress evaluation, and possibly for the educational viewing by other dentists or to describe treatment effectiveness to other patients. Your signature at the close of this letter indicates your permission for the above.

**We consider it a privilege to have you in our practice and encourage you to ask questions any time.**

I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CONSENT FORM. THE GOALS, LIMITATIONS AND TREATMENT ALTERNATIVES AND RISKS HAVE BEEN PRESENTED TO ME, AND I/WE REQUEST TREATMENT AS SUGGESTED. I/WE AGREE TO ABIDE BY THE RECOMMENDATIONS THEREIN, AND UNDERSTAND THAT ADDITIONAL TREATMENT TIME AND EXPENSE MAY BE THE RESULT OF NON-COMPLIANCE WITH THE RECOMMENDATIONS.

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| Patient's Printed Name | Patient's Signature |
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| Parent's/Guardian's Printed Name | Parent's/Guardian's Signature |
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| Date | Staff Signature |