Informed Consent for the orthodontic patient

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature facial structure. An orthodontist is a dental specialist who has completed at least two additional years of advanced graduate training in orthodontics at an accredited program after graduation from dental school.

Successful orthodontic treatment is a partnership between the orthodontist and the patient. Our doctors and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients achieve the most positive orthodontic results in a timely manner. While recognizing the benefits of a healthy beautiful smile, you should also be aware that orthodontic treatment has limitations and potential risks, as with all medical treatment. These are seldom serious enough to indicate that you should not have treatment, however all patients should consider the option of no orthodontic treatment and accept their present oral condition. Alternatives to orthodontic treatment vary with the individual’s specific problem, and prosthetic or limited orthodontic treatment may be considered. You are encouraged to discuss alternatives with our doctors prior to beginning treatment.

Results of Treatment
Orthodontic treatment usually proceeds as planned, and we will do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist’s instructions carefully.

Length of Treatment
Length of treatment depends on a number of issues, including the severity of the problem, the patient’s growth and the level of patient cooperation. Actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if unanticipated growth occurs, if there are habits affecting the oral structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort
The mouth is very sensitive so you can expect some temporary discomfort due to the placement of orthodontic appliances. Nonprescription pain medication can be used during this adjustment period.

Relapse
Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions
Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.
**Orthognathic Surgery**

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with jaw surgery. There are additional risks associated with this surgery which you should discuss with your oral-maxillofacial surgeon prior to beginning orthodontic treatment.

Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment.

**Decalcification and Dental Caries**

Excellent oral hygiene is essential during orthodontic treatment. General dental exams and cleanings are not performed in our office and we strongly recommend that all patients undergoing orthodontic treatment continue to regularly visit their family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal (gum) disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other orthodontics appliances.

**Root Resorption**

The roots of some patients’ teeth may become shorter during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. Many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of treatment.

**Nerve Damage**

A tooth that has been traumatized by an accident or deep decay may have damage to the nerve. Although unlikely, orthodontic tooth movement may aggravate this condition. In some cases root canal treatment or extraction may be necessary.

**Periodontal Disease**

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, often due to the lack of adequate oral hygiene. A general dentist or a periodontist should monitor your periodontal health during orthodontic treatment. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

**Injury From Orthodontic Appliances**

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed.

Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth by your dentist may be necessary.

**Headgears**

Orthodontic headgears can cause injury to the patient, including damage to the face or eyes. In the event of injury, especially an eye injury, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sporting activities and games should be avoided when wearing orthodontic headgear.

**Temporomandibular Joint (TMJ) Dysfunction**

Problems may occur in the temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma, arthritis, hereditary TMJ problems, excessive tooth grinding or clenching, poorly balanced bite, and many other medical conditions. Joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

**Impacted, Ankylosed, Unerupted Teeth**

During development teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. These are genetic conditions and often occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.
Occlusal Adjustment
You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a method used to fine-tune the occlusion (bite). It may also be necessary to remove a small amount of enamel in between the teeth, thereby “flattening” surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results
Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns, veneers, bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars
As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

Allergies
Occasionally, some patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuation of treatment prior to completion. Any known patient allergies should be disclosed to the orthodontist prior to beginning treatment. Although very uncommon, medical management of dental material allergies may be necessary.

General Health Problems
General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can negatively affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

Use of Tobacco Products
Smoking or chewing tobacco has been shown to increase the risk of periodontal (gum) disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

Temporary Anchorage Devices
Your treatment may include the use of a temporary anchorage device (TAD). These are titanium screws or plates that are attached to the bone to aid in tooth movement. TADs, like other orthodontic appliances, are designed to be biocompatible with the oral environment, however there are specific associated risks.

It is possible that the screw(s) could become loose which would require removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary. It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses. It is possible that the screws could break upon insertion or removal. If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the device(s), damage to the tooth root and nerve is possible, as well as perforation of the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

Please address any questions or concerns regarding this informed consent with your orthodontist before beginning orthodontic treatment.

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