Potential Risks and Limitations of Orthodontic Treatment

All forms of medical and dental treatment, including orthodontics, have some inherent risks and limitations. They should be considered when making the decision to undergo orthodontic treatment. Some drawbacks are as follow:

PATIENT COOPERATION – THE MOST IMPORTANT FACTOR IN COMPLETING THE TREATMENT ON TIME.
Perfection is always our goal, however, insufficient wearing of appliances (headgear, elastics, removable braces), broken appliances, broken or missed appointments, and poor oral hygiene, all contribute to increasing treatment time and compromise treatment results.

DECALCIFICATIONS – TOOTH DISCOLORATION.
Orthodontic appliances do not cause cavities, but because of their presence, food particles are retained more readily and the cavity potential is thereby increased. White marks, or signs of decay, can be prevented with proper diet, good tooth brushing habits and regular dental checkups. For this reason daily fluoride rinses are also recommended to help prevent these problems. Furthermore, a loose band or bracket greatly increases the potential of a cavity forming and should be reported as soon as possible.

PERIODONTAL PROBLEMS – SWOLLEN, BLEEDING GUMS AND PERIODONTAL DISEASE.
Swollen, inflamed and bleeding gums can be controlled or prevented by flossing and brushing of the teeth and gums. Accumulated bacterial plaque tends to irritate the gums and must be removed. If the health of the gums is not controlled by proper home care, it may be necessary to consult a gum specialist or periodontist. In rare cases (usually adults with pre-existing periodontal disease) it may be necessary to discontinue treatment until the gums return to a healthy state.

ROOT RESORPTION – SHORTENING OF ROOT ENDS.
The roots of teeth can become shorter with or without orthodontic treatment. Under healthy conditions the shortened roots usually are not a problem. However, excessive shortening could curtail treatment and there is a possibility of losing such teeth.

NONVITAL TOOTH – USUALLY RESULT FROM A PREVIOUS INJURY TO THE TOOTH.
The nerve of an injured tooth can die over a period of time with or without orthodontic treatment. This tooth could flare up or become discolored during treatment and would then require root canal treatment to save it. Orthodontic movement of the tooth would stop until the root canal treatment is completed. Devitalization is seldom due to orthodontics.

IMPACTED TEETH – TEETH UNABLE TO ERUPT NORMALLY.
The cuspid tooth, for example, is a commonly impacted tooth. More involved orthodontic treatment is needed to successfully move an impacted tooth into proper position. Additional information about this topic will be provided if necessary.

INJURIES FROM APPLIANCES – ALLERGIES AND SKIN ABRASION OR SCRATCHES FROM THE METAL PARTS OF BRACES OR WIRES.
Allergic reactions to dental material are rare, but do occur. Abrasions or scratches from the braces or wires can occur, which are usually not serious. Minor irritations are common at first. Most of these are very manageable by the patient or with an adjustment by the orthodontist. However, all precautions must be taken to avoid broken and dismounted braces, as well as, the more serious problems related to braces that fit outside the mouth. For example, a serious injury could result from a headgear appliance being pulled out of the mouth while it is still attached around the head.

INJURIES DURING ACTUAL TREATMENT PROCEDURES.
The patient could inadvertently be scratched or poked by instruments used in the mouth, especially if the patient moves at a critical time during the procedure. Swallowing part of the brace, chipping a tooth, or dislodging a restoration are unusual occurrences but can happen.

TEMPORO-MANDIBULAR JOINT DISORDERS – TMJ AND/OR CLICKING.
Symptoms may develop, or a pre-existing condition may worsen during orthodontic treatment or at any time during one’s life. Tooth position or bite can be a factor. However, TMJ problems are not at all bite related. If a disorder occurs, it may be necessary to consult a TMJ specialist.

GROWTH PATTERNS – JAW GROWTH OCCURRING DURING AND AFTER ORTHODONTIC TREATMENT.
Occasionally, a person’s normal jaw growth becomes uneven. As a result, the upper and lower jaws may not relate properly to each other and to the rest of the face. Skeletal growth disharmony is a biological process beyond the orthodontist’s control and is not always predictable. This change may require additional orthodontic treatment sometimes in conjunction with oral surgery.

ORTHOGNATHIC OR ORTHODONTIC SURGERY – JAW SURGERY TO ESTABLISH PROPER JAW/FACE RELATIONSHIPS.
Patients requiring this procedure will need pre-surgical and post-surgical orthodontics. The surgical procedure is an operation performed in the hospital by an oral surgeon. All aspects of this procedure would be discussed in detail prior to any treatment.

RELAPSE – SHIFTING OF TEETH FOLLOWING TREATMENT.
Some minor shifting of teeth following treatment will probably occur. The lower front teeth are the most common teeth to shift. Relapse can be minimized if retainers are worn indefinitely as prescribed.

DENTAL CHECK-UPS.
All necessary dental work must be completed prior to starting orthodontic treatment. It is important that the patient maintain regular dental exams during orthodontic treatment as prescribed by his or her dentist.

Our intent is to inform you of some of the many potential problems that exist. There may be other inherent risks not mentioned. Every effort will be made to avoid any possible complications. By proper understanding and good cooperation, you can help us avoid any problems. Additional detailed information or explanation is available from Dr. LeBlanc.

Please sign this sheet after you have read and understood the above and consent to treatment.

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