

Informed Consent for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

An **orthodontist** is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited university after graduation from dental school.

Successful orthodontic treatment involves a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of not pursuing treatment and by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

RESULTS of TREATMENT

Orthodontic treatment usually proceeds as planned, and we intend to 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. Much of the success of treatment depends on patient cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the doctor's instructions carefully. Understand that the goal of orthodontics is to improve the appearance of teeth from about 3 feet away. You must accept that from up close there will always remain imperfections which I, the orthodontist, understand these imperfections can be dark triangulations between the teeth to complex philosophical differences dentists believe are appropriate such as but not limited to Cr-Co bite discrepancies, canine function and balancing interferences.

LENGTH of TREATMENT

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, you must be realistically prepared to have changes in the original treatment time, which is necessary in about 50% of cases. If treatment time is extended beyond the original estimate, additional fees may be assessed.

DISCOMFORT

The mouth is very sensitive to changes and the introduction of orthodontic appliances means that you must expect a period of adjustment. There may be some occasional discomfort associated with orthodontic treatment. This can usually be resolved by using a simple, over-the-counter pain medication.

ORTHOGNATHIC SURGERY

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. **There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment.** Orthodontics affects the teeth and part of the jaw that houses the teeth; it does not affect the jaw themselves. 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 procedure may have a malocclusion that is worse than when they began treatment!**

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.**

DECALCIFICATIONS and DENTAL CARIES

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Poor hygiene may result in cavities, decalcification, discolored teeth and/or periodontal (gum) disease. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient often consumes sweetened beverages or foods.

ROOT RESORPTION

The roots of some patient's teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, 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 orthodontic treatment.

NERVE DAMAGE

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth may be lost.

PERIODONTAL DISEASE

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion. Please note that the gums can lose their shape after prolonged inflammation and swelling. The gums will sometimes not have a nice appearance and may need to be reshaped by a periodontist at an additional cost to you. The results are not always guaranteed. Prevention is always best.

INJURY FROM ORTHODONTIC APPLIANCES

Orthodontic appliances are not toys. **All patients must avoid activities and foods which might loosen or dislodge parts which could be swallowed or inhaled.** 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 resorption occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

HEADGEARS

Orthodontic headgears may be dangerous. Possible problems include injury to the face or eyes if used incorrectly. Always remove the elastic force before removing the headgear from the mouth to prevent it from springing back. A headgear should never be worn when there is a chance that it could be bumped or pulled off. This includes many sporting activities, especially contact sports. Don't engage in horseplay when wearing headgear!

TEMPOROMANDIBULAR (JAW) JOINT DYSFUNCTION

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw 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 specialist may be necessary.

IMPACTED, ANKYLOSED, UNERUPTED TEETH

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions 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. Though impacted teeth can sometimes be brought into the arch, subsequent gum treatment may be needed.

OCCLUSAL ADJUSTMENT

At the end of treatment there will still be some minor imperfections in the way the teeth meet. This is due to irregularities in the shape and size of the teeth, dental restorations, etc. For these reasons, an occlusal equilibration may be necessary. This procedure fine-tunes the occlusion by grinding away a minor amount of enamel which is "high" when you bite. It may also be necessary to remove a slight amount of enamel between the teeth (stripping) making flatter surfaces to reduce the chance of 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, bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist or family dentist about adjunctive care.

THIRD MOLARS

The development of third molars (wisdom teeth) may change the alignment of the teeth and your dentist or orthodontist should monitor their development until a decision is made as to whether or not they need to be removed.

ALLERGIES

Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. 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 can 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 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.

RELAPSE

The fact that you have completed orthodontic treatment does not ensure a lifetime of perfectly straight teeth. Stability is a major problem in orthodontics. Retainers are necessary to hold teeth in their new positions. Patients who do not wear their retainers faithfully often see shifting of their teeth and can encounter 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. Shifting of the teeth later in life occurs in almost everyone. Therefore, slight irregularities, particularly of the lower front teeth, may have to be accepted. If changes in tooth or jaw alignment occur, correction 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. Cutting the gum fibers from the teeth is also an excellent treatment idea, giving the teeth more stability. This works well in the upper arch and is less effective in the lower arch.

In the event of a rare and unfortunate loss, I agree to have all claims or issues privately arbitrated by the American Arbitration Association in a place that is mutually agreed upon within 30 miles of Larchmont, New York.

If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for treatment. Fees for these services are not included in the cost for orthodontic treatment.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented above. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist, and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and to the making of diagnostic records, including x-rays, and authorize that the orthodontist indicated below to provide the treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. If my treatment plan includes a surgical option, I understand that expenses for such surgery are separate from my orthodontic treatment expenses, and I will be responsible for them. I understand that if I do not complete the surgical option or any other treatment recommendation from the undersigned orthodontist, my treatment results may be compromised. In such case, I hereby agree not to hold the orthodontist liable for any compromised treatment.

Signature of Patient/Parent/Guardian

Date