

## CONSENT FORM

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An Orthodontic Specialist is a Dentist who has completed additional training and who is now registered with the General Dental Council as a Specialist. It is important to ensure your orthodontist is a specialist and not a general dentist, especially when being treated with lingual braces.

While recognizing the benefits of a beautiful, healthy smile, you should also be aware that orthodontic treatment has its 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 no orthodontic treatment at all 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 a consideration. You are encouraged to discuss all options with the orthodontist prior to beginning 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. 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.

The 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. 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, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be applied.

Appointments are usually every 4-6 weeks and you will need to consider time away from work before commencing treatment. With lingual braces each appointment lasts around 30-45 minutes.

Take time to read through the following consent form and make sure you are happy with the plan to straighten your teeth before you make a commitment to go ahead. If you need more information we'll be happy to answer your questions

### **What to expect after the fitting of the lingual appliance:**

#### Ulcers

As Lingual braces are fitted to the inside of the mouth they can result in soreness and ulcers on the tongue. Symptoms can be eased by the use of antiseptic mouth rinse and numbing gels placed on the ulcer combined with the use of wax or silicone to be placed over the brace to smooth it. An ulcer can last for 7-10 days. Your tongue will adapt within 1-3 weeks. Eating may be difficult for a few days as a result of this so a soft diet is recommended.

#### Speech

Speech may also be affected for the first week or so. This is due to both the fact that your tongue may be sore and the fact that the brace is covering the inside surface of your upper front teeth which is where your tongue is positioned during articulation for certain sounds such as "T" and "S". This will resolve after 1-3 weeks but depends on the type of lingual appliance fitted. It may take up to 3 months with some appliances.

#### Discomfort

As with all braces, applying pressure to the teeth to make them move will make them feel tender and ache. This usually lasts for up to 5 days after the appliance has been fitted, and for 1-2 days after each appointment if the wires have been changed.

#### Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or

decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. It will be explained how to avoid this in terms of oral hygiene, diet and fluoride supplements. Your brace may be removed prematurely if your teeth are at risk of decay or if you are not wearing your brace as instructed. Lingual braces have reduced risk of decalcification compared to labial braces

### Diet and breakage of the brace.

Eating hard sticky and chewy foods will cause the brace to break. Avoid using the front teeth to bite into hard things like apples or crusty bread and cut all food up into small pieces. Also avoid very sticky foods like toffee and gummy bears and chewing gum, also habits like nail biting. Please retain any dislodged brackets for repair. If the bracket is lost then a charge may be made for a replacement one, especially if the lingual appliance is custom made. Frequent breakages also result in longer treatment time and can compromise the final result.

### Root Resorption

The tips of the roots of some patients' teeth become shorter (resorption) during orthodontic treatment. This does not involve any discomfort and does not usually jeopardize the teeth. Very rarely, individual teeth or groups of teeth can suffer marked root shortening, which may prejudice their long-term retention, or result in the death of the tooth's nerve thereby necessitating root canal therapy.

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.

Early monitoring with x-rays, can sometimes reveal if a root may shorten, but not always. It is a very small risk of accepting treatment.

### During treatment

#### Bite opening

Sometimes your orthodontist needs to add pads temporarily to the chewing surface of the back teeth to “prop the bite” open. These pads may also be incorporated into the appliance and therefore are permanent during the treatment. This protects the brace. The pads speed up the brace treatment but make it difficult to chew. You may not want to do much chewing at the start of treatment, a soft diet is advised.

### Angulation problems

During the early stage of treatment, it may appear that the upper two front teeth become slightly longer or one of the two front teeth becomes different heights. It may seem as if treatment is not going to plan. This is more common with a lingual brace. It is simply due to the way that the brace works and will quickly resolve.

### Periodontal Disease and oral hygiene

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. If teeth and gums are not kept clean there is increased risk of calculus forming around the lingual brackets. This can adhere to the lingual brackets and the slots in which the wires need to be placed. This results in differences in height of the teeth, as the wire needs to fit precisely in the slot and can make it difficult for the orthodontist to change wires easily.

For those with particularly twisted and rotated teeth, as the teeth are straightened then small dark triangles can appear between the teeth as they are aligned. This is often because there has been recession of the gums, or because the patient’s teeth are a triangular shape. Usually it improves if the triangular corners are reshaped, but occasionally the spaces near the gum persist.

### Spaces and facings

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. Extractions will create spaces initially until the spaces are closed using the braces.

Small gaps may also appear temporarily between the teeth, for example, if the teeth need to be moved to correct the centerlines, or if space is being created for a replacement tooth.

If you need to have teeth taken out as part of the treatment or space created for a replacement tooth a plastic facings can be placed to disguise the gaps.

### Elastics and buttons

To aid tooth movement then sometimes it is necessary to wear elastics. These can be small elastic bands between the top and bottom jaws. To attach these then sometimes it is necessary to place small tooth coloured 'buttons' on the outer surface of the teeth. These will be visible. A clear elastic thread may also be used which may pass around the front of the tooth. These can stain with highly coloured foods. You can choose not to have these adjuncts, but your end result may take longer or may not be as good.

### Herbst treatment and bite jumping devices.

A Herbst appliance or bite jumping device is a fixed appliance used to help correct Class II malocclusions. Bars are attached to the upper and lower teeth and they are worn for 9-12 months. This part of the treatment is visible as they are attached to the outer surface of the teeth.

### General consent factors for orthodontic treatment.

#### Temporary Anchorage Devices

Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) These act as anchors to attach elastics/springs to move the teeth. These are like an earring, or stud. They are quick and easy to place, usually only taking a few seconds under local anaesthetic. They allow the orthodontist to move the teeth more efficiently, often taking some of the pressure off of the back teeth.

There are specific risks associated with them: It is possible that the screw(s) could become loose which would require its/their 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 (i.e. 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), it is possible to damage the root of a tooth, a nerve, or to perforate 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. 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 further treatment. Fees for these services are not included in the cost for orthodontic treatment.

### 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. 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!

### 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 or teeth may be lost.

### 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 inhaled or 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/teeth by your dentist may be necessary.

### 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 specialists may be necessary. On the very rare occasions TMJ problems are created by orthodontic treatment, this is usually transient as the jaw adapts to the new bite. Simple analgesics such as those taken for headaches and warm moist heat can help alleviate any symptoms.

### 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.

### 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 grinding method used to fine-tune the occlusion. 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 or 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, 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 (including bisphosphonates) 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.

### Musical instruments

Most people can play musical instruments with their braces, but maybe 1 in 10 has problems.

### After treatment

#### Relapse and retainers

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. The only way to keep your teeth perfect is to continue to hold them straight with retainers. 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 necessary for years following orthodontic treatment. However, changes 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.

Retention will be supervised for one year. Any repairs/replacement of the retainer will be charged for.

#### Failed appointments

Private patients will be charged a minimum of £60.00 per failed appointment or if cancelled with less than 24 hours notice

## Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. 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(s) 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 authorize the orthodontist(s) indicated below to provide the treatment. I also authorize the orthodontist(s) to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

I have particularly taken note to understand that retention is for life and is the responsibility of the patient. I have also read and understood the section on failed appointments

Signature of Patient/Parent/Guardian

Date ..... / ..... / .....

Signature of Orthodontist/Group Name

Date ..... / ..... / .....

## Consent to undergo orthodontic treatment

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment prescribed by the above doctor(s) for the above individual. I

fully understand all of the risks associated with the treatment.

**Authorization for release of patient information**

I hereby authorize the above doctor(s) to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual receiving this information.

**Consent to use of records**

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

Signature

Date ..... / ..... / .....

I have the legal authority to sign this on behalf of:

Name of Patient:

Relationship to Patient: