



Love Your Smile

01908 690326

The Hub Dental Practice

775 Witan Gate, Central Milton Keynes MK9 2FW

reception@TheHubDentalPractice.com

www.TheHubDentalPractice.com



Love Your Smile

Dr David Gilmartin,
Dr Kamilah Makda
Dr Chivani Tailor,
Dr Ivo Zdravkov,
Dr Allen Betsis,
Dr Etienne Deysel, Sedationist

Dr Aaron Lopez, Specialist Periodontist
Dr Monica Cueva Moya, SI Periodontics
Dr Gulelala Azhar, SI Restorative,
Dr Giovanni Marras, PLT Periodontics
Miss Sam Singleton, Practice Manager
Mrs. Nur Gilmartin, Dental Hygienist

Dr Alvaro De Castro Torres, SI Dental Implants & RCT
Dr Konstantinos Tzamalass, Specialist Orthodontist
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics
Dr Jonathan Harper, PLT Endodontics
Dr Jaime De Castro Torres, SI Dental Implants

ORTHODONTICS INFORMATION AND INFORMED CONSENT DOCUMENT

We ask you to read the following to share some facts about orthodontic treatment which, like any medical or dental treatment, includes some limitations. This information is routinely supplied to anyone considering orthodontic treatment at our practice. The purpose of this document is to inform patients and parents of what to expect during orthodontic treatment and to point out potential risks or problems that may be encountered before or after treatment.

PATIENT CO-OPERATION

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Patient cooperation is one of the most important factors in determining whether treatment is completed on time.

To help achieve the most successful results, the patient must do the following:

Keep regularly scheduled appointments

Practice good oral hygiene, including brushing and flossing and seeing a Hygienist every 3 months

Wear orthodontic appliances as indicated

Wear elastics if necessary

Eat proper foods so as not to dislodge the braces (brackets, bands)

Wear retainers after braces are removed

Failure to adhere to instructions can lengthen the treatment time and can adversely affect the quality of the treatment results. In extreme circumstance, it could be necessary to stop orthodontic treatment.

CAVITIES, SWOLLEN GUMS, WHITE SPOTS

Orthodontic appliances do not cause cavities or swollen gums, but can hold food particles and dental plaque. Cavities, swollen gums and white spots (decalcification) can result from lack of brushing and flossing and poor oral hygiene. They need not occur if good oral hygiene procedures are closely followed. The permanent white lines (decalcification) that are sometimes visible around the area of the brackets signal the early stage of a cavity.

In addition to regular monthly visits for orthodontic work we suggest that orthodontic patients see their dentist at least twice a year for periodic examination and to see a Hygienist every 3 months for cleaning.

LOSS OF TOOTH VITALITY

Loss of tooth vitality (nerve within the tooth dies) can occur with or without orthodontic treatment, as it is usually related to a previous injury to the tooth and may even be a result of a large cavity or large filling in a tooth. If vitality is lost, the tooth usually discolours and requires root canal treatment in order to maintain the health of the tooth. Teeth that require extreme position changes may require root canal therapy in the future (such as impacted or very rotated teeth).

TOOTH RESORPTION

Progressive shortening of the roots of certain teeth may occur in some individuals with or without orthodontic treatment. This is a negative side effect that occurs rarely with fixed appliances or braces. Root shortening (root resorption) can be caused by trauma, injury, excessive forces, impaction of teeth, prolonged treatment and hormonal imbalances. Certain patients seem more predisposed to root resorption than others. One cannot predict for certain when it will occur. We use light orthodontic forces to minimize root resorption.

UNFAVORABLE GROWTH

Generally, unfavourable growth causes orthodontic problems. In the case of younger patients, the treatment plan will be determined on the anticipated amount and direction of facial growth. On occasion, the facial growth does not occur as predicted, and it may be necessary to recommend a change in the treatment objectives and procedures. Abnormal growth is a biological process and is beyond the dentist's control. Growth patterns can be adversely affected by finger, tongue or thumb habits. Persistent mouth breathing (abnormal breathing pattern) may cause facial growth to occur in a more vertical direction. My philosophy is to treat problems early and non-surgically. Only in extreme cases will jaw surgery be necessary to correct growth problems.

JAW JOINT PROBLEMS (TMJ)

Some patients experience jaw joint (temporomandibular joint) problems prior to, during, and after orthodontic treatment. Usually multiple factors cause this condition. Some of the signs and symptoms of TMJ include clicking, popping, limited mobility

and in severe cases, pain and locking of the jaw. Many people experience independent of orthodontic treatment and some are even referred for orthodontic therapy to correct these conditions. Occasionally a patient may experience some of the jaw joint symptoms during the movement of the teeth in orthodontic treatment, but usually they will subside after treatment is completed.

Jaw joint problems are not all "bite" related, as tension and trauma appear to play a role in the frequency and severity of jaw joint pain. The problems are more common in females and seem to get worse with age. In many cases muscle spasms are the cause of pain. In some cases functional orthopaedic appliances such as expansion appliances and lower jaw advancement appliances are helpful in preventing or treating these problems.

ENAMEL REDUCTION

Reshaping the teeth before, during, or after treatment may be recommended to provide room for alignment, improved appearance and stability. This reduction of the outer layers of enamel seldom presents a problem with enamel strength or causes any increase in the number of cavities, provided good oral hygiene is maintained.

CLEAR BRACES (CERAMIC BRACES)

The use of ceramic braces may involve occasional breakage which could pose a risk to the patient if the particles are swallowed. Treatment time is usually increased with ceramic braces, thus increasing cost of the case.

TOOTH SIZE DISCREPANCY

After orthodontic treatment, minor spacing may occur between the teeth because of small or abnormal teeth size. Bonding (white filling material) may be suggested to fill in the spaces. This improves the aesthetics and stability of the case. Porcelain laminate veneers are generally the ideal restoration for optimising aesthetics if tooth shape, size or colour needs to be changed.

TREATMENT TIME

The treatment time can vary with the difficulty of the problem, co-operation of the patient and individual response to the orthodontic treatment. Lack of facial growth, poor cooperation with elastics or appliance wear, poor oral hygiene, broken appliances for missed appointments are all important factors which could lengthen treatment time and affect the quality of the results.

PHASED TREATMENT

Early interception of jaw size problems is done as Phase 1 treatment. Phase 1 will improve bite relations, alleviate crowding and allow teeth to erupt rather than become impacted. Generally a second phase is required to align the teeth. This is not included in phase 1 and is a separate fee.

DISCONTINUING TREATMENT

Treatment will be discontinued when there is lack of patient cooperation, including poor oral hygiene, broken appointments, lack of wear-time of appliances or elastics, and in cases where continuing the treatment would be detrimental to the dental health of the patient. Prior to stopping the treatment, the patient or parent will be consulted and informed.

RELAPSE

Teeth move naturally over the course of a lifetime. Relapse is a movement or shifting of the teeth back to their original position after the braces have been removed. It is normal that all patients may experience at least a movement of the teeth once the braces have been removed. In the late teens or early twenties, some patients may notice slight crowding of the lower front teeth. This is particularly evident if their teeth were extremely crowded prior to treatment. This minor relapse can occur even with good cooperation throughout the active and retention phases of treatment.

The problem of late crowding of lower teeth occurs in many people with or without orthodontic treatment. Some reasons for crowding include: the growth patterns of the jaws or the muscle balance of the lips and tongue. Muscle balance plays an important role in the stability of the case. There must be a balance of the muscles of the lips, cheeks and the tongue.

Muscle instability can occur with patients with allergies involving swollen adenoids and tonsils who must breathe through their mouths. If the patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. Habits such as nail biting, thumb sucking, tongue thrusting and mouth breathing can cause teeth to become crowded.

It is important for patients to wear their retainers at all times, except while engaged in contact sports or cleaning teeth or the appliance. The only assurance that teeth will never move is to continue the retention phase (retainer wear) indefinitely.

INFORMED CONSENT AND PERMISSION TO USE PHOTOGRAPHS, X-RAYS, AND MODELS

I consent to the taking of photographs and x-rays before, during and after orthodontic treatment as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

I, _____ for _____
(Name of parent or patient) (Name of child, if applicable)

hereby acknowledge I have been informed to my satisfaction of all the treatment considerations, including benefits of treatment, risks of treatment, risks of non-treatment, and the proposed orthodontic treatment plan and that I now consent to treatment.

Reviewed by _____ Dr Konstantinos Tzamalass (Kostas) on ____//____//____ (date)

Signed by _____ (Patient or Parent) on ____//____//____ (date)