Cavities and Decalcification

Orthodontic braces do not cause cavities, but they do trap food particles and increase the likelihood of developing cavities or decalcification (white) marks.

Most patients are able to prevent these problems with a combination of proper diet, good tooth brushing habits and regular checkups with the family dentist. You should brush your teeth immediately after eating, using the proper techniques for brushing with braces. If brushing right away is not possible, vigorously rinsing with several mouthfuls of water is helpful. Excellent oral hygiene and plaque removal are musts. Remember to avoid sugar carbonated beverages and between meal snacks.

Check for loose brackets daily. If any part of your orthodontic appliance becomes loose, call the office immediately to schedule an appointment. A loose bracket greatly increases your chance of getting cavities. When you miss appointments and are not seen regularly by your orthodontist, loose brackets can go undetected and may result in tooth damage.

Swollen Gums and Periodontal Problems

Your braces may touch or press on your gums in some areas of your mouth. This gum tissue may get sore and swollen if you do not brush well. Your gums and braces need to be brushed and cleaned thoroughly after eating to keep them healthy. Let your orthodontist know right away if you suspect you have a periodontal (gum) problem.

Periodontal disease may lead to receding gums and gradual loss of supporting bone for your teeth. Some people are more susceptible to the disease then others. The exact causes are unknown, but there are some well established contributing factors, including unsatisfactory oral hygiene, accumulation of plaque and debris around teeth and gums, incorrect brushing and general health problems.

If severe periodontal disease occurs during orthodontic treatment, it may be difficult or impossible to control bone loss and subsequent loss of teeth. Consultation and treatment by a periodontist, a dentist who specializes in treating gum disease, may be advised. If periodontal problems during orthodontic treatment cannot be controlled, treatment may be discontinued.

Relapse Tendencies

"Relapse" refers to the movement of the teeth back toward their original positions after your braces have been removed. Ideally, your teeth should remain stable after retention. However, teeth can move at any time, whether or not they have had orthodontic treatment. The most vulnerable teeth are those in the lower front.

Periodontal disease, mouth breathing, and harmful tongue or oral habits can cause teeth to move. For these reasons, and many others beyond our control, it cannot be guaranteed that your teeth will remain in a perfect position the rest of your life.

Your teeth are unlikely to "relapse" to their original position if you use your retainer properly; but if you do not, you may undo much or all of the progress you have made. Some patients must wear a retainer indefinitely to keep their teeth aligned. If you do not wear your retainer as directed, we cannot assume responsibility for undesirable tooth movement. Make sure you keep appointments for retention adjustments as scheduled.

Informed Consent and Treatment Confirmation

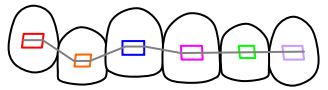
I acknowledge that I have read and understand this information booklet outlining general treatment considerations and potential problems and hazards of orthodontic treatment. I also understand that there may be potential hazards and problems not described herein. I have had the opportunity to discuss treatment considerations and risks with Drs. Panichella to clarify areas I did not understand and I authorize them to provide orthodontic treatment. I also understand that, like the other healing arts, orthodontics is not an exact science and therefore results cannot be guaranteed.

Signature **Relation to Patient** **Date**

I also give permission for the use of photographs and records made in the process of examination, treatment and retention be used for the purposes of research, education, publication in professional journals, in-office publications or publication on the web.

Signature **Relation to Patient** **Date**

Teeth, Mouth and Jaw Problems Related to Corrective Dentistry



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Root Resorption

Root resorption is the shortening of the tooth roots. It can occur with or without orthodontic appliances and it is impossible to predict susceptibility to this condition. Some patients are predisposed to this occurring, while most are not. Slight changes in root length are usually insignificant, but occasionally with severe changes, the longevity of the teeth involved may be jeopardized. The incident may increase with extended orthodontic treatment. Your cooperation during treatment is very important in the prevention of root resorption.

Ceramic Braces

Ceramic (clear) braces have been designed to improve esthetics, especially for the adult patient. These modern appliances have helped many adults receive the benefits of orthodontic treatment without it being obvious that they are in treatment. Due to their brittle nature however, ceramic brackets have been known to break. Ceramic brackets on the lower teeth may cause wear of the opposing teeth if in contact, or if the patient is a heavy tooth grinder. Enamel damage can occur at removal, but is uncommon. We will help you determine which braces will provide the best treatment results with a minimum of potential problems.

Loss of Tooth Vitality

On rare occasions, teeth that have been previously traumatized, have large fillings, or periodontal problems, may experience tooth discoloration and/or nerve degeneration during orthodontic treatment. In such cases, root canal treatment might be necessary to maintain the health of a tooth. Bleaching may also be recommended to restore a more natural tooth color.

Impacted Teeth

Teeth are "impacted" when they stay partially or completely under the gum. While impaction usually occurs when your teeth are too crowded for a new tooth to emerge, it can also happen for no apparent reason. Treatment depends on the cause and the importance of the impacted tooth to the jaw structure.

The most common impacted teeth are the "wisdom teeth". These teeth may not grow into place properly because the jaw does not have sufficient room to accommodate proper eruption. We may recommend their extraction.

An oral surgeon may be required to uncover and/or ligate an impacted tooth during orthodontic treatment. The roots of nearby teeth may be damaged by the presence or movement of an impacted tooth. Not all impacted teeth can be successfully moved, which may necessitate their extraction.

Ankylosed Teeth

In some instances, teeth will not move because they are attached to the jaw bone (ankylosed). When a tooth is ankylosed, adjacent teeth may be forced to move, which may affect your bite. An ankylosed tooth may require surgery for movement into place or removal.

Injuries from Appliances

A number of orthodontic appliances are used in orthodontic treatment. It is important that you follow instructions regarding their use. However, there is always some risk of injury in the use of appliances.

Braces Because your braces may project from your teeth, a blow to the face can scratch or cut the inside of your lips or cheeks. Loose or broken wires can also scratch or irritate your cheeks, gums or lips. We will give you soft wax to cover problem areas like this.

Dislodged or broken braces can be swallowed or inhaled. The risk of dislodging your braces is increased when sticky or crunchy foods are eaten. Do not eat hard candy, ice, caramel or similar foods.

Retainers If your retainer breaks, stop wearing it immediately. Call the office as soon as possible so that your retainer can be repaired or replaced.

Injuries During Treatment Procedures

Your orthodontic treatment may involve instruments that can accidentally scratch or injure your mouth. It is also possible to accidentally swallow or inhale an orthodontic appliance.

Although we use great care in applying and removing your braces and other bonded appliances, damage may occur to teeth previously weakened by cracks in the enamel, undetected cavities or weak fillings.

Jaw Joint Pain and/or Clicking

Occasionally problems may occur in the jaw joints, i.e. temporomandibular joints (TMJ) and associated muscles, causing joint pain, limited opening, muscle aches and joint noises, i.e. clicking. Earaches and headaches are sometimes related complaints. Multiple factors are usually responsible
for these signs and symptoms, including some which are controlled by the central nervous system.

Some of the most common causes of TM disorders (TMD) are chronic muscle tension associated with clenching or gnashing of the teeth, or habits such as gum chewing or stressed jaw posture at work or during sleep. The symptoms may originate with a joint disease, such as arthritis or result after a previous trauma, such as a blow to the face or sometimes from a whiplash type injury. The severity of the symptoms may be exaggerated by faulty function of the pain suppression system at various levels of the nervous system.

In the past, it was believed that an imperfect bite (dental malocclusion) or a malpositioned lower jaw was the cause of the TMD problems. However, occlusion as a cause of TMD has not been well demonstrated, despite many investigations seeking to test this relationship. "Bite problems" that occur with TMD are most often the result of the problem rather than the cause of the problems.

TM disorders are musculoskeletal problems similar to aches and pains in other joints of the body. A TM disorder is most often treated as a medical problem and not necessarily a dental problem. Treatment may require specialized care from other health professionals such as a TMD specialist, physical therapist, and stress control specialist. These procedures are beyond the scope of the usual orthodontic treatment, and if they are indicated, additional costs may be incurred.

If your TMD symptoms prevent you from wearing elastics, or any other appliance to correct your bite, we may recommend alternate or compromised treatment. Any TMD signs or symptoms should be reported promptly.

Tooth Attrition and Enamel Loss

The biting surfaces of adult teeth are frequently worn down by tooth grinding or jaw clenching behavior. Tooth interferences during jaw movements can also contribute to tooth wear. As your teeth move during orthodontic treatment, your bite will steadily change and new interferences will arise.

Halting enamel loss is not easy. It is difficult for orthodontics alone to establish a bite completely free from interference during jaw movement. Psychological stress or conditioned habits may be the cause of grinding or clenching. The biting surface of the teeth may need reshaping by special dental procedures. In some cases, an appliance to control the rate of enamel wear may be considered. Such procedures are beyond the scope of usual orthodontic therapy.

Orthognathic Surgery

You may need both orthodontic treatment and surgery to modify the size, shape, or position of your jaw. As with all surgical procedures, the risk of complications with oral surgery is a possibility. Discuss these risks thoroughly with your oral surgeon if we recommend surgery.