NORTHERN RIVERS ORTHODONTICS

Your Guide to

Orthodontic Treatment

WHAT TO EXPECT BEFORE, DURING AND AFTER YOUR TREATMENT

Welcome

WE'RE SO GLAD YOU'RE HERE

Starting orthodontic treatment is a big step, and it's completely normal to have questions. Your smile is one of your most important features, and this guide covers what to expect before, during and after treatment: the appliances we use, how to look after your teeth along the way, and the things every patient and parent/guardian should know before we begin.

Please read it carefully. If anything comes to mind while you're reading, make a note of it and ask us at your next visit, or email us any time at hello@northernriversortho.com.au. There are no silly questions, and we'd much rather you ask.

Before we start

Excellent orthodontic results come from a team effort between you, your family and our team. When patients are well informed and follow their treatment plan, outcomes are consistently very good.

At the same time, orthodontics works with living, growing bodies, and every mouth responds a little differently. Nearly every patient finishes treatment with a result they're really happy with. What we can't do is **promise the exact final result or timing in advance**, because both depend partly on biology and partly on how closely the plan is followed. This guide explains the benefits you can expect as well as the risks and limitations, so you can make a fully informed decision about your care. The risks are rarely a reason to avoid treatment, but they are worth understanding before you begin.

Your Treatment Journey

Every smile is different, but treatment follows the same five stages. By the time this guide reaches you, your records are usually done and your plan is agreed, so think of this as the full map: what's behind you, and what's ahead.

1 Records

We take a complete set of orthodontic records: a digital 3D scan of your teeth, photographs, and x-rays of your teeth and jaws. No messy impressions needed. These records let us see your smile inside and out, so the plan we design is built around you: your teeth, your goals and the way you live.

2 Consultation

We sit down together and walk through your plan step by step. Using your digital scans and simulations, we will discuss what we're recommending and why, what to expect along the way, and roughly how long it will take. This is also when we answer your questions and sort out the financial arrangements, so there are no surprises.

3 Dental check-up

Before we start, you'll need a recent full check-up with your general dentist, with any fillings or other dental work completed first. Your dentist stays part of the team right through treatment. There's more on this in the care section of this guide.

4 Active treatment

This is where the movement happens, using braces, clear aligners, an expander, a growth appliance, or a combination, depending on your plan. You'll see us regularly so we can keep everything on track, and we may take extra x-rays or scans along the way to monitor progress.

5 Retention

Once your teeth are where we want them, retainers hold them there while your bone, gums and muscles adapt. This stage matters just as much as the active treatment, and it has its own section later in this guide.

The Appliances We Use

Depending on your plan, we may use one appliance or a combination. Here's what each one does and how to live with it comfortably.

Braces

Braces are small brackets bonded to each tooth, connected by a thin archwire. The wire applies gentle, continuous pressure that gradually guides your teeth into position, and we adjust it at your regular visits to keep things moving. Small elastic modules hold the wire in place, and the back teeth often carry bands or molar tubes that anchor everything.

Braces also come in clear (ceramic) versions that are much less noticeable. One thing to know: strongly coloured food and drink, like curries, tomato-based sauces and coffee, can stain the clear elastic modules between adjustments.

Getting used to braces takes a little time. Your teeth will usually feel tender for a few days after braces go on or are adjusted, and it can take up to a week to feel completely normal again. Your lips, cheeks and tongue may also feel irritated for the first week or two while they toughen up and get used to the braces. Orthodontic wax over any rough spot helps a lot, and softer meals make those first days easier. If you need more wax, just ask.

Think of your first month or two as an adaptation period. After that, breakages are usually a sign that one of the care instructions has slipped, so keep them in mind when you're choosing meals and snacks.

Clear aligners

Clear aligners are a series of thin, transparent trays custom-made from your digital scan. Each set moves your teeth a small amount. You change to the next set on the schedule we give you, and step by step your smile takes shape.

Small tooth-coloured attachments are bonded to some teeth to help the aligners grip and move them precisely. These come off at the end of treatment. New aligners feel tight for the first hour or two, and your teeth may be tender for a day or so after each change. That's normal, and it settles quickly.

- **Wear time is everything.** Aligners only work while they're on your teeth. Aim for 20 to 22 hours a day, every day, including while you sleep.
- **Take them out to eat, and to drink anything except plain water.** Food and sugary drinks trapped under an aligner sit against your teeth for hours, which is exactly how decay starts.
- **Rinse before they go back in.** After eating or drinking, rinse your mouth well (or brush if you can), then put your aligners straight back in.
- **Keep them clean.** Brush your aligners with a toothbrush and toothpaste when you brush your teeth. There's no need to soak them. Never use hot water, because it distorts the plastic.
- **Use the case, every time.** Aligners wrapped in a serviette get thrown out with the rubbish.
- **Lost or broken an aligner?** Give us a call to let us know or message us through our Dental Monitoring system. We will let you know the best course of action.

Maxillary expanders

An expander (sometimes called a palate expander or RME) gently widens the upper jaw. It's most effective in children and young teens, while the two halves of the upper jaw are still growing and can be encouraged apart at the join in the middle of the palate. Widening the upper jaw creates room for crowded teeth, corrects crossbites, and helps the upper and lower jaws fit together properly.

The expander is fitted to the upper back teeth and sits across the roof of the mouth. In the middle is a small screw. You'll turn it at home with a special key, following the schedule we give you. Each turn widens the appliance a tiny fraction of a millimetre.

What's normal with an expander

- **A feeling of pressure** on the teeth, palate or nose for a few minutes after each turn. This settles quickly.
- **A gap appearing between the front teeth.** This can look alarming, but it's actually good news: it means the expander is working. The gap closes again on its own or as part of ongoing treatment.
- **Speech and swallowing feel strange at first.** Your tongue needs a few days to adjust. Reading aloud helps, and softer foods make the first few days easier.
- **Extra saliva** for the first day or two.

Getting it right

- Turn the screw **exactly as instructed**. No extra turns, no missed days. If you lose track of the schedule or something doesn't feel right, call us rather than doubling up.
- Keep it clean. Swish water after eating and brush around the appliance carefully, because food loves to hide underneath the expander.
- Avoid sticky and chewy foods that can pull at the appliance or get stuck in it.
- If the expander ever comes loose, stop turning and call us.

Once expansion is complete, the appliance usually stays in place for several months without turning, holding the new width while the bone fills in and stabilises.

Growth modification and mandibular advancement

Some children and teenagers have a lower jaw that sits further back than the upper jaw. While they're still growing, we can use that growth to our advantage by guiding the lower jaw forward into a better position, so the bite and profile develop well. This is called growth modification, and timing matters. It works best during the growth years, which is one of the reasons we like to see children early.

Angel Aligner A6 mandibular advancement

For many growing patients, we can do this with clear aligners rather than bulky traditional appliances. The Angel Aligner A6 system uses aligners with small built-in blocks on the biting surfaces. When you bite together, these blocks guide the lower jaw to sit slightly forward, encouraging it to grow and function in that improved position while the aligners straighten the teeth at the same time.

Jaw correction and teeth straightening used to be done as two separate stages of treatment. Combining them in one appliance can make treatment simpler and more comfortable, but it comes with the same golden rule as all aligner treatment:

> **Wear time makes or breaks it.** The aligners can only guide jaw growth while they're being worn: 20 to 22 hours a day, every day, including overnight. Growth modification is a window of opportunity. If the aligners stay in the case, the window closes without the correction.

As the jaws settle into their new relationship, the bite changes progressively, and you may notice your back teeth not quite meeting for a period during treatment. That's an expected part of the process, and it resolves as treatment finishes. Elastics are sometimes added later in treatment to fine-tune the bite.

It's important to know that growth is a biological process we guide rather than control. How much each child grows, and in what direction, varies. Occasionally growth doesn't cooperate with the plan, which can mean adjusting treatment goals along the way. We'll always keep you informed if that happens.

Elastics

Small elastic bands are often part of treatment with both braces and aligners. They connect the upper and lower teeth to guide the bite into the right relationship, which is something braces and aligners can't fully do on their own.

Elastics only work while they're being worn. Wearing them on and off, or only at night when we've asked for full-time wear, is one of the most common reasons treatment runs overtime. We'll show you exactly how to hook them on, and most people get the hang of it within a few days.

What to Expect

Will it hurt?

Moving teeth means applying gentle pressure to them, and your teeth let you know about it. Expect general tenderness for a few days after braces are fitted or adjusted, or when you start a new aligner, and give it up to a week to feel completely normal. Everyone is different. Some people barely notice it, others find the first few days of each change uncomfortable. Softer meals, and the pain relief you'd normally take for a headache, get most people through easily. Don't worry, it does fade.

Eating and speaking

Expect an adjustment period of a few days to a week whenever a new appliance goes in. Speech returns to normal quickly, especially with a bit of reading-aloud practice, and you'll soon work out which foods are easy and which take more effort.

Sport and musical instruments

You can absolutely keep playing sport and music during treatment.

- **With braces**, wear a mouthguard for all contact sports to protect your teeth and lips. Ask us about a suitable mouthguard to fit over braces. Once treatment finishes, your dentist can make a custom mouthguard for your new smile.
- **With aligners**, you generally don't need a mouthguard unless your sport calls for one. That includes football, hockey, basketball, higher-level netball and soccer, and contact martial arts.
- **Musical instruments** are fine with both. Reed and brass instruments can take a little getting used to, so keep practising with your appliance in place until it feels normal.

How long will treatment take?

Comprehensive treatment typically takes around 12 to 24 months, depending on how complex your case is, how your teeth and jaws respond, and how well the plan is followed. Missed appointments, broken appliances and part-time elastic or aligner wear all add months. Any time estimate we give you is a genuine estimate rather than a promise, because some teeth simply take longer to move than expected.

Appointments

You'll see us regularly throughout treatment, usually every 6 to 10 weeks, so we can check progress and make adjustments. Keeping every scheduled appointment is the easiest way to keep your treatment effective and on time.

One thing worth knowing: after-school times are by far the most popular and the hardest to reschedule. If you can't make an appointment, call us as soon as possible and we'll find you another time. Some longer repair appointments may need to happen during school hours so we can allow enough time to do the job properly.

Caring for Your Smile

Appliances don't damage teeth, but they do give food and plaque more places to hide. Treatment depends on an excellent standard of oral hygiene. If brushing slips, treatment can take longer, teeth can be permanently marked, and in the worst case we may need to pause or stop treatment early. Keeping everything clean is the single most important job you have during treatment.

Brushing with braces

Brush morning and night as an absolute minimum, and after meals whenever you can. Use a soft toothbrush, and brush around and under your braces rather than just over the top of them. Ask us about orthodontic toothbrushes and interdental brushes; we'll point you to the right tools.

1. Place your toothbrush at a 45-degree angle to the gum.
2. Brush gently in small circles around each and every bracket.
3. Brush the outer, inner and chewing surfaces of every tooth.
4. Use the tip of the brush for the inside surfaces of your front teeth.
5. Run an interdental brush (the little Christmas-tree one) up and down between each bracket and behind the wire to clear any remaining plaque.

Clean between your teeth daily as well. Floss threaders or a water flosser make flossing with braces much easier. If you can't brush after eating, rinse thoroughly with water until you can.

A word about bleeding gums

Poor brushing, particularly along the gum line, leads to swollen, sore, red and bleeding gums. If your gums bleed, that is not a sign to stop brushing. It's a sign to brush those areas more thoroughly and more gently, and the bleeding will settle as the gums recover. If it doesn't settle within a week or two of better brushing, call us.

Cleaning with aligners

Brush your teeth morning and night, and always before your aligners go back in at the start and end of the day. During the day, rinse well after eating or drinking before you put your aligners back in, and brush when you get the chance. Food and plaque sealed under an aligner can't be washed away by saliva, so anything left on your teeth stays pressed against them for hours. Brush the aligners themselves at the same time as your teeth.

Dental check-ups during treatment

Normally you'd see your general dentist every six to twelve months. During orthodontic treatment we ask you to keep a **six-monthly** check-up routine at minimum (sometimes three-monthly), because teeth are a little harder to clean perfectly around appliances.

Why can't we do this for you? Orthodontists train as general dentists first, but then limit their practice to orthodontics only, so your check-ups, cleans and any fillings stay with your own dentist. Skipping check-ups risks small problems going unnoticed until the appliances come off, by which point they can mean permanent damage and bigger bills. Regular dental care during treatment saves you money in the long run.

Smoking and vaping

Smoking is harmful to your general health, and it works against your orthodontic treatment too. It stains teeth and appliances, causes bad breath, slows healing, and contributes to gum disease, which is a real risk to teeth that are on the move. Braces and aligners already demand extra time and care with brushing, and smoking undermines that hard work every day. If you smoke or vape, treatment is a good reason to talk to your GP about quitting.

Food and Drink

Sugary and acidic food and drink increase the risk of tooth decay and of permanent white and brown marks developing around braces and aligner attachments. After all the time and effort that goes into your treatment, it would be a real shame to finish with a straight smile and stained teeth.

Sweet foods like lollies, chocolate and cordial feed the bacteria in dental plaque, which produce acid that attacks your teeth. How often you have sugar matters just as much as how much, so try to cut down the number of sweet things you have across the day. Soft drinks (including diet varieties) and sports drinks are very acidic and gradually dissolve the outer surface of your teeth, raising your risk of decay, sensitivity and staining. Save them for special occasions, drink them through a straw to limit contact with your teeth, and rinse with water afterwards.

Hard and sticky foods are the main cause of broken brackets and bands. Braces are designed to come off at the end of treatment, so anything really hard, including chewing on pens and ice, can break them early. With aligners there's no banned-foods list, because they come out for meals, but hard foods can still dislodge your attachments, so take a little care.

No Minties, Fantales, Red Ripperz or similar hard and sticky lollies. This one is not negotiable. Everything else is fine in moderation.

Give these a miss	Take care with	Go for it
Hard foods: ice cubes, candy canes, hard biscuits, crusty bread, muesli bars, popcorn kernels. **Sticky and chewy lollies:** Minties, Fantales, Red Ripperz, Skittles, toffees, caramels, chewing gum. **Sugary drinks and frequent sweets:** soft drinks, sports drinks, cordial, lollies between meals.	**Meat on the bone:** steak, ribs, chops. Cut the meat off and into smaller pieces. **Nuts and crackers:** most nuts are best avoided. Small crackers and corn chips are fine broken into pieces. **Crunchy fruit and veg:** apples, carrots and celery. Cut them up rather than biting in. Watch out for stone fruit pits.	**Softer meats and seafood:** chicken, turkey, ham, tuna, salmon. **Dairy:** yoghurt, custard, cheese, ice cream, milkshakes. **Soft grains:** bread, pasta, rice, tortillas, pancakes. **Fruit and veg:** cooked vegetables, mashed potato, bananas and other soft fruit.

Wearing clear braces? Strongly coloured foods like curries and tomato-based sauces can stain the clear modules between visits. They're swapped at each adjustment, so it's cosmetic rather than harmful, but worth knowing.

Your Part in the Journey

Great results are a team effort between you, your family and our team. Here's your side of the deal, and it makes more difference to your result and your treatment time than anything we do in the chair:

- Keep your scheduled appointments, and call us early if you need to change one.
- Brush and floss really well, every day.
- Wear your aligners 20 to 22 hours a day, and your elastics exactly as instructed.
- Turn your expander on schedule. No skipping, no doubling up.
- Tell us straight away about anything loose, broken or lost.
- Watch what you eat, and go easy on sugary snacks and drinks.
- Wear your retainers as instructed when treatment finishes.

If cooperation slips in any of these areas, treatment can take longer, the result may be compromised, and in some cases we may need to change the treatment approach or objectives. Stopping treatment early is worse than it sounds, because an incomplete result can leave teeth, gums and the bite in a less stable position than where we started. It's rare, and this is exactly why we're upfront about it now.

Things to Know: Risks and Limitations

Orthodontic treatment is safe and predictable for the vast majority of people, and most of the issues below are uncommon. Many are rare. We list them because you deserve the full picture before you start, not because we expect them to happen to you. If anything here worries you, please raise it with us. That's what we're here for.

Decay and permanent marks (decalcification)

Appliances themselves don't cause cavities, but food and plaque left sitting around them do. Poor brushing during treatment can leave permanent white or brown marks on the enamel, usually around where brackets or attachments sat, and can lead to decay and sore, swollen gums. This is the most common avoidable problem in orthodontics, and it's almost entirely prevented by excellent brushing, a healthy diet, and regular dental check-ups. Please don't let it happen to you.

Gum problems

Gums can become tender and swollen during treatment, especially where brushing is tricky. Warm salt-water rinses help, but good cleaning is the real fix, and if a problem persists, call us. A small number of patients are prone to gum (periodontal) disease, which can flare up during treatment. In some cases we'll recommend seeing a periodontist (gum specialist) before or during your care. Occasionally, moving teeth in areas with thin gum or bone can contribute to gum recession.

Root shortening (resorption)

During tooth movement, the tips of some roots can shorten slightly. Usually it's a small amount with no effect on the health or lifespan of the teeth. Rarely, more significant shortening occurs, and it isn't possible to reliably predict who this will affect. It's one of the reasons we monitor with x-rays, and one more reason to keep treatment efficient by following the plan, because longer treatment times are associated with more resorption.

Tooth vitality

A tooth that has previously been knocked, cracked or deeply filled can occasionally flare up during treatment as the old injury declares itself, sometimes needing root canal treatment and, if it darkens, cosmetic attention. This is uncommon, and it usually reflects earlier damage rather than the orthodontics itself, but it can surface during treatment.

Impacted teeth

Teeth that are stuck under the gum are called impacted. Wisdom teeth are the most common, but sometimes canines or other teeth are involved. Depending on the tooth, we may recommend removing it, or guiding it into place, which can require minor surgery to expose the tooth and attach a small chain for us to work with. Moving an impacted tooth is genuinely unpredictable. It can take considerably longer than estimated, adjacent roots can occasionally be affected, and rarely a tooth turns out to be fused to the bone (ankylosed) and won't move at all, which means a different plan.

Extractions

In some cases the best result for stability, appearance and function needs one or more teeth removed to create space. We only recommend extractions when they serve the end result, and we'll always explain the reasoning fully before anything happens.

Knocks, pokes and appliance injuries

Brackets and wires sit a millimetre or two proud of the teeth, so a knock to the mouth can cut the inside of the lips or cheeks, although braces often protect the teeth themselves in a heavy blow. Loose wires can scratch, and wax plus a phone call fixes most of it. Very occasionally during fitting or removal, a tooth already weakened by cracks, hidden decay or large fillings can chip. Care and good records keep this rare.

Jaw joints (TMJ)

Jaw joint problems such as clicking, tenderness or muscle pain are common in the general population and can appear at any time in life, with or without orthodontic treatment. Stress, clenching and grinding are frequent culprits. Orthodontics can't guarantee to prevent or cure jaw joint problems, and a healthy bite is only one of many factors involved. If you notice jaw joint symptoms before or during treatment, tell us. Early management is usually simple.

Tooth wear

Some patients, usually adults, and children with certain bite patterns or grinding habits, wear down the biting surfaces of their teeth. Orthodontic treatment improves how the teeth meet, but fine-tuning the bite after treatment (by your dentist or a specialist) is occasionally needed, and grinding habits can continue independently of a good bite.

Growth

For growing patients, the plan is built on the expected amount and direction of jaw growth, and growth doesn't always follow the forecast. If jaw growth turns out unbalanced, treatment objectives may need to change part-way through. In some cases of significant discrepancy, options such as further treatment once growth is complete, or corrective jaw surgery, may be discussed. Each situation is assessed individually, and additional stages of treatment may involve additional fees.

Retention: Keeping Your New Smile

This phase is every bit as important as the braces or aligners.

When active treatment finishes, your teeth are in their new positions but the bone, gums and muscles around them haven't fully adapted yet. Retainers hold everything steady while that happens. There are a few types: clear removable retainers, plate-style (Hawley) retainers, and thin wires bonded behind the front teeth. We'll recommend what's right for you, and it's often a combination.

The truth about teeth

Teeth can move at any time throughout life, whether or not they've had orthodontic treatment. Natural age changes, habits like nail biting or tongue thrusting, mouth breathing, new fillings, gum problems and ongoing jaw growth can all nudge teeth around, and the lower front teeth are the most likely to move. No orthodontist can promise your teeth will stay perfectly still forever.

What we can tell you is this: **teeth that are retained stay put, and teeth that aren't, drift.** Patients who follow their retainer instructions rarely see meaningful relapse. Minor settling is normal once retainer wear is reduced, and many people choose to wear a removable retainer at night indefinitely, because that's the only way to guarantee the result stays exactly where we left it. Bonded retainers stay in place long-term and need occasional checks, plus careful flossing around the wire.

Looking after retainers

- Wear them exactly as instructed, especially in the first months, when teeth are most likely to shift.
- Removable retainers live in their case when they're not in your mouth. Never a pocket, a serviette or the bottom of a school bag.
- Keep them away from heat, and away from pets. Dogs chew retainers.
- If a retainer breaks, is lost, or stops fitting, **call us promptly**, because teeth can move quickly without one. Don't wear broken pieces.
- Keep your retainer check appointments, even when everything feels fine.

> Your first set of retainers is included in your treatment fee. Replacement retainers, and any additional appliances or further treatment stages, involve an additional fee. We'll always let you know costs before going ahead.

When to Call Us

There are very few true orthodontic emergencies, but please never sit on a problem until your next appointment. Call us on (02) 6621 8250 if:

- Anything comes loose, breaks, cracks or is lost: a bracket, wire, aligner, attachment, expander or retainer. For a lost or broken aligner, call us or message us through Dental Monitoring and we'll advise on the next step.
- A wire is poking and wax isn't helping.
- You're in pain that doesn't settle within a few days of an adjustment.
- Your expander comes loose, or you've lost track of the turning schedule.
- A retainer stops fitting properly.
- You've had a knock to the mouth.
- You're not sure about something. If in doubt, call.

If you're in pain or have had an accident, call us straight away. If we're unavailable, leave a message with your phone number and we'll call you back as soon as possible. Our team can resolve most situations over the phone, and if you do need to be seen, we'll fit you in. Breakages that aren't causing pain or discomfort aren't urgent, so don't worry: call us during opening hours and we'll sort it out. Some repairs need to be booked during school hours so we can allow enough time to fix them properly.

In conclusion

This guide covers the general course of treatment and the things that can occasionally go differently to plan. Most of the problems described here happen only occasionally or rarely, but you deserve to know they exist, and there may be other individual factors we'll discuss with you personally. Because every patient is different, a booklet can only generalise. Your treatment depends on a close working relationship with our team, and we will always take the time to discuss and explain the specifics of your care.

Please ask us about any aspect of your treatment, at any stage. Your understanding and your part in the journey are what turn a good treatment plan into a great result, and we're with you every step of the way.

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WE'RE HERE TO HELP

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