



Informed Consent

Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is 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 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 considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

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

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.

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. 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.

Length of Treatment

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 assessed.

Discomfort

Orthodontic therapy uses appliances to apply pressure to move the teeth. When braces are placed, or when adjustments are made, your teeth and gums may feel tender initially. The amount of discomfort varies from patient, but usually does not last for more than two or three days. Non-prescription pain medicine (Ibuprofen, Tylenol, etc.) can be used during this adjustment period. A slight loosening of the teeth is common throughout treatment. This is normal and should not upset you. Teeth must loosen first so they can move to their new positions. The teeth will become rigidly fixed following removal of the appliances.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. 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 your teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time may 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 bonded non-removable retainers or other dental appliances made by your family dentist.

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.

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 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.

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. 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.

Gum Recession

Some tooth roots have prominence and/ or are surrounded by thin gum and bone tissues. Care is used by orthodontists to place tooth roots in a good position to support the tooth. However, sometimes before, during, or after tooth movement, the gum tissue may recede due to tooth position and thin areas of the gums and bone. Exposure of the root surface can be associated with tooth sensitivity. If this occurs, a "gum graft" may be recommended to partially or completely cover the root surface.

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 through our 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 the orthodontic treatment.

Nerve Damage

Occasionally some teeth may experience tooth discoloration and/or nerve degeneration during orthodontic treatment. A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve or the tooth. Also, the nerve of a tooth may die for no apparent reason, and this is known as "spontaneous pulpal necrosis." Orthodontic tooth movement may, in some cases, aggravate these conditions and cause root canal treatment to be necessary. In severe cases, the tooth or teeth 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.

Frenum

Often, a small muscle attachment (frenum) exists that is excessive in size and causes the front teeth to have a space between them. Braces can usually close this space, but when the braces are removed, the space may return. A conservative approach is usually best, with removal of the tissue only if the spacing is a persistent problem. Adequate retainer wear or permanent glued-in retainers can minimize the chance for the space to reopen and the need for periodontal surgery (frenectomy) to excise the tissue.

Injury From Orthodontic Appliances

Activities or foods, which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged 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 the 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.

Headgear

Orthodontic headgear can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw 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.

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 an 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. 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 into position, which may necessitate their removal. The cost of any surgical procedures as well as any replacement teeth needed are additional expenses, and are not included in the orthodontic fee.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet at the end of treatment, and so an occlusal equilibration procedure adjusting the height of your teeth may be necessary to fine-tune your bite. Before and during treatment, it may also be necessary to reshape the area between select teeth with a procedure called Interproximal Reduction (IPR). This recontouring (slenderizing) procedure removes a small amount of enamel between certain teeth improving their shape and size. This is done to create space for improved tooth placement to fit the shape and size of your jaws and/or to improve stability. In some cases, this treatment may occasionally lead to a sensitive tooth or teeth.

Adverse Jaw Growth

Orthodontists are trained to estimate, not predict growth tendencies of their patients. Dr. Heying will design your orthodontic treatment taking into consideration these tendencies and attempt to modify and minimize any that are undesirable. Some individuals have a growth pattern that may improve or worsen the expected outcome for orthodontic treatment. The patient's actual growth experience may not be adequate or advantageous to achieve ideal treatment goals. This is called "adverse growth." It is unpredictable in many cases, and may increase treatment time and/or affect the outcome of treatment. If treatment takes longer than anticipated due to adverse growth, Dr. Heying may offer you changes in treatment goals or charge additional fees for extended treatment time. In some instances, he may recommend removal of teeth and/or corrective jaw surgery to resolve any problems that have developed. (If these undesirable growth changes occur after active treatment, and if they are substantial, they may require additional treatment with an additional fee for this treatment.)

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.

Transmission of Disease

Although our orthodontic office is following the State and Federal regulations and recommended universal personal protection and disinfection protocols to prevent transmission of communicable disease, it is possible that they will not always be successful in blocking the transmission of a highly infectious virus. It is not possible to render orthodontic treatment with social distancing between the patient, orthodontist, assisting staff and sometimes, other patients. Knowing that you could be exposed to communicable diseases anywhere, by presenting yourself or your child for orthodontic treatment, you assume and accept the risk that you may inadvertently be exposed to a communicable disease in the orthodontic office.

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. If you have a pre-existing medical condition that requires pre-medication, the medical/dental health history will be our only source of information. Be sure you have completed the health questionnaire completely and correctly as well as providing the office with any medical changes.

Use of Tobacco Products

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interfere 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.

Dental Checkups and Care

Before orthodontic treatment begins, it will be necessary to visit your family dentist for a checkup and any necessary dental work—if not done recently. Once orthodontic therapy begins, you will be expected to continue to see your family dentist for regular three- to six-month checkups and routine care. Routine dental care will help ensure the best possible results from your orthodontic therapy.

Temporary Anchorage Devices

For a number of patients, a dental disharmony sometimes exists that is beyond the scope of usual orthodontics. In an effort to improve the disharmony, small bone anchors (temporary anchorage devices, mini-anchors, microscrews) can be placed to make the orthodontic appliances more effective. Potential complications with these anchors include injury to tooth roots, infection, gum inflammation, or failure of the anchor. If placement of these temporary anchorage devices is indicated, a referral to a periodontist or oral surgeon will be necessary, and the cost of the placement is an extra expense for the patient and is not included in the orthodontic fee.

Diagnostic Records

By consenting to orthodontic treatment, you consent to the making of necessary orthodontic records, including x-rays, before, during, and following the provision of care.

Orthodontic Staff

Where appropriate, office staff may be directed to perform portions of orthodontic treatment as prescribed and directed by the treating orthodontist(s).

Retainers

When your braces are removed, you will wear a retaining appliance to “hold” your teeth in position. Retainers are **just as important** as braces in the treatment plan. There are different types of retainers, and Dr. Heying will recommend the right one for you. If we did not retain the teeth following orthodontic movement, they would tend to move back toward their original positions. Teeth and the gum tissues have amazing memories! Minor changes in alignment of the teeth after treatment are not a failure of your orthodontic treatment, but are changes that you can expect as you age. Shifting or setting of teeth following treatment, as well as after retention, will most likely occur in varying degrees. Rotations, crowding of the lower front teeth, slight spaces in the extraction sites or spaces in the upper front teeth are most common examples. Previously rotated teeth, mouth breathing, or other uncontrolled muscle habits are frequent causes. Some of these changes are desirable while others are not. Wearing your retainer as recommended by Dr. Heying is the best way to minimize these changes. Further growth after treatment may influence the alignment of your teeth and jaw. In order to protect the results of your orthodontic treatment, you may require at least part-time wear of retainers for your lifetime. Dr. Heying often recommends, or you may request, a “permanent” or “fixed” retainer. Permanent retainers are not for everyone and they cannot be adjusted to correct alignment problems. Patients must spend extra time cleaning to avoid cavities and gum disease. As with braces, care must be taken in the types of food eaten to avoid breaking the permanent retainer. If your retainer is ever lost or broken, please notify our office immediately so we can either repair or replace it. Everyone is different, but many teeth can move quickly, so do not delay in calling us.

Release of Patient Information

By consenting to orthodontic treatment, you consent to the practice of sharing information regarding your orthodontic care for any “permitted use and disclosure” (ex. for treatment activities of a health care provider) as defined in the HIPAA Privacy Rule. For other uses, our practice will obtain an Authorization prior to making a disclosure.

Transferring Patient

Orthodontic treatments vary widely. Transfer will likely increase treatment fees, may involve changes in payment policies, and may change your treatment and/or appliances. When you transfer to a new orthodontist, your treatment time is often extended by the process of the transfer.
