

# You & Your Orthodontist

**What You  
Can Expect**

**What You'll  
Need To Do**

**Potential Risks  
& Problems**

**Informed Consent  
for the Orthodontic Patient**

**Revised 2004**

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# Patient's Informed Consent and Treatment Confirmation

**This page intended to remain with this booklet.**

I acknowledge that I have read and understand the "You and Your Orthodontist" 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 in the booklet. I am able to read, write and comprehend English. I have had the opportunity to discuss treatment considerations, alternative treatments and risks with

\_\_\_\_\_ Doctor's Name

I have asked all questions to clarify any areas I did not understand and I am satisfied with the response(s) received. I further understand that, like the other healing arts, the practice of orthodontics is not an exact science and, therefore, results cannot be guaranteed. I authorize the above orthodontist and staff of his/her practice to provide orthodontic treatment to

\_\_\_\_\_ Patient's Name

The prescribed treatment was explained to me on \_\_\_\_\_ (Date)

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if required)

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if required)

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## ■ Before Treatment Begins

This booklet is for patients—and for parents of young patients—who are about to start a course of orthodontic treatment. It will give you an idea of what to expect during treatment, and what will be expected of you. It also points out some risks and limitations that may occur before, during, or after treatment. You will read about the risks that are common to most corrective dentistry, as well as risks that arise only with particular kinds of treatment.

Your orthodontist will develop a treatment plan just for you, involving procedures appropriate for your individual situation and goals. If there are risks or limitations specific to your treatment, your orthodontist will explain them to you.

Orthodontic treatment is not an exact science. Like any treatment of the body, much of its success depends on the understanding and cooperation of patients. Please read this booklet carefully, and ask your orthodontist to explain anything you do not understand. Clarify what is expected of you as a patient, or as a parent of a young patient, to achieve the best results. Keep in mind that with orthodontic treatment, like with other medical and dental procedures, results cannot be guaranteed.

Before treatment begins, you will be asked to sign an informed consent form on your own behalf or on behalf of your child, verifying that you understand the potential risks and limitations of orthodontic treatment.

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## Doctor's Informed Consent and Treatment Confirmation

**Please sign and return this page to the orthodontist.**

I acknowledge that I have read and understand the "You and Your Orthodontist" 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 in the booklet. I am able to read, write and comprehend English. I have had the opportunity to discuss treatment considerations, alternative treatments and risks with

\_\_\_\_\_ Doctor's Name

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\_\_\_\_\_ Patient's Name

The prescribed treatment was explained to me on \_\_\_\_\_ (Date)

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if required)

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if required)

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## Oral Surgery and Orthognathic Surgery

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

### Image Simulation

Your orthodontist may use various illustrations and or audio-visual displays to help demonstrate treatment. These representations are not exact. They are demonstrations only and are not intended to illustrate fully and precisely the final outcome of your proposed treatment.

### Relapse Tendencies

“Relapse” refers to the movement of the teeth back toward their original positions after your braces have been removed. Teeth can move at any time, whether or not they have undergone orthodontic treatment. The most vulnerable teeth are those in the lower front.

Periodontal disease, new restorations, growth and maturation of the facial bones and muscles that occur with aging, mouth breathing, and harmful tongue or oral habits can cause teeth to move. For these reasons, and many others beyond the control of your orthodontist, it cannot be guaranteed that your teeth will remain in the corrected position for the rest of your life.

Your teeth are less likely to “relapse” toward their original position if you use your retainer properly. If you do not, you may undo much or all of the correction that was attained. If you do not wear your retainer as directed, your orthodontist cannot assume responsibility for undesirable tooth movement. It is important that you keep appointments for retention adjustment as recommended.

### Additional Risk and Benefits

For all other dental treatment procedures, such as corrective jaw surgery, removal of teeth, root canal treatment, gum surgery, fillings, crowns, or cosmetic bonding, the doctor performing the procedure(s) will be responsible for discussing related risks and benefits.

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## ■ Steps in Formulating a Treatment Plan

### Orthodontic Examination and Orthodontic Records

The first step in determining your treatment plan is learning as much about your orthodontic condition as possible. This begins with an orthodontic examination, during which your teeth and jaw alignment will be examined. Your orthodontist will then collect a complete set of orthodontic records, which may include plaster models of your teeth, X-rays of your head, teeth, and jaw joints, photographs, and your medical-dental history.

### Pre-medication

If you have a pre-existing medical condition that requires pre-medication, the medical/dental health history will be your orthodontist’s only source of information. Be sure you have completed the health questionnaire completely and correctly as well as provided the office with any medical changes. Your orthodontist, in consultation with your physician(s), will recommend medications. It will remain your responsibility to be sure that your medical needs are properly followed.

### Allergies

Although uncommon, allergies to medicines and treatment-related materials may occur during orthodontic treatment. Please make your orthodontist aware of known allergies so your orthodontist may take steps to minimize your exposure. If your allergies are unknown to you, then it is impossible to predict any reaction. You may be more prone to an allergic reaction during orthodontic treatment if you are allergic to certain foods or have other allergies. If an allergy occurs during your treatment, then medical management, alternative treatment or discontinuation of treatment may be necessary.

### General Medical Condition

General medical conditions including disorders of the bone, hormones, or blood can influence and even prevent successful orthodontic treatment. Inform your orthodontist whenever a change in your medical condition occurs.

### 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. 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.

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## Planning and Consultation

Your orthodontist will design a treatment plan for you and discuss with you any significant risks or limitations to your treatment. You will have an opportunity to discuss the points raised in this booklet with your orthodontist and he/she will request your informed consent to be signed before implementing the treatment plan.

## Changes in Original Treatment Plan

There are some instances when you and your orthodontist may choose to change the treatment plan. Poor patient cooperation, periodontal problems, adverse growth, and changes in the patient's desires may necessitate a change in the goals and direction of treatment. These changes may lengthen your treatment time and incur additional fees. Excellent communication with your orthodontist is essential in understanding your treatment progress and ensuring your desires are met.

## Teeth, Mouth and Jaw Problems

You should know about these potential problems before you start orthodontic treatment. Discuss with your orthodontist any potential teeth, mouth or jaw problems before you start orthodontic treatment.

Sometimes, oral surgery to remove teeth is necessary with orthodontic treatment, especially to correct severe tooth crowding of the teeth or jaw imbalances. As part of your new aesthetic and/or functional occlusion, crowns, bonding or veneers may be needed to complete your final bite. These would be done by your general dentist and could incur separate charges.

## Treatment Options

In some cases, there are alternate treatment plans with different results. You need to understand the differences. Please ask questions. Your orthodontist will recommend the most suitable treatment he/she feels is best for you and explain the advantages and disadvantages of any treatment options that may meet your needs. Ideal results may be impossible to achieve based on pre-existing conditions.

Orthodontics is most often an elective process. An alternative treatment plan may be a partial treatment with limited treatment results. Another treatment option is to receive no treatment. If you are considering no treatment, ask your orthodontist what the risks are to your teeth and supporting tissues if you choose no treatment.

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Some of the most common causes of TM disorders (TMD) are chronic muscle tension associated with clenching or grinding of the teeth, habits such as gum chewing, and stressed jaw posture at work or during sleep. The symptoms may be caused by 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 affected by tension, mood, and emotional distress. Neck and shoulder muscle tension may be a major contributor by referring pain and tightness to the jaws and face. Severity of 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 mal-positioned lower jaw was the cause of TMD problems. However, dental occlusion (how your teeth bite) 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 problem.

TM joint disorders are musculoskeletal problems similar to aches and pains in other joints of the body. A TM joint 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 TMD specialists, physical therapists, and stress control specialists. 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, your orthodontist may recommend an alternate or compromise treatment. Any TMD signs or symptoms should be reported promptly to your orthodontist.

## 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 may arise.

Minimizing enamel loss is not easy. It is difficult for orthodontists 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 become a consideration. Such procedures are beyond the scope of usual orthodontic treatment. If such a protective appliance is considered to be necessary then additional fees may be charged.

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Specialized mouth guards are available for orthodontic patients and are strongly recommended for sports activities that may result in accidental injury to the teeth. Please consult with your orthodontist if you feel a mouth guard is needed.

Loose or broken braces can be swallowed or inhaled. The risk of loosening or breaking your braces is increased when sticky or crunchy foods are eaten. Do not eat hard candy, ice, caramel, or similar foods. Your orthodontist will review with you the types of foods that should be avoided.

**RETAINERS.** If your retainer breaks or is not fitting properly, stop wearing it and immediately call your orthodontist so that your retainer can be repaired or replaced.

**HEADGEAR.** You must follow your orthodontist's instructions for safe and effective use of headgear. Do not engage in physical sports or activities while wearing your headgear. You may be seriously injured if another person pulls your headgear off accidentally or intentionally. Headgear or neckgear that is pulled away from the head can snap back and cause serious injury to your face and/or eyes, even causing blindness. Always remember to release all tension springs or rubber bands before removing the inner part (facebow) headgear or neckgear.

## Injuries During Treatment Procedures

Your orthodontic treatment may involve the use of instruments that could accidentally scratch or injure your mouth. It is also possible to accidentally swallow or inhale a small orthodontic appliance.

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

Removing braces may damage enamel surfaces, existing restorations such as "bonding," porcelain veneers, and porcelain surfaces. You may need to have enamel surfaces as well as any damaged restorations repaired or restored immediately following the removal of your braces.

Unusual occurrences such as dislodging a restoration, developing an abscess, or swallowing an appliance, bracket, band or the end of an archwire may occur. However, these occurrences are rare.

## 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 such as clicking. Earaches and headaches are sometimes related complaints. Multiple factors are usually responsible for these signs and symptoms, including some which are directly influenced by the central nervous system.

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# ■ What Can You Expect During Orthodontic Treatment?

## Level of 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 to patient, but usually does not last for more than two or three days.

## Additional Records and X-rays

X-rays may be needed to monitor the progress of your treatment. In addition, after your braces are removed, your orthodontist may recommend a final set of records. These may include X-rays, plaster models, and photographs. The new records will be used to plan your retention program, to check for tooth decay, and to determine the position and/or absence of your wisdom teeth. These records will also be used to gauge what changes might occur in the future due to tooth movement or growth.

## Removal of Teeth

As part of the orthodontic treatment, teeth may need to be removed. Your orthodontist will recommend removal of one or more teeth if it improves your prospects for a pleasing result.

Missing teeth, on the other hand, can make therapy more difficult. In such cases, treatment compromises may be necessary and an ideal result may be impossible to achieve.

## 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.) 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.

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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.**

## Timing of Treatment

Orthodontic treatment is appropriate when patients have baby teeth as well as permanent teeth. Your orthodontist will determine the appropriate timing of orthodontic treatment based on your specific needs.

Phase I “interceptive treatment” may begin while baby teeth are still present. Phase I is the first phase of an anticipated two-phase treatment service. This treatment corrects harmful conditions or makes dental and orthopedic corrections best managed while you are growing. Phase I treatment usually does not eliminate the need for further treatment of your permanent teeth.

In Phase II “comprehensive treatment” full braces are used to adjust the position of your permanent teeth to develop a proper bite and enhance facial esthetics. This phase can start before or after you have lost all your baby teeth, and is usually necessary after Phase I interceptive treatment.

## Estimated Length of Treatment

Your orthodontist may have estimated the length of treatment based upon the complexity of your orthodontic treatment, timing of treatment, growth estimates, and his/her experience treating similar cases. **It is only an estimate.**

Length of treatment time can be shortened or lengthened by patient cooperation, favorable or adverse growth, general medical and dental health, and the need for additional care by other health professionals.

## 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. Your orthodontist will recommend the right one for you.

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## Loss of Tooth Vitality

Occasionally some teeth may experience tooth discoloration and/or nerve degeneration during orthodontic treatment. This may happen for an unknown reason or with teeth that have a history of injury or tooth decay, have large fillings or periodontal problems. In such cases, root canal treatment might be necessary to maintain the tooth. Bleaching may also be recommended to restore a more natural tooth color.

## Impacted Teeth

Teeth are described as “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 ultimate desired treatment result.

An oral surgeon may be required to uncover or expose and place an attachment on the impacted tooth to facilitate its movement. 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 most common impacted teeth are the “wisdom teeth.” These teeth may not grow into place properly because the jaw has not grown sufficiently to accommodate proper eruption. Your orthodontist may recommend their removal.

## Ankylosed Teeth

In some instances, teeth will not move because they are abnormally attached or fused to the jawbone. This is known as ankylosis. 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 complete removal of the affected tooth.

## Injuries from Appliances

Numerous orthodontic appliances are used in orthodontic treatment. It is important that you follow your orthodontist’s instructions regarding their use. However, there is always some risk of injury in the use of these 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 and bands can also scratch or irritate your cheeks, gums, or lips. Your orthodontist will give you soft wax or silicone to cover problem areas like this. If you are having any problems, call the office for an appointment.



## Damon Appliance Chart

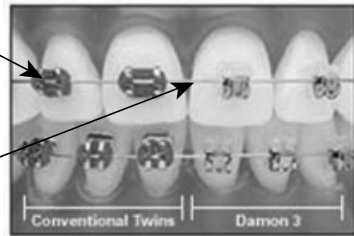
This illustration names the parts of your orthodontic appliance and shows how they work. If there is a problem with your braces, refer to this diagram when calling our office at 253.537.5565.

### Bonded Brackets

Our brackets are bonded directly to the tooth surface. They hold the archwires in place.

### Archwires

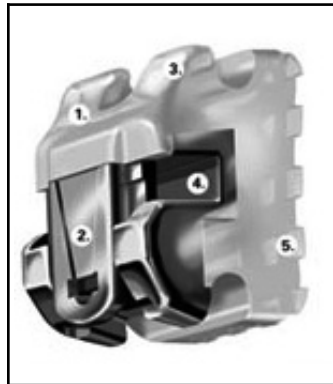
These act as a guide or track along the teeth that need to be moved. They are changed throughout treatment to bring your teeth closer to their ideal positions.



### More About Damon Brackets:

The Damon system uses "passive self-ligation", utilizing natural low forces in conjunction with the muscles of the face, the tongue, bone and tissue to passively move the teeth. Obviously, the system is more comfortable because less pressure is exerted against the teeth. The Damon System's increased efficiency allows for fewer adjustments and faster treatment. The bracket has an "open door" slide mechanism for wire changes, and office visits are less frequent and quicker.

1. Damon brackets are made with a combination of clear composite resin and stainless for a more subtle appearance.
2. Wire changes are simple as the precision slide mechanism opens by lightly pressing the button.
3. Rounded edges make the system very comfortable and easy to clean.
4. Slot walls are smooth for reduced friction. Its solid design is a major improvement over elastics or springs.
5. Base is designed for strong, reliable bonding.



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. Your teeth will want to adapt to these changes. In some cases, spaces may appear or not fully close. Shifting or settling of teeth following treatment, as well as after retention, will most likely occur in varying degrees. Previously rotated teeth, mouth breathing, or other uncontrolled muscle habits are frequent causes. Some of these changes are desirable while others are not. Rotations, crowding of the lower front teeth, slight spaces in the extraction sites or spaces in the upper front teeth are the most common examples. Wearing your retainer as recommended by your orthodontist 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 your retainer for your lifetime.

Your orthodontist may recommend, 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.

### Facial Growth Pattern

Occasionally insufficient or excessive jaw growth can limit your orthodontist's ability to achieve or maintain desired results. On rare occasions, it may become necessary to recommend a change in the original treatment plan. These changes may include the removal of one or more teeth and/or corrective jaw surgery.

### Adverse Growth Pattern (Adverse Jaw Growth)

Orthodontists are trained to estimate, not predict growth tendencies of their patients. Your orthodontist 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, your orthodontist may charge additional fees for extended treatment time or offer you changes in treatment goals. In some instances, your orthodontist 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.)

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## ■ What Will Be Expected of You During Orthodontic Treatment?

### Your Cooperation is Essential

Generally speaking, excellent orthodontic treatment results are attained with cooperative, informed and committed patients and parents. Successful treatment is a team effort: patients, parents, the orthodontist and a specially trained staff working together. The rewards? Your radiant smile, your healthy teeth, and your glow of new self-confidence.

For a most pleasing result in the shortest period of time and at the lowest cost, you must:

1. Keep regularly scheduled appointments and be on time. Your orthodontist team will make every effort to be on time for you.
2. Practice and achieve effective oral hygiene.
3. Wear your elastics and retainers and all other auxiliary appliances as instructed.
4. Call the office should you experience loose or broken appliances (braces). Do not wait until your next appointment to do so. Additional time may be needed to repair your appliances.
5. Eat a well-balanced diet.
6. Avoid chewing on hard, crunchy or sticky foods, ice, and other objects that may damage the appliances.
7. Follow all other instructions provided by the orthodontist and orthodontic staff. Instructions are often based on many years of education and proven experience.

A failure to follow instructions may require your orthodontist to change the procedures and goals of your treatment. As a last resort, treatment may have to be discontinued. Discontinuation of treatment may lead to problems involving teeth, gums, jaw joints, or severe relapse of tooth positions. This may be worse than no treatment at all. Cooperation throughout treatment is your best way to achieve a pleasing smile and a good bite.

Please remember that following directions and recommendations are your responsibility. Your orthodontist will encourage you, but cannot assume responsibility for making sure you follow directions.

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## Swollen Gums and Periodontal Problems

Ineffective tooth brushing and flossing may cause your gum tissue to become sore and swollen. The swelling may cause your gums to contact your braces leading to even more soreness. Should this condition become severe, swelling may lead to receding gums and gradual loss of supporting bone around your teeth.

If severe gum or periodontal problems occur during orthodontic treatment, and if not controlled or corrected, 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, will be advised. If periodontal problems cannot be controlled, treatment may be discontinued.

Gum recession can be common in adult malocclusions (faulty bite). Aligning your teeth may leave triangular spaces between the front teeth, contributing to esthetic problems and entrapment of food particles. Most often, these spaces can be reduced or eliminated by slightly narrowing the wider portion of the teeth and closing the spaces by bringing the teeth closer together. Other procedures by your general dentist specialist may be appropriate for providing the best esthetic result.

## Tooth Reshaping and Equilibration

Occasionally, your orthodontist may recommend removal of small amounts of enamel tooth structure to allow proper alignment, improved dental esthetics, or to improve the fit and function of your teeth. Additionally, your orthodontist may recommend adjustment, tooth reshaping, or equilibration of one or more chewing surfaces of your teeth to allow a better fit and function of your teeth in their new positions. This removal of tooth structure does not endanger the long-term health of your teeth or gums. Your orthodontist will explain these procedures in more detail should it apply to you.

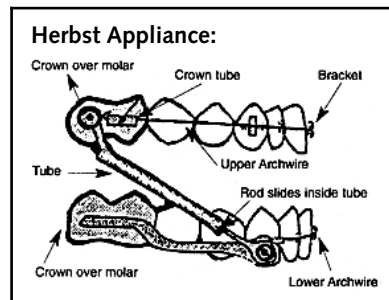
## Root Resorption

Root resorption is a shortening of the tooth roots. It can occur with or without orthodontic treatment and it is nearly impossible to predict. Some patients are predisposed to root resorption. Slight changes in root length are usually insignificant, but severe changes may jeopardize the longevity of one or more teeth. Your orthodontist may then recommend discontinuing treatment to minimize further root resorption. The risk of root shortening increases with increased treatment time. Therefore, your cooperation during treatment is very important to avoid or minimize the chances of root resorption.

**Loose Band, Bracket or Appliance:** If a bracket becomes detached from a tooth it is ok to leave it in place although it may be loose on the archwire. However, if any part is irritating your mouth try to cover with orthodontic wax. If a band or bracket actually comes off, wrap in tissue and bring with you on your next visit. Please call ASAP concerning any bracket damage so that we can schedule adequate time for your repair work.

**Loose Wire:** An irritating loose wire can be covered with wax as well. It may also be pushed back into place by another person using an eraser, spoon or tweezers, or clipped back with fingernail clippers.

## Your Herbst Appliance



Your Herbst appliance works using sliding rods and tubes that are fixed to the crowns on the molars of your upper and lower jaw. Occasionally, the appliance may come apart if a rod slides out of a tube. If this should happen, simply open wide and carefully slide the rod back into the tube, and close your mouth normally. You may need to use a mirror in this case.

*In the following instance, please call our office immediately:*

- A rod or tube becomes detached.
- A rod gets stuck inside a tube, limiting movement of your jaw.
- A crown loosens from the tooth.
- Any other breakage.

*Try to save any loose or broken pieces and bring with you to our office. Please call if you have any questions.*

## YOUR FIRST WEEK IN BRACES

### THINGS YOU CAN EAT:

Soup  
Plain Oatmeal  
Scrambled Eggs  
Yogurt  
Applesauce  
Cream of Wheat  
Baked Potato w/o skin  
Jell-o  
Spaghetti w/o meat

Milk Shake  
Smoothie  
Macaroni and Cheese  
Soft Ice Cream w/o nuts  
Pudding  
Mashed Potatoes  
Cottage Cheese  
Pancakes  
Top Ramen

### THINGS TO AVOID:

Chewing pens or pencils  
Chewing fingernails  
Playing contact sports w/o a mouth guard  
Picking or playing with braces or wires

### HELPFUL HINTS:

Throughout treatment, your wires or braces may cause irritation to your cheeks, lips, or gum tissue. It is helpful to use orthodontic wax to aid in discomfort while getting use to your braces. In addition, the wires we use are titanium based meaning that they work in conjunction with the natural warmth in your mouth. It is sometimes possible to accelerate your treatment by swishing with very warm the wires. This helps especially prior to eating meals.

## **Food List for Orthodontics**

### Eating habits that must stop!

Absolutely no gum  
Sticky candy (caramels, taffy, starburst, skittles, all **gummy** snacks, etc.)  
Ice (chewing)  
Popcorn, nuts, corn nuts  
Hard edge of pizza (crust)  
Hard candy (jolly ranchers, lifesavers, frozen candy bars, etc.)  
Ribs  
Large pieces of meat (should be cut into small pieces)  
Pop drinking on special occasions only  
Do not suck on lemons or limes (it is harmful to tooth enamel)  
Do not chew on any hard objects (pencils, fingernails, etc.)

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## Eating habits that must yield!

Whole fruits & vegetables

(apples & carrots should be sliced & eaten very carefully)

Hard, crusty breads & bagels (should be broken & eaten in small pieces)

Hard corn chips & hard potato chips (require special care too)

Fresh corn (should be sliced off the cob)

**Hard** foods may do damage by bending wires, loosening cement under the bands or breaking the little brackets. **Sticky** foods damage appliances by bending wires and pulling cement loose. Foods high in **sugar content** should be avoided whenever possible. If you do eat any of them, eat only at the end of a meal and brush your teeth immediately. If not convenient to brush, then always rinse your mouth with water after eating very sweet foods like candy or pop.

A **careful** orthodontic patient can eat almost any food and do no damage to his/her appliance. However, there are many other foods which **may** cause trouble. **Use common sense** when choosing foods to put in your mouth. To be safe, ask us if you are in doubt about eating them.

## **Mouth Drying Pill**

Your orthodontist may prescribe a mouth drying pill (Sal Tropine) for oral use only. I have read the information provided and understand that a copy is available upon request.

## **Habits**

Uncorrected finger or thumb habits as well as atypical swallowing may cause treatment to be extended longer than anticipated. Uncontrolled muscle habits may also cause undesirable tooth shifting following treatment. Grinding and/or clenching the teeth may promote or aggravate jaw problems (TMD) and may increase the tendency for teeth to shift. If significant, undesirable shifting of the teeth occurs (relapse), then retreatment may become necessary along with a new treatment fee.

## **FLUORIDE**

Fluoride is a **MUST** when wearing braces. Topical fluoride helps to protect the tooth enamel from decalcification.

Decalcification is an etching that occurs to the tooth enamel and is permanent. The acid found in soda pop, high amounts of sugar in the diet, and improper cleaning will all result in decalcification.

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Topical fluoride is for the protection of exposed tooth enamel. Continue taking any previously prescribed fluoride tablets, as they are for the protection of teeth still developing.

It is important to use your fluoride everyday and not to eat or drink for at least 30 minutes after using the fluoride. Be sure to brush prior to applying the fluoride.

## **BE SURE TO SEE YOUR GENERAL DENTIST EVERY THREE TO SIX MONTHS FOR YOUR GENERAL DENTAL NEEDS AND CLEANINGS!**

## **Cavities and Decalcification**

Orthodontic appliances (braces) do not cause cavities or decalcification (white or brown tooth scars). Braces do trap food particles and plaque and increase your likelihood of developing cavities or decalcification if you do not effectively clean your teeth.

Most patients are able to prevent these problems with a combination of proper diet, effective 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. Floss once a day. Effective oral hygiene and plaque removal is essential. **Remember to avoid sticky candies and foods and minimize beverages high in sugar and limit snacks.**

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

## **CAN YOU FIX IT? YES YOU CAN**

From time to time you may experience a problem with your braces while at home. Here are some common orthodontic appliance problems that you can easily fix on your own. However, please do not hesitate to call us for assistance if you are unable to correct the situation.

**Gum Soreness:** Rinsing your mouth with warm water mixed with salt often alleviates soreness. Ibuprofen is another option for relief from minor discomfort.

**Teeth Soreness Due to Wire Change:** Drink cold liquids to relax the wire and give temporary relief. Ibuprofen can also be used.