



INFORMED CONSENT IN ORTHODONTICS

Dear Parent/Patient,

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the decision to wear orthodontic appliances.

Perfection is our goal. However, in dealing with human beings and problems of growth and development, genetics, and patient cooperation, achieving perfection is not always possible. Often a functionally and aesthetically adequate result must be accepted.

Throughout life, tooth position is constantly changing. This is true with all individuals regardless of whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same subtle changes that occur in non-orthodontic patients. In the late teens, or early twenties our patients may notice slight irregularities developing in their front teeth. This is particularly true if their teeth were extremely crowded prior to treatment.

Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be eliminated.

On rare occasions the nerve of a tooth may become non-vital. A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontics treatment. An undetected non-vital tooth may flare up during orthodontic movement requiring endodontic (root canal) treatment to maintain it.

In some cases, the root ends of the teeth are shortened during treatment. This is called resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life, root resorption could reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, or idiopathic reason can also cause root resorption.

There is also a risk that problems may occur in the temporo-mandibular joints (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction can improve tooth related cause of TMJ pain but not in all cases. Tension appears to play a role in the frequency and severity of joint pains.

Occasionally, a person who has grown normally and in the average proportion may not continue to do so. If growth becomes disproportionate, the jaw relation can be effected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control.

The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic wear, broken appliances, and missed appointments are all important factors which could lengthen treatment time and affect the quality of the results.

I have read and fully understand the above.

Signature of Parent/Guardian, or Patient

Date