

# MESSINGHAM ORTHODONTICS

## POTENTIAL RISKS AND LIMITATIONS OF ORTHODONTIC TREATMENT

*To our patients,*

Excellent orthodontic results can be achieved with informed and cooperative patients. The following information is 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. Please feel comfortable to ask any questions you may have about this.

**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. Regular dental visits must be maintained.

**Teeth have a tendency to rebound towards their original position after orthodontic treatment.** This is called relapse. Very severe problems have the highest tendency to relapse. The most common area for relapse is the lower front teeth. After removal of the braces, retainers are prescribed to minimize relapse. Full cooperation with retention is vital. We will align the teeth to the highest standards and in some cases overcorrect in order to accommodate individual rebound tendencies. When/if retention is discontinued, some movement is still possible. Just as the body changes with time, so does your smile. In some patients, lifelong retention or even permanent retention is needed to maintain the finished results.

**A nonvital or “dead tooth” is a possibility.** A tooth that has been traumatized from deep fillings or a physical injury can die over a long period of time with or without orthodontic treatment. Undetected nonvital teeth may “flare up” during orthodontic tooth movement, requiring endodontic treatment (root canal).

**Smoking and tobacco use can also negatively affect orthodontic treatment.** Patients should inform the doctor of any tobacco use during treatment.

**In some cases, the root ends of the teeth may be shortened during treatment.** This is called root resorption. Under healthy circumstances the shortened roots are not harmful or a disadvantage. However, in the event of gum disease, the shortened root could reduce the longevity of affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, impaction, endocrine disorders, or idiopathic reasons can cause root resorption.

**There is also a risk that problems may occur in the temporomandibular joints (TMJ).** Although this is rare, it is a possibility. Tooth alignment or bite correction may improve tooth related causes of TMJ pain, but not in all cases. Tension and family genetics play a primary role in the frequency and severity of joint problems.

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

**The total treatment time can be delayed beyond our estimate.** Lack of facial growth, broken appliances, poor oral hygiene, and missed appointments all contribute to this problem. The primary reason for extended treatment time is poor cooperation from the patient with the prescribed treatment from the doctor. Excellent compliance with elastic wear is mandatory. Finishing with a compromised result because of poor patient cooperation is never a desired treatment goal, but of course a possibility.

So, please, let’s make every effort to do it right the first time. I am confident with good cooperation from the “team” (doctor, staff, your family and you) that you will enjoy your treatment results. If you have any questions about the risks of orthodontic treatment, please ask. Thank You!

*I have read and reviewed the above information of the potential risks of orthodontic treatment. If I did not understand any of the risks described above, I will discuss my questions with the doctor prior to beginning orthodontic treatment.*

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Signature

Date