

YOUR ORTHODONTIC TREATMENT

Informed Consent for the Orthodontic Patient



American Association of Orthodontists

Orthodontics

An exciting treatment that can provide:

- better health and comfort
- improved appearance
- enhanced self-esteem

As a general rule, positive orthodontic results can be achieved by informed and cooperative patients. Thus, the following information is routinely supplied to all who are considering orthodontic treatment. While recognizing the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that treatment should be avoided, but they should be considered in making the decision whether or not to undergo orthodontic treatment. Orthodontic treatment usually proceeds as planned; however, as in all areas of the healing arts, results cannot be guaranteed, nor can all consequences be anticipated.

Orthodontics plays an important role in improving one's oral health and in achieving balance and harmony between the teeth and face for a beautiful, healthy smile.

Because of individual conditions present and the limitations of treatment imposed by nature, each specific benefit may not be attainable for every patient. The unknown factor in any orthodontic correction is the response of the patient to the orthodontic treatment.

Purpose of the Procedures

Ordodontics strives to improve the bite by helping to direct the forces placed on teeth, thus protecting them from trauma during ordinary everyday activities, such as chewing.

Orthodontics distributes the forces of chewing throughout the mouth to minimize stress on bones, roots, gum tissue and jaw joints.

Orthodontic treatment may eliminate potential dental problems, including abnormal tooth wear. It may also reduce tooth decay and future periodontal problems by making it easier to care for the teeth and gums by aiding good oral hygiene.

Risks

All forms of medical and dental treatment, including orthodontics, have risks and limitations. Fortunately, complications are infrequent in orthodontics, and when they do occur, they are usually of minor consequence. Nevertheless, they should be taken into account in deciding whether to undergo orthodontic treatment. Some of the primary concerns involved in orthodontic treatment may include:

1. Tooth decay, gum disease, or permanent white markings (decalcification) on the teeth can occur, particularly if the orthodontic patient eats foods containing excessive sugar and/or does not brush his/her teeth frequently and properly. 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.

2. In some patients, the roots of some teeth may be shortened during orthodontic treatment. Usually this shortening is minimal and does not have significant consequences, but on rare occasions it may become a threat to the longevity, stability and/or mobility of the teeth involved.

3. The bone and gum tissue which support the teeth may be affected by orthodontic tooth movement if an unhealthy condition already exists, and in some rare cases where it doesn't. In general, however, orthodontic treatment lessens the possibility of tooth loss or gum infection

due to misalignment of the teeth or jaws. Inflammation of the gum tissue and loss of supporting bone can occur particularly if bacterial plaque is not removed daily through good oral hygiene.

4. Teeth may have a tendency to change their positions after treatment. Proper wearing of retainers should reduce this tendency. Throughout life the bite can change adversely from various causes, such as eruption of wisdom teeth, genetic influences which control the size of the tongue, the teeth and the jaws, growth and/or maturational changes, mouth breathing, playing of musical instruments and other oral habits—all of which may be beyond the control of the orthodontist. There are times when tooth and/or jaw position may change adversely following treatment to a degree that additional treatment is recommended. The extent of further treatment would depend on, among other things, the nature of the problem and might involve a variety of potential treatment modalities including the replacement of braces.

5. Occasionally problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above noted symptoms should be promptly reported to the orthodontist.

6. Development and eruption of teeth is a complex process. Occasionally, primary teeth become fused to the bone (ankylosis) and will not move. This is particularly true when there is no permanent successor (tooth underneath). The fused primary tooth then remains lower than the rest of the teeth which continue to erupt during normal development. This problem can also occur with permanent teeth.

7. A tooth/teeth may have been traumatized by an accident or a tooth may have large fillings that can cause damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition and in some instances necessitate root canal treatment.

8. Orthodontic appliances are composed of very small parts connected together. They could be accidentally swallowed, aspirated, or could irritate or damage the oral tissues. Checks and lips may be scratched or irritated by loose or broken appliances or by blows to the mouth. Post-adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with individuals and with the procedure performed. (Typical post-adjustment tenderness may last 24-48 hours.) You should inform your orthodontist of any unusual symptoms or of any broken/loose appliances, as soon as they are noted.

Surgical Considerations

9. Patients may inadvertently get scratched, poked or receive an injury to a tooth with potential damage to or soreness of oral structures. Abnormal wear of the teeth is also possible if a patient grinds the teeth excessively.

10. If inappropriately handled, or when impacted, a headgear may cause injury to the face or eyes, even blindness. There have been a few reports of injury to the eyes of patients from wearing headgear. Patients are warned not to wear their headgear or appliances during times of horseplay, playing sports or other competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.

11. Oral surgery, tooth removal or orthognathic surgery (surgical realignment of jaws), may be necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. You should discuss the risks involved with treatment and anesthesia with your general dentist or oral surgeon before making your decision to proceed with this procedure.

12. Atypical formation of teeth, or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. At times, changes after treatment require additional treatment or, in some cases, surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment may adversely alter the treatment results.

13. The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliances or elastics the required hours per day, poor oral hygiene, broken appliances, missed appointments and other factors can lengthen the treatment time and can adversely affect the quality of the end result.

14. When clear or tooth colored brackets have been used, there have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition and enamel flaking or fracturing on debonding. Fractured brackets may result in remnants which might be harmful to the patient.

15. Orthodontic appliances (braces) are selected to provide a specific therapeutic result. The type of appliance, construction and material content may vary. Some patients may have allergies to component materials that may result in adverse reactions and require alteration or cessation of orthodontic treatment with corresponding limits on success of therapy. Although exceedingly rare, medical management of dental material allergies may be required.

16. Due to the wide variation in the size and shape of teeth, or missing teeth, achievement of an ideal result (for example, complete closure of space) may require restorative dental treatment. The most common types of dental treatment are cosmetic bonding, crown and bridge restoration and/or periodontal therapy. You are encouraged to ask questions about adjunctive dental and medical care.

17. General medical problems, such as bone, blood or endocrine disorders, can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your health.

Possible Alternatives

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition and decide to live without orthodontic correction or improvement. Alternatives to orthodontic treatment for any particular patient depends on the specific nature of the individual's orthodontic problem, the size, shape and health of the teeth, the physical characteristics of the supporting structure and the patient's aesthetic considerations.

Alternatives could include, but not be limited to:

1. Extraction versus treatment without extraction;
2. Orthognathic surgery versus treatment without orthognathic surgery;
3. Possible prosthetic solutions; and
4. Possible compromised approaches.

You may wish to discuss possible treatment alternatives or other treatment questions with your orthodontist prior to beginning your orthodontic care.

If the treatment plan presented by your orthodontist includes surgical movement of the jaws as well as orthodontics, the following items should be considered in making the decision to proceed with treatment.

1. Movement of teeth with orthodontic appliances prior to the orthognathic surgery is done to position them in their respective jaws, not to correct the bite in the present jaw position. The appearance and bite may actually worsen during this phase of treatment.
2. Changing the treatment plan at the patient's request from a surgical to a non-surgical treatment can cause increased treatment time and/or a compromise in the treatment results.
3. A change in treatment plan should also be discussed with your family dentist and oral surgeon.
4. Orthognathic surgery can create financial concerns. A consultation with an oral and maxillofacial surgeon before treatment begins is helpful in making the decision whether or not to proceed with the proposed treatment plan.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understood this form and also understand that there may be other problems that occur less frequently or are less severe, and that the actual results may be different from the anticipated results.

Dr(s) _____ has/have) discussed the orthodontic treatment for _____ with me. I have been asked to make a choice about that treatment. I have been presented information to aid in the decision-making process, and I have been given the opportunity to ask the above doctor(s) all questions I have about the proposed orthodontic treatment and information contained in this form.

CONSENT TO UNDERGO

ORTHODONTIC TREATMENT

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment described by the above doctor(s) for the above individual. I fully understand all of the risks associated with the treatment.

AUTHORIZATION FOR RELEASE

OF PATIENT INFORMATION

I hereby authorize the above doctor to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has/have) no responsibility for any further release by the individual receiving this information.

SURGICAL SUPPLEMENT

If the orthodontic treatment plan includes correction of the malocclusion by orthodontic appliance (braces) therapy in conjunction with orthognathic (corrective jaw) surgery, I understand that oral surgery is necessary in conjunction with the above patient's orthodontic treatment. I authorize the office(s) of the above doctor(s) to communicate with the surgeon and release information from the above patient's treatment record to the designated surgeon. I acknowledge that expenses incurred from the surgery are separate from orthodontic treatment expenses, and I will be responsible to the surgeon and hospital for all such expenses.

I understand that if I do not complete the surgical component of the treatment plan that I may have a compromised treatment result and other complications. I hereby agree not to hold the above doctor(s) and staff liable for any compromised treatment resulting from my failure for any reason to follow the treatment plan.

OFFICE COPY

Signature (Patient, Parent or Legal Guardian) _____
Date _____

Signature (Orthodontist) _____
Date _____

Witness _____
Date _____

PATIENT'S AUTHORIZED REPRESENTATIVE
If you are consenting to the care of another: I have the legal authority to sign this on behalf of _____

Relationship to Patient _____
Signature _____
Date _____

Witness _____
Date _____

OPTIONAL

CONSENT TO USE OF RECORDS

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.
I have the legal authority to sign this on behalf of _____

Relationship to Patient _____
Signature _____
Date _____

Witness _____
Date _____