

HEADGEAR INJURIES

If you need to wear headgear, you must understand that it can cause injury if handled incorrectly. It must not be worn when it could be bumped or pulled off, such as during sporting activities, especially contact sport. "Horseplay" is an absolute "no-no" while headgear is being worn.

When removing headgear the elastic force must be released before the facebow is removed from the teeth, to prevent the facebow springing back into the face or eyes.

ANKYLOSIS

This rare condition occurs when the root of a tooth is fused directly to the surrounding bone. Such teeth stop erupting and cannot be moved. It is more common in deciduous teeth. Ankylosis is very hard to predict and usually cannot be seen on an x-ray. Ankylosed teeth can only be moved surgically and may need to be extracted.



ABNORMAL GROWTH

Growth of the face and jaws is beyond the control of an orthodontist. It is impossible to accurately predict growth and treatment results. Insufficient, excessive or asymmetrical growth of the jaws may limit our ability to achieve a desired result.

Sometimes growth of the face and jaws will change during or after orthodontic treatment. This could affect the result and further treatment may be needed. In cases of severe atypical facial growth, jaw surgery may be recommended in combination with orthodontic treatment.

WHAT EVERY PATIENT MUST DO

- Maintain excellent oral hygiene
- Wear all appliances, elastics and retainers as instructed
- Avoid activities and food that may damage appliances
- Minimise sweet and acidic food and drinks (especially fizzy drinks) to help prevent decalcification and tooth decay
- Report problems promptly
- Keep all appointments as scheduled
- Visit a dentist or school dental therapist regularly during treatment

This brochure has been produced by the



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- The NZAO has approx 70 full members
- Only registered specialists can be full members
- It promotes the highest standards of care in orthodontics in New Zealand
- It runs courses & conferences to update members and other dental professionals on latest advances in orthodontics
- It assists in the accreditation of its members
- The NZAO supports research in orthodontics at the University of Otago

Your orthodontist:

To contact the NZAO, or find out more about orthodontics in New Zealand, visit our website:

www.orthodontists.org.nz

What you
need to know



about
orthodontic
treatment



we build great smiles

Orthodontic treatment is very rewarding. It gives people attractive smiles and can improve their dental health.

It is very much a partnership between the patient, parent and orthodontist. It frequently takes quite a long time and depends very much on a patient faithfully following instructions.

As with all health care, there are some risks and limitations associated with orthodontic treatment. Fortunately they are infrequent, usually minor and are rarely sufficient to prevent a person from having orthodontic treatment. Treatment usually goes as planned, but results cannot be guaranteed.

Patients or parents need to give full and informed consent prior to orthodontic treatment. This brochure outlines potential problems associated with orthodontic treatment. Please read it carefully and ask your orthodontist to explain anything that you do not understand.



ORAL HYGIENE

Gum disease, tooth decay and permanent discolouration of the teeth can occur if orthodontic patients do not clean their teeth frequently and correctly. These same problems occur without orthodontic treatment, but the risk is greater when orthodontic appliances are worn because plaque and food debris can build up more readily. It is important to maintain excellent oral hygiene when having orthodontic treatment.

PAIN AND INJURY

Because the mouth and teeth are very sensitive, a period of adjustment must be expected after orthodontic appliances are fitted. It is normal to experience some discomfort for the first few days and sometimes after an adjustment. The level of discomfort varies between individuals and is usually eased with normal pain relief medication.

The gums, cheeks, tongue and lips may be irritated by newly placed appliances or by bumps to the mouth. You will be given instructions on how to treat this. The mouth tissues do adjust to the appliances.

EXTENDED TREATMENT TIME

Before treatment commences your orthodontist will give you an estimation of the time your treatment should take. This will be based on experience with similar problems, but it can only be considered an estimation because treatment time is influenced by a number of factors. Teeth move at different rates for each individual. Facial growth, abnormal response to treatment, poor co-operation, damaged appliances and missed appointments can extend treatment time and even affect the quality of the result.

Some medications (e.g. non-steroidal anti-inflammatory drugs such as Ibuprofen) may slow or even stop tooth movement, so it is important that you mention any medication to your orthodontist.

Patients who co-operate fully achieve the best results in the quickest time.



LOOSE PARTS

Care must be taken to avoid activities and food that could loosen or dislodge parts of your orthodontic appliances, which could be swallowed or inhaled. If you notice a loose part you should contact your orthodontist's receptionist.

RESHAPING TEETH

For some patients it is difficult to achieve an ideal result because of the number, size or shape of their teeth. Fine-tuning the bite may be recommended by the reshaping or building up of some teeth.

CHANGES AFTER TREATMENT

Immediately following the removal of orthodontic appliances, teeth have a tendency to "rebound" towards their original positions. To counter this, retainers are usually fitted. Failure to wear retainers as instructed can result in unwanted movement of some teeth.

It is also normal for teeth to move as we age, even in people who have not had orthodontic treatment. Sometimes minor change after treatment has to be accepted as the best result, unless retainers are worn indefinitely.

ROOT SHORTENING

It is normal for the end of a root to become rounder and sometimes slightly shorter when a tooth is moved, but this is of no clinical consequence. Some people are susceptible to more significant root shortening, but this is difficult to predict. Very short and very tapered roots may be more at risk. In some rare cases root shortening is severe enough to warrant changing or stopping treatment.

PERIODONTAL (GUM) PROBLEMS

The health of the bone and gums that support the teeth may be affected during orthodontic treatment, especially when there is a previous history of gum disease. Excellent oral hygiene is needed to prevent gum disease during treatment and more frequent cleans with a dentist or hygienist may be required.



TOOTH VITALITY

Sometimes a tooth may die and discolour. This is usually a consequence of an injury prior to or during orthodontic treatment. If this occurs, you will be referred to your dentist.

ALLERGIC REACTIONS

Allergic reactions to materials used in orthodontics rarely occur. If you have a metal or latex allergy or develop a rash of mouth ulcers tell your orthodontist immediately.

JAW JOINT PROBLEMS

On rare occasions problems may develop with the "jaw joint" which may present as pain, headaches or ear discomfort. They are caused by many factors unrelated to orthodontic treatment, including stress. Some people are more susceptible.

Realignment of the teeth and improvement of the bite may alleviate this condition, but not always. If the problem persists a referral to another specialist may be required.