

What is Orthodontics?

Orthodontics is the branch of dentistry that corrects teeth and jaws that are positioned improperly. Crooked teeth and teeth that do not fit together correctly are harder to keep clean, are at risk of being lost early due to tooth decay and periodontal disease, and cause extra stress on the chewing muscles that can lead to headaches, temporomandibular joint dysfunction and neck, shoulder and back pain. Teeth that are crooked or not in the right place can also detract from one's appearance.

The benefits of orthodontic treatment include a healthier mouth, a more pleasing appearance, and teeth that are more likely to last a lifetime.

How do I Know if I Need Orthodontics?

Only your dentist or orthodontist can determine whether you can benefit from orthodontics. Based on diagnostic tools that include a full medical and dental health history, a clinical exam, plaster models of your teeth, and special X-rays and photographs, an orthodontist or dentist can decide whether orthodontics are recommended, and develop a treatment plan that's right for you.

If you have any of the following, you may be a candidate for orthodontic treatment:

Overjet, sometimes called "buck teeth"—where the upper front teeth lie too far forward (stick out) over the lower teeth

Underbite — a "bulldog" appearance where the lower teeth are too far forward or the upper teeth too far back

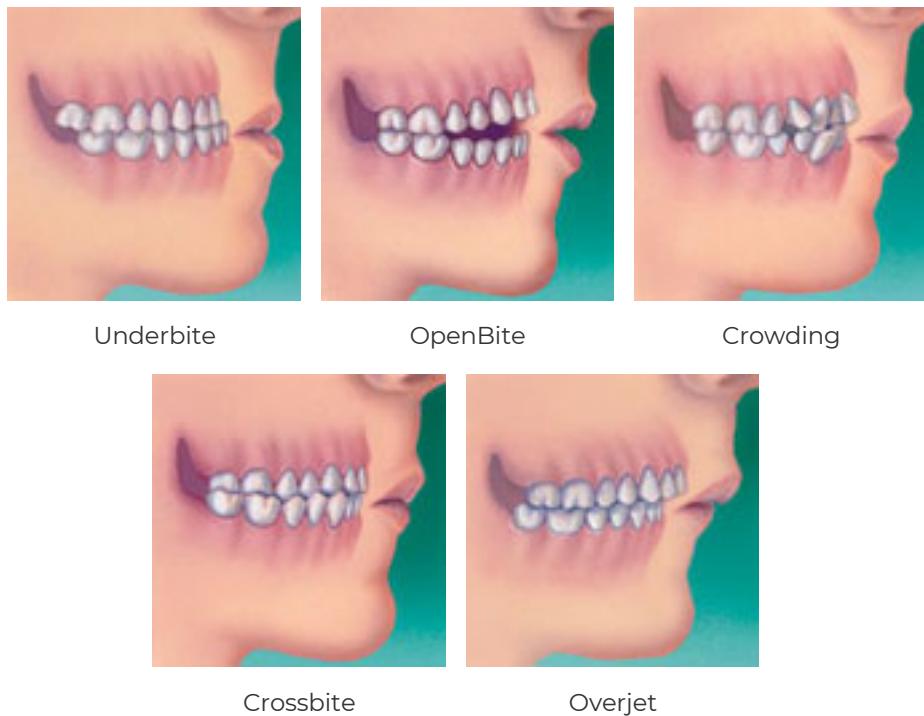
Crossbite — when the upper teeth do not come down slightly in front of the lower teeth when biting together normally

Open bite — space between the biting surfaces of the front and/or side teeth when the back teeth bite together

Misplaced midline— when the centre of your upper front teeth does not line up with the centre of your lower front teeth

Spacing — gaps, or spaces, between the teeth as a result of missing teeth or teeth that do not "fill up" the mouth

Crowding — when there are too many teeth for the dental ridge to accommodate



How Does Orthodontic Treatment Work?

Many different types of appliances, both fixed and removable, are used to help move teeth, retrain muscles and affect the growth of the jaws. These appliances work by placing gentle pressure on the teeth and jaws. The severity of your problem will determine which orthodontic approach is likely to be the most effective.

Types of appliances

Braces — the most common fixed appliances, braces consist of bands, wires and/or brackets. Bands are fixed around the teeth or tooth and used as anchors for the appliance, while brackets are most often bonded to the front of the tooth. Arch wires are passed through the brackets and attached to the bands. Tightening the arch wire puts tension on the teeth, gradually moving them to their proper position. Braces are usually adjusted monthly to bring about the desired results, which may be achieved within a few months to a few years. Today's braces are smaller, lighter and show far less metal than in the past. They come in bright colours for kids as well as clear styles preferred by many adults. Less visible ceramic brackets can be used instead of metal brackets.

Aligners (Invisalign™) — an alternative to traditional braces for adults, serial aligners are being used by an increasing number of orthodontists to move teeth in the same way that fixed appliances work, only without metal wires and brackets. Aligners are virtually invisible and are removed for eating, brushing and flossing.

Palatal expander — a device used to widen the arch of the upper jaw. It is a metal appliance that is fixed to the upper teeth. Outward pressure applied by screws that gently push the joints in the bones of the palate to open lengthwise, widening the palatal area.

ORTHODONTIC TIMELINE EXPLAINED

1. Initial examination.

Your dentist will perform a full examination of your teeth and may take some x-rays to ensure that you are 'dentally fit' for orthodontics. These procedures may include getting your teeth cleaned and receiving instructions about your oral hygiene. Any fillings or extractions required must be completed prior to commencing orthodontics.

2. Orthodontic records.

To perform an accurate computerised analysis of orthodontic options, records will need to be taken. These records include an OPG x-ray and a lateral cephalogram (x-ray from side of face) and impressions for study models. Information from these records will be analysed to produce customised treatment plans. There will be a cost associated with collecting and analysing records. However, if you proceed with orthodontic treatment, the cost of these records will be deducted from your treatment costs.

3. Orthodontic consultation.

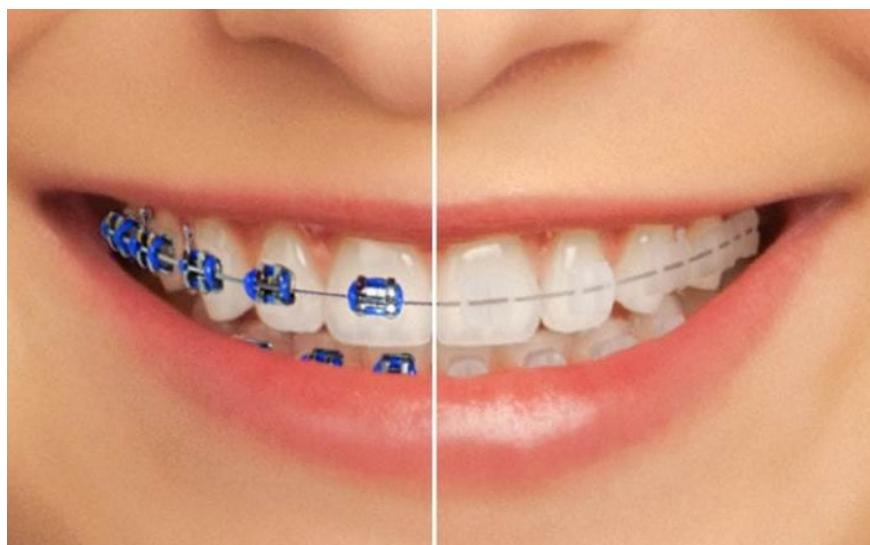
Once preparation is completed, you will have an extended orthodontic consultation. We will discuss with you (and your family) the full treatment plan, including commencement, duration and cost. You can ask the orthodontic provider any questions you may have about your treatment.

This consultation will be held in conjunction with the treatment coordinator. We will give you information on plan details, cost, payment options and general information about living with braces. You can discuss payment plan options and ask any general questions you may have about your proposed treatment. The coordinator will then arrange your upcoming appointment/s if you agree to treatment. No payment is required at this time.

4. Orthodontic treatment.

In most cases, a pre-fitting appointment/s will be required to place separators and size bands. This is to ensure that the custom-made molar bands are correctly sized. This may occur one week before braces are fitted.

Time for braces! Your orthodontic provider will fit the braces in an appointment that usually takes around 2 hours. Depending on the payment plan option you chose, full payment or a deposit of the treatment cost is to be paid at this appointment.



Braces remain on the teeth for the entire duration of treatment. You will be required to attend appointments approximately every 4-8 weeks for adjustments, wire changes, etc. Treatment usually takes 18-24 months. The time will vary depending on the severity of your problem, the type of treatment and your cooperation (e.g. oral hygiene and care). During treatment, you may need to wear such items as rubber bands and/or headgear with your braces. These items provide important extra forces for the correction of your bite. Your orthodontic provider will advise you if these are required as part of your treatment.

At the completion of the active part of your treatment, the orthodontic provider will remove the braces, and then retaining appliances (retainers) are fitted to hold the teeth steady in the new position. These appliances may be removable plates or wires fitted behind the teeth and may have to be worn for a period of up to two years. Retainers play an important role in treatment, for if they are not worn according to the instructions, your teeth may move back towards their original position. Your corrected teeth are observed periodically for up to two years after your orthodontic appliances have been removed, to check retention and monitor your treatment. This may involve appointment intervals of 3 months, 6 months, 12 months and 24 months after your braces have been removed. These appointments are part of your orthodontic treatment cost.



You should continue to attend your regular check-up during the course of your orthodontic treatment.

FREQUENTLY ASKED QUESTIONS

Why do people get braces?

Not everyone's teeth are perfectly straight. Braces are usually recommended to improve your physical orofacial appearance. Problems like crooked or crowded teeth, overbites, underbites, incorrect jaw position and disorders of the jaw joints are corrected with orthodontic treatment. Correcting these problems improves your smile and makes it easier to maintain your oral health.

When is the right time for braces?

Patients with orthodontic problems can benefit from treatment at nearly any age. An ideal time for treatment is between 10-14 years of age, and the head and mouth are still growing and teeth are easier to straighten.

However, braces aren't just for kids. Adults can benefit from orthodontic treatment too. The same treatment may take longer in adults than in children, and different appliances or procedures may be required.

What kind of braces will I have to wear?

Your orthodontic provider will know what appliance is best for your treatment, but the patient often has a choice. The most popular type is metal or plastic brackets bonded to the teeth. Bands are usually used on molars which wrap around your teeth. Clear Invisalign™ aligners are a less noticeable option. No matter what your age, you can choose braces that are subtle or obvious. There are choices of coloured elastics that attach onto the brackets.

How long will I have to wear them?

That depends on the treatment plan. The more complicated your problem, and the older you are, the longer the period of treatment. Most patients can expect to wear braces between 18 and 24 months, followed by wearing of a retainer for at least a few months up to two years, to set and align tissues surrounding the straightened teeth.

Will it hurt?

The wires used to move the teeth to the desired position are tightened each time you visit, which puts a bit of pressure on the brackets or bands. Your teeth or jaw may feel slightly sore after this is done, but the discomfort usually subsides in a few days.

What can I eat?

Having braces does limit the types of food able to be eaten somewhat. Hard and sticky lollies should be avoided as it may dislodge the brackets. Foods high in sugar such as soft drinks are to be reduced in intake due to the higher risk of dental decay.

Is it harder to take care of teeth when wearing braces?

As the braces are an additional fixture in the mouth, they can trap food and plaque more readily. However, brushing after each meal and following the detailed oral hygiene instructions, we can maintain a healthy mouth. Flossing will be more difficult as the floss will have to be threaded under the wire. The use of interdental brushes is highly recommended to maintain healthy teeth and gums.

Is it true when braces are removed that the teeth get crooked again?

There are sometimes minor changes following orthodontic treatment. These changes are normally insignificant but reason for the retainer to be worn correctly. Retainers can be fixed, removable or both and are to be worn up to 2 years after treatment.

RISKS ASSOCIATED WITH ORTHODONTIC TREATMENT

As with all medical and dental procedure, risks are involved with orthodontics, which fortunately are usually mild and not of serious consequence. The following are main risks associated with orthodontic treatment.

DECALCIFICATION (permanent markings) of the teeth, dental decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly throughout the treatment period. Sugars and between-meal snacks should be avoided as much as possible.

RELAPSE – teeth have the tendency to rebound to the original positions after orthodontic treatment. This is called relapse and generally, the more severe the initial problem, the greater the tendency for relapse. The most common area of relapse is the lower front teeth. After band/bracket removal, retainers are placed to minimise relapse. Full co-operation in wearing these appliances is vital. We will make our orthodontic correction to the highest standards and in many cases, over-correct in order to accommodate the rebound tendencies. When retention is discontinued, some relapse is still possible.

NON-VITAL OR DEAD TOOTH – a tooth that has been traumatised from a deep filling of even a minor blow can die over a long period of time with or without orthodontic treatment. This tooth may discolour and/or flare up during orthodontic movement and require root canal treatment.

ROOT RESORPTION – the root ends of the teeth can become shortened during treatment. Under healthy conditions, the shortened roots are usually no problem. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine (hormonal) disorders or idiopathic (unknown) reasons can also cause this problem. In rare occasions, severe root resorption can lead to premature loss of a tooth.

JAW JOINT (TEMPOROMANDIBULAR JOINT OR TMJ) – problems can cause joint pain, clicking, headaches or ear problems. These problems can occur at any time during a lifetime and may occur before, during or after orthodontic treatment. Additional treatment may be required if TMJ problems develop. In many cases, tension or stress appears to play a role in the frequency and severity of joint pains.

JAW GROWTH PROBLEMS – sometimes, in growing patients, the jaws do not develop as one would normally expect. This problem is a biological process beyond the treating doctor's control and may affect the quality of treatment results.

PROLONGED TREATMENT TIMES – total treatment time can sometimes be delayed beyond our estimate. Excessive or deficient facial growth, poor patient co-operation, broken appliances and missed appointments are all factors which could lengthen treatment time and affect the quality of the result.

APPOINTMENT POLICY

Our aim is to provide all of our patients with the highest standard of orthodontic treatment and the best service possible. We therefore aim to provide you with appointment times that suit you.

In the event of a cancellation or a missed appointment, we will offer you the next available appointment time.

As a general rule, appointments are scheduled at 3-4 week intervals once orthodontic treatment has started. Although our office tries to schedule the majority of our school age patients after school or during holidays, it is necessary that some long appointments and appointments to repair breakages be scheduled during the school hours.

CONSENT FORM FOR FULL FIXED APPLIANCE (BRACES)

Patient's name: _____ Date of Birth: _____

Please tick each box below and return to reception prior to placing braces.

	I confirm that I am satisfied with the current treatment plan of my/my child's teeth and that any concerns have been discussed with the orthodontic provider. <i>If you still have some concerns, do not complete this form until you have discussed these with your orthodontic provider.</i>
	I can confirm that my/my child's orthodontic provider is satisfied with the orthodontic treatment plan that has been reached and has instructed me to book an appointment to place the braces.
	I understand that a highly trained orthodontic provider will be placing my/my child's braces. I understand that Dr. Long Ho is not a specialist orthodontist, but a general dentist trained in the field of orthodontics.
	I understand that my regular adjustment visits will need to be undertaken before the removal of the braces, which will prevent undesired tooth movements. I understand that it is important to comply completely with instructions regarding the care of the braces to achieve the desired outcomes of treatment.
	I understand occasionally, treatment objectives may have to be compromised. If growth in either jaw becomes disproportionate, the jaw relationship can be affected. This skeletal growth disharmony is genetically coded and beyond our control. It may also become necessary to stop orthodontic treatment short of the desired result, after thoroughly consulting with the patient and/or parent before the treatment is discontinued.
	I understand the total treatment time may extend beyond our original estimate. Lack of facial growth, poor patient compliance, broken appliances and missed appointments are all factors, which lengthen the time of treatment.
	I understand that regular six monthly cleans are to be undertaken, in the case of poor hygiene, the braces will be removed and orthodontic provider will not be responsible for any decay, decalcifications (white spots) or out-of-pocket expenses.
	I understand a non-vital (dead) tooth is possible on rare occasions. An undetected non-vital tooth may flare up during treatment, necessitating root canal therapy.
	I understand that root resorption can occur in some cases. This is shortening of the ends of the roots of teeth. Normally, the shortened roots are not a disadvantage; however, should you/your child experience gum disease in later years, severely shortened roots may reduce the longevity of the affected teeth. It should be noted that there are other causes of root resorption as well, including the result of trauma, cuts, impactions, endocrine disorders or unknown causes.
	I understand problems with accompanying pain in the Temporo-Mandibular Joint (TMJ), also called "jaw joint", is also a possibility. In many cases orthodontic treatment can improve already existing TMJ pain, but not in all cases. Stress and tension are also factors in some TMJ problems
	I confirm that I fully understand the payment plan and agree with the total cost involved. I also understand that full payment is to be made before the removal of braces.

I, _____ (patient or parent/guardian if younger than 18 years), hereby give full consent for the placement of braces, removal of braces and provision of retainers.

Signature (Patient/guardian) _____ Date: _____
Signature (Orthodontic providers) _____ Date: _____
Signature (Clinical coordinator) _____ Date: _____