

Informed Consent of Potential Risks and Limitations of Orthodontic Treatment

Just like any medical procedure, there are some risks that go along with braces. Fortunately, in orthodontics the complications are infrequent and when they do occur they are, most often, of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontics. Please feel free to approach Dr. Mullen or one of the staff members with any questions or concerns you have at any time.

Decay, gum disease, and decalcifications (permanent white markings) are all a possibility if you do not brush and floss your teeth properly. They are completely avoidable, but it will take a commitment from you to brush frequently and properly. Brushing with braces on is a little different from brushing without braces, but our staff will be sure you understand how to do it, and will work with you during the first couple of appointments in particular to make sure you are brushing properly. Sugary snacks and especially sugary drinks and soda should be avoided to lower the risk of decay and decalcification.

Teeth have a tendency to rebound to their original position after orthodontic treatment. The teeth are under pressure when you chew or grind your teeth, and these forces are enough to move your teeth. Even the pressure from your lips and tongue is enough to shift your teeth around. After we finish your braces it will be important to wear retainers to prevent your teeth from shifting. At first you will wear your retainer all the time, then we will scale back to nightly wear and eventually you may be able to wear your retainer once a week at night. We encourage most people to wear their retainer the rest of their lives to hold their teeth in the proper place.

The great majority of people who have no temporomandibular joint disorder symptoms before orthodontics have no symptoms once treatment is complete. Some people who have TMD symptoms before treatment may have an increase in those symptoms during or after orthodontic treatment. Others who have had no history of TMD may develop symptoms during treatment. Many patients have a reduction or elimination of their TMD symptoms after orthodontic treatment; the relationship between orthodontics and TMD is different for everyone. We will monitor any changes throughout your treatment.

A nonvital or “dead” tooth is a possibility. Sometimes if someone has fallen and bumped their tooth, the nerves and blood vessels inside the tooth will die without anyone knowing, but when we put braces on the tooth will flare up and require root canal treatment. This will not affect orthodontic treatment.

In all cases the root ends of the teeth are shortened, although this does not affect the vitality or stability of the tooth. Most people experience a rounding of the end of the roots, but some people can experience a more severe resorption, sometimes up to 2/3 of the root. The cause of this is unknown, but we will take X-rays throughout treatment to watch for this change.

If a patient is not through growing, an abnormal growth pattern can affect the treatment, and can prevent us from getting an ideal result with orthodontics alone. We will monitor any growth you have left to determine whether it will help or hurt our treatment.

The time in treatment can be extended beyond our estimates. It is important that you show up on time for all appointments, and that you carefully follow any directions we give you. This is the best way to finish your treatment in a timely manner.

Checkups with your regular dentist should be made every six months throughout your orthodontic treatment.

Comments:

I have read the above, I have had all of my questions and concerns answered, I understand the risks and limitations of orthodontic treatment, and I consent to the treatment outlined by Dr. Mullen.

Signed,

Date
