

WOODFIN CABASSA ORTHODONTICS

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INFORMED CONSENT

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile and healthy teeth are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body has some inherent risks and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment.

- **Decalcification and Dental Caries**

Tooth decay, gum disease and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat foods containing excessive sugar and/or do not brush their teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces.

- **Root Resorption**

In some patients the length of the roots of the teeth may be shortened during orthodontic treatment. Some patients are prone to this happening, some are not. Usually this does not have significant consequences, but on occasion may become a threat to the longevity of the teeth involved.

- **Periodontal Disease**

The health of the bone and gums, which support the teeth, may be affected by orthodontic tooth movement if a condition already exists and in some rare cases where a condition doesn't appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of the teeth or jaws. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene.

- **Third Molars**

Teeth may have a tendency to change their positions after treatment. This is usually only a minor change and faithful wearing of retainers should reduce this tendency. Throughout life the bite can change adversely from various causes, such as: eruption of wisdom teeth, growth and/or maturational changes, mouth breathing, playing of musical instruments and other oral habits, all of which may be out of the control of the orthodontist.

- **Temporomandibular (Jaw) Joint Dysfunction**

Occasionally problems may occur in the jaw joints, i.e., temporomandibular joints (TM), causing joint 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.

- **Nerve Damage**

Sometimes a tooth may have been traumatized by a previous accident or a tooth may have large fillings, which can cause damage to the nerve of the tooth. Orthodontic tooth movement may in some cases aggravate this condition and in rare instances may lead to root canal treatment.

- **Injury from Orthodontic Appliances**

Sometimes orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissues. The gums, cheeks and lips may be scratched or irritated by loose or broken appliances or by blows to the mouth. When clear and tooth colored brackets have been utilized, 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 especially if swallowed or aspirated.

- **Discomfort**
Usual post adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with each patient and the procedure performed. (Typical post-adjustment tenderness may last 24-48 hours) You should inform your orthodontist of any unusual symptoms, or broken or loose appliances, as soon as they are noted.
- **Unusual or Rare Occurrences**
On rare occasions, when dental instruments are used in the mouth, the patient may inadvertently get scratched, poked or receive a blow to a tooth with potential damage to or soreness of oral structures. Abnormal wear of tooth structures is also possible if the patient grinds the teeth excessively.
- **Impacted, Ankylosed, Unerupted Teeth**
Our teeth stay anchored to our jawbone, thanks to healthy tissue and ligaments. Normally, the roots and ligaments for primary teeth will dissolve, allowing the baby teeth to come out and the permanent teeth to emerge from underneath. Sometimes the roots don't dissolve properly, and instead they fuse directly to the jawbone. The fusion may occur because the ligament that normally surrounds the tooth to the jawbone is lost. This condition is called ankylosis. We may recommend several solutions for ankylosis, impacted and unerupted teeth.
- **External Headgear**
If improperly handled, headgear may cause injury to the face or eyes, even blindness. There have been a few reports of injury to the eyes of patients wearing headgear. Patients are warned not to wear the appliance during times of horseplay or competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.
- **Other Specialists**
Sometimes oral surgery: tooth removal or orthognathic surgery, is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. Risks involved with treatment and anesthesia should be discussed with your general dentist or oral surgeon before making your decision to proceed with this procedure.
- **Biological Changes**
Atypical formation of teeth or insufficient or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during or after treatment, or a tooth forms very late, the bite may change, requiring additional treatments or, in some cases, oral surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment may alter the quality of treatment results.
- **Results of Estimated Treatment and Time**
The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment time and affect the quality of the end results.
- **Non-Ideal Results**
Due to the wide variation in the size and shape of teeth, achievement of the most ideal result (for example, complete closure of excessive space) may require restorative dental treatment. The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and/or periodontal therapy. You are encouraged to ask questions regarding dental and medical care adjunctive to orthodontic treatment of those doctors who provide these services.
- **General Health/Drugs**
General medical problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health. The following drugs have been shown to inhibit bone resorption and thus bone renewal effecting tooth movement. [Pamidronate (Aredia), Zoledronate (Zometa), and Alendronate (Fosamax).] These drugs have been linked to painful refractory bone exposures in the jaws.

Your signature for INFORMED CONSENT is required on our contracts, so please review prior to beginning orthodontic treatment.