

DR. RICKY SEE & ASSOCIATES

ORTHODONTIC PRE-TREATMENT INSTRUCTION

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 risk and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment.

LACK OF PATIENT CO-OPERATION – most common cause for excessive treatment time

Lack of or undesirable growth, insufficient wearing of elastics, broken appliances and MISSED APPOINTMENTS are important factors, which can lengthen time and adversely affect the quality of treatment result.

DECALCIFICATION – permanent tooth discoloration

Excellent oral hygiene, reduction of sugar intake and reporting any loose braces as soon as noticed, will help minimize decay and gum problems.

NONVITAL OR DEAD TOOTH – tooth traumatized by a blow or other causes

A traumatized tooth can die over along period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and require endodontic (root canal) treatment.

IMPACTED TEETH – teeth unable to erupt normally

In attempting to move impacted teeth, especially cuspids, various problems are sometimes encountered which may lead to loss of the tooth or gum problems.

ROOT RESORPTION – shortening of root ends

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots are usually fine. Trauma, cuts, impaction, endocrine disorders or idiopathic reasons can also cause this problem.

TEMPOROMANDIBULAR JOINTS (TMJ) – sliding hinge connecting the upper and lower jaws

Possible problems may occur before during or after orthodontic treatment. Tooth position and bite can be a factor in this condition. An equilibration may be necessary after appliances are removed to improve occlusal relationship.

GROWTH PATTERNS – facial growth occurring during or after treatment

Bad habits, unusual skeletal patterns and insufficient or undesirable growth can compromise treatment results, effect a facial change and cause shifting of teeth during retention. Surgical procedures frequently can be used to counter these problems.

RELAPSE – post-treatment tooth movement

There is a likelihood that teeth will shift or spring back after treatment as well as after retention. Rotations and crowding of the lower anterior teeth are the most common examples. Spaces opening in the extraction site or between the upper centrals are other examples.

RETAINERS – must be worn faithfully to minimize relapse

Retainers may be fixed or removable. In both cases, they must be worn for at least one year after orthodontic treatment. Prolong or permanent retention may also be indicated due to factors like poor growth pattern.

UNUSUAL OCCURRENCES – swallowing appliances, chipping teeth, dislodging restorations