

INFORMED CONSENT FOR TREATMENT

In the vast majority of orthodontic cases, significant improvements can be achieved with informed and cooperative patients. While the benefits of a pleasing smile and healthy teeth are considered necessary by most people, orthodontic treatment is an elective procedure and it, like any other treatment of the body, has certain inherent risks and limitations. These risks seldom contraindicate treatment, but should be considered before beginning treatment.

PATIENT COOPERATION - Lack of cooperation is the most common cause that affects the quality of treatment results. Oral hygiene, proper elastic and headgear wear, care of appliances, and the keeping of regular appointments are the most important factors in eliminating lengthened treatment time and compromised results.

DECALCIFICATION, TOOTH DECAY, AND GUM PROBLEMS - Excellent oral hygiene, elimination of hard and sticky foods and the reduction of sweets will help prevent decay and permanent discoloration of the teeth. Reporting loose bands or broken appliances quickly will help minimize decay and gum problems.

NONVITAL OR DEAD TOOTH - A tooth that has been traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. This tooth may flare up during treatment and require endodontic (root canal) treatment.

ROOT RESORPTION - This is the shortening of the root tips and can occur with or without orthodontic treatment. Trauma, impaction, endocrine disorders or idiopathic reasons can cause this problem.

TEMPOROMANDIBULAR JOINTS (TMJ) - In some instances, the patient may have problems with the joint of the lower jaw. This may exist before, during or after treatment. Tooth alignment generally can improve (TMJ) problems, but not in all cases.

GROWTH PATTERN - Unusual or undesirable skeletal growth can affect final orthodontic results. Surgical assistance is often recommended in these cases.

POST-TREATMENT TOOTH MOVEMENT (RELAPSE) - Teeth have a tendency to return to their original position, which is called relapse. Rotations and crowding of the lower front teeth, slight spaces in extraction sites or between the upper central incisors are the most common examples. Very severe problems have a higher tendency to relapse. Teeth shift during the lifetime of an individual regardless of orthodontic treatment, but proper retainer wear can minimize this problem.

HEADGEAR OR RETRACTOR - Instructions should be followed carefully. A headgear that is pulled outward while the elastic force is attached can snap back and cause injury.

IMPACTED TEETH - Especially cuspids and third molars (wisdom teeth) can cause problems which may lead to loss of the tooth, gum problems or relapse.

PERIODONTAL PROBLEMS - GUM INFLAMMATION, BLEEDING AND PERIODONTAL DISEASE. Swollen, inflamed and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare, usually in adults with a pre-existing periodontal problem.

UNUSUAL OCCURRENCES - Swallowing an appliance, chipping a tooth, dislodging a restoration; an ankylosed tooth, an abscess or cyst may occur, but these are rare.

DENTAL CHECK-UPS - All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their regular examinations with their family dentist every six months during the treatment period. Adults must visit their dentist, hygienist or periodontist for scaling and cleaning every three to five months while being treated.

BONE LOSS - Occasionally tooth movement aggravates bone loss, but this is rare.

CERAMIC BRACES - BREAKAGE AND REPLACEMENT. There have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition, enamel flaking or debonding, and enamel fracturing. Fractured brackets may result in remnants which might be harmful to the patient.

PAIN OR DISCOMFORT - Usually there is a short period of discomfort following each appointment and some patients experience more than others. In the event an appliance is swallowed, the orthodontist should be notified immediately.

Restorative needs - Your overall dental treatment may require you to have implants, bridges, crowns (caps) or other restorative dentistry in order to achieve optimum dental health. These procedures will be done by other dentists or dental specialists and the cost and quality of these services will be determined by these practitioners. Failure to have these procedures done in a timely manner may result in relapse or failure of the orthodontic result.

_____ **Laser procedures** - On rare occasions the tissues on which laser procedures have been performed will become infected. This problem is usually not serious but may require separate treatment.

Temporary Anchorage Devices - Your treatment may include the use of TADs often called Miniscrews or Mini Implants. The following risks are associated with them:

- a) Screws may become loose and need to be replaced. b)
- _____ Infection of the tissue around the device may need to be treated with antibiotics and removal of the TAD. c) Broken screws may need to be removed by another dental specialist. d) Damage to the root, nerve or other dental structures are usually not significant but may occasionally require referral to other practitioners.

_____ **Anaesthetics** - Occasionally topical and or local Anaesthetics will be needed to perform selected procedures. Please advise us if you have had any problems with antibiotics in the past.

Should you agree to treatment, you consent to the taking of photographs and x-rays before, during and after treatment, and to the use of the same by the doctor in scientific papers or demonstrations.

No practitioner of medicine or dentistry can guarantee any result, but can only agree that they will attempt to resolve the problem. This form requires your signature which authorizes orthodontic treatment as well as defining your financial responsibilities and your awareness of informed consent.

Signature

Date

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