

Risks that can occur during Orthodontic Treatment

1. All forms of medical and dental treatment, including orthodontics, have some risks and limitations.
2. Tooth decay, gum disease and decalcification (permanent markings) can occur if patients eat foods containing excessive sugar and/or do not brush their teeth properly and frequently. Sweets and between meals sugary snacks should be eliminated. Fluoride mouthwashes should be used once a day.
3. Some patients are prone to shortening of the roots of teeth (root resorption) during treatment and some are not. Usually this does not have significant consequences, but on occasion, it may become a threat to the longevity of the dentition.
4. Teeth have a tendency to rebound to their original position (relapse) after treatment. After band removal, retainers are placed to minimise relapse. We recommend retainers are worn long term (indefinitely). The bite can adversely change throughout life from various causes such as: growth and/or maturational change, tooth loss, mouth breathing, playing of musical instruments and other oral habits, all of which may be out of the control of the orthodontist.
5. The health of the bone which supports the teeth may be affected by orthodontic tooth movement if a condition exists, and in some cases, where a condition does not appear to exist. Inflammation of the gums and the loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene.
6. Occasionally problems can occur in the jaw joints (temporo-mandibular joint) causing joint pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of these symptoms should be reported to the orthodontist.
7. Sometimes a tooth may have been traumatised 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 cases may lead to root canal treatment.
8. Sometimes oral surgery is necessary in conjunction with orthodontic treatment to correct crowding or jaw imbalances. Risks involved with surgery or anaesthesia should be discussed with your oral surgeons before proceeding with this treatment.
9. Insufficient or abnormal changes in the growth of jaws may limit our ability to achieve the desired result. If growth becomes disproportionate, during or after treatment, the bite may change and require additional treatment or even oral surgery. Growth disharmony is a biological process and beyond the orthodontist's control. Growth that occurs even after active treatment may alter the quality of the treatment result.
10. There have been some reported incidents of patients with clear and coloured brackets experiencing breakage and/or damage to the teeth, including attrition (excessive wear) and enamel flaking. Fractured brackets may be harmful to the patient if swallowed or aspirated.
11. Headgear, if improperly handled, may cause injury to the face or eyes, even blindness. Patients are warned not to wear the appliance during times of horseplay or competitive activity. We urge caution at all times.
12. Due to the wide variation in the size and shape of teeth, achievement of the most ideal result (for example, complete closure of an 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 treatment.
13. General medical problems can affect orthodontic treatment. You should try to keep your orthodontist informed of any changes in your general health, including changes in your medications.
14. The patient understands the need to wear and look after the appliances (braces) as instructed and to attend appointments as necessary.