

### Document 3: Patient Information and Instructions

Successful orthodontic treatment relies on a well informed patient that is prepared to fully co-operate during orthodontic treatment. There are some risks associated with treatment that are in most instances avoidable if the patient and parents take account of these potential factors.

The best results in orthodontics depend on teamwork between the orthodontic team (i.e. the Orthodontist and Oral Hygienists) and the patient. To achieve the best results it is extremely important that you read these notes with care. Co-operation between the patient and the orthodontic team is of the utmost importance. Please make sure you are fully informed about the procedure before starting with treatment. Feel free to ask any questions concerning the treatment of yourself/your child.

I take note of the following factors that may influence the outcome of the orthodontic treatment:

**A. Eating and drinking habits** - There are three main types of food which can cause problems during your orthodontic appliance treatment. Hard foods, (e.g. pizza and bread crusts, biltong and dried sausage, ribs and steaks, whole fruits, nuts, rusks, popcorn and meat from the bone) sticky foods (e.g. chewing gums, caramel, toffees, fizzers and dried fruits) and foods/sweets with a high sugar content. Hard and sticky foods can damage the appliance that will in turn prevent the required tooth movement and prolong your treatment. A sugar rich diet can result in tooth decay (more readily whilst wearing appliances) and the development of permanent unsightly marks/spots on your teeth. These food types are best avoided during your treatment. A good habit would be to avoid in between meal snacking.

A soft diet is recommended after the placement of your appliances. This can include food types like pasta, egg, potatoes, porridge, fish, mince, chicken, soup and yoghurts. You can resume a “more normal diet” approximately two weeks after your braces have been fitted. Continue to avoid the above mentioned food types and never use your front teeth/incisors to bite or tear into food. Cut your food, especially steak and fruits, into small pieces and chew on your back/molar teeth.

Fizzy drinks (Coke, Pepsi...) must be avoided as it can readily cause damage to your teeth during brace treatment. Excessive and continuous intake of fruit juice (acidic) can cause a similar problem. Fruit juice is best enjoyed diluted during meal times. We recommend water, ice tea, milk and squash.

**B. Oral hygiene** - A high standard of toothbrushing is essential throughout your treatment. Your teeth need brushing after every meal. Ensure that you are using a proper toothbrush and appropriate brushing technique. Daily use of an interdental brush and fluoride mouthwash, in addition to your regular toothbrush, is recommended. It is good practice to visit your family dentist regularly (4-6 monthly) to ensure optimal oral health.

**C. Treatment Times** – Generally orthodontic treatment will last for a minimum of 18-24 months. Treatment times vary according to individual treatment plans. Your orthodontist will give you an estimate of the anticipated treatment time. This will be

influenced by your treatment complexity, broken appliances, missed appointments, unfavourable growth... Retention (holding the teeth in their corrected positions) follows active orthodontic treatment and involves wearing retention appliances. Retention usually continues over a two year period.

- D. Breakages** – Orthodontic appliances are prone to break. Appliances that do break cause problems – additional appointments (during school time), repair/replacement costs as well as increasing your planned treatment time. Please be very careful with your dietary habits and food type selection. Should you find that the appliance is loose/broken contact us at your earliest convenience for an emergency appointment. More than two (2) breakages during treatment can be considered unusual – please discuss the problem with your orthodontist. Emergency appointments are routinely scheduled prior to 2pm.
- E. Elastic bands** - You may be asked to wear elastic bands during your treatment. It is important that these are worn as prescribed to ensure adequate progress is achieved in the shortest possible time. Patients not wearing elastic bands are likely to prolong their treatment and a suboptimal outcome will be obtained.
- F. Headgear** - This will only be prescribed where essential to achieve optimal treatment outcomes. This however relies on excellent patient co-operation. Headgear is normally worn during the evenings and at night. There may be some initial discomfort but, if worn as prescribed, this discomfort soon subsides. It is important that nobody is allowed to interfere with the headgear whilst being worn. It should not be worn for vigorous activities including sports. Headgear have the rare potential to damage your face, mouth and eyes and should therefore be handled as instructed and with care. If any problems are incurred with your headgear, stop wearing the appliance and contact your orthodontist at your earliest convenience.
- G. Root shortening (resorption)** - Resorption is a normal process associated with tooth movement. Fortunately, root resorption because of brace treatment is of a mild nature without long term consequence. A small minority of patients may experience more aggressive resorption and the treatment aims will then be reviewed. Trauma, impaction, endocrine disorders or idiopathic (unknown) reasons also cause this.
- H. Muscle Habits** – Breathing through the mouth, sucking of thumb, fingers or lips, thrusting of tongue (abnormal swallowing) and other unusual habits can prevent the teeth from moving to their corrected positions or cause a relapse after braces have been removed.
- I. Facial Growth patterns** – Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results, affect facial change and cause shifting of teeth during retention. Surgical assistance may be recommended in these situations.
- J. Temporomandibular (TM) joints** – Orthodontic treatment does not cause nor cure jaw joint problems. It may however be possible for some patient to develop jaw joint signs/symptoms during treatment but this is usually a co-incidental finding. TM problems should be reported immediately.

- K. Ankylosis** – In exceptional cases, teeth that still need to erupt, fuse to the bone and will then fail to erupt or erupt no further. This condition is known as ankylosis. In most cases, ankylosed teeth will have to be removed. The gap that is left either has to be closed with braces or has to be handled prosthodontically (bridge and/or implants). Teeth most prone to ankylosis are impacted eyeteeth and primary molars.
- L. Non-vital teeth** – Teeth sometimes become non-vital (dead nerve) during orthodontic treatment. This is usually caused by a pre-existing lesion (cavity) or trauma to the tooth concerned. Your dentist will then have to perform conventional root canal treatment on the tooth.
- M. Discontinuation of treatment** - Successful treatment depends heavily on good patient motivation and compliance. Failure to comply is never in the patients best interest. In such unfortunate circumstances we may need to review the agreed treatment aims and expectations with the patient and/or parent to decide on the best way forward.
- N. Relapse** – All teeth that have been moved during treatment have a tendency to move back to where they were originally. Retention appliances are required to maintain the teeth in their newly corrected positions. Retention is especially important during the first 6-9 months after completion of your active treatment. You will be advise to continue with your retention appliances for a two year period. Fixed and removable retention appliances are available. In most cases, some form of life-long retainer is the only guarantee that teeth will stay in their corrected positions. Relapse will not occur if retainers are worn as prescribed. Re-treatment due to relapse will be charged for.
- O. Wisdom teeth** – Wisdom teeth have shown to be a contributing factor to late crowding. However, late crowding will not occur if retainers are worn. We normally take X-rays at about age 16 to 18 to determine the space requirements and future of the wisdom teeth.
- P. Emergencies** - If your appliance breaks please contact your orthodontist as soon as possible to have it replaced/repared. A broken appliance may cause unwanted tooth movement or damage to your teeth and will prolong your treatment.
- Q. Appointments** You will need to attend regularly (4 – 8 weekly) to have your treatment monitored and appliances adjusted. The practice functions exclusively on a scheduled appointment system and value patients time. We kindly request that you arrive in good time for your appointment and give the practice sufficient notice (24hrs) when you are not able to attend. We regret to but do charge a standard fee for late cancellations and failures to attend.
- R. Appointment schedules:** We do not approve of appointment times during school hours. Routine follow-up appointments are of 15 minute duration and can be scheduled at your convenience. Unfortunately we can not schedule longer appointments (30 – 90 minutes) after 2pm. Please consult with the receptionist on the most suitable appointment time.

**Thank you for reading this important document**