TRUSMILE DENTAL PRACTICE

RISKS AND LIMITATIONS OF TREATMENT

There are a number of risks associated with orthodontic treatment. The list below show some of the risks of orthodontic treatment. All reasonable care will be taken to try and prevent any undue damage during treatment.

Specific risks and limitations that apply to you are :

- **Poor Cooperation- we are very reliant on your cooperation for this treatment, if you do not cooperate we will not reach our treatment goals.**

- **Type of bite- the prominent teeth you have are likely to reoccur later in life if you don't wear you retainer**

General risks and limitations are as follows:

Pain and sensitivity- The teeth are likely to be painful and sensitive at the start of treatment due to injuries and ulcers from the appliances. One may need over the counter pain relief to help with this.

Non-specialist: The dentist providing the treatment **is not a specialist orthodontist** but has a special interest in the field. Your case has been carefully considered and a treatment plan has been discussed with you. You have been given the option to be referred to a specialist and you are happy for DR Chauhan to continue treatment.

Non-Vital Teeth – The nerve of the tooth may die during orthodontic treatment. This may happen due to previous trauma, decay or a deep filling. Should this happen, the tooth may need further treatment such as root canal treatment, which will incur a further cost which is not included in this treatment.

Recession of gums –if there is a lapse in good oral hygiene and general dental care, when coupled with orthodontic treatment, there can be gum recession. In some cases this may need a gum graft after treatment.

Root resorption/ Shortening: The root end of the tooth may start resorbing or shorten during treatment. This coupled with gum disease and poor oral hygiene may reduce the longevity of the tooth. Early detection of this may help us change our treatment objectives to try and prevent further damage to teeth. It is difficult to predict if this from the outset.

Incomplete bite correction: On occasion we not are able to completely correct the teeth if there is an inherent skeletal resistance to moving the teeth in the correct position or difficult shape of teeth. Good patient cooperation is also essential in helping the bite to correct.

Tooth decalcification: This is where there are permanent marks left on the teeth where the enamel has been weakened due to poor oral hygiene and poor diet. If there is extensive enamel damage this may even cause dental decay. If this is happens there may be a need to have further treatment like fillings that will incur a further cost which is not included in this treatment**.**

Bone or tooth loss: poor oral hygiene can lead to gum disease and other conditions. Orthodontic treatment hinders the ability to clean, so if standards are dropped, it can lead to bone loss and in severe cases can cause tooth loss.

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Change in treatment plan: Although we always try our best to set out your treatment from the outset, there may be some unexpected changes along the way. If this should happen we will inform you and set out new treatment aims and fill out new consent forms related to the change in treatment. If consent is not given for the new treatment we will not be able to reach our end goal. We always work closely with the patient to try and achieve the best results.

TM joint symptoms: you may experience popping or clicking of the jaw joint during or after treatment. This may sometimes be associated with pain in the joints.

Open contacts after orthodontics: It may be difficult to close all the small spaces in between your teeth at the end of treatment. Sometimes spaces may reopen after treatment. If this is the case further treatment may be needed.

Possible problems: impacted and unerrupted teeth can cause problems in treatment as well as teeth fused to bone. Decayed teeth and gum disease may also prevent from reaching the end goals of treatment.

Surgery: If there is a large difference in the positions of your jaws it may not be possible to completely correct it with chairside treatment. If there is growth adverse t treatment which is unpredictable, surgery may be needed to correct this. If you should need surgery we will make you aware of this and go through consent for this with you separately.

Relapse – Teeth continue to move through life and there is a chance that teeth will move out of position if there retainers are not worn correctly.

The goals, limitations, and treatment alternatives, and risks have been presented to me, and I request treatment as suggested and authorise Dr Chhaya Chauhan to perform the recommended treatment of functional device followed by fixed upper and lower braces. Photographs and x-rays may be used for professional journal publication, seminars, websites, and other professional uses.

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE and am aware of the risks and benefits of this treatment. I also understand that orthodontics is not an exact science and although good treatment outcomes are likely, there are no guarantee of the exact results of treatment

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PATIENT CONSENT:

I have read and understood the treatment plan fully and would like to go ahead with treatment.

General: you have examined my mouth and explained alternative treatments to me. I have considered these methods and wish to proceed with functional jaw orthopaedic treatment

Maintenance: - It is very important to maintain your oral health during orthodontic treatment. Plaque will accumulate around orthodontic appliances and can cause unsightly marks or decay. I understand regular hygiene visits are recommended.

Records :- I consent to photography and x-rays and general records of the procedure to be used for health professionals education and training and used in paper or electronic health publications, provided my identity is not revealed.

Patient name……

Date of Birth ……

Date ……

Patient signature ……..

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