

A Guide to your Orthodontic Treatment *(1 of 3)*

Please stick patient label here



If you need this information in another language or medium (audio, large print, etc) please contact the Customer Care Team on 0800 374 208 email: customer-care@salisbury.nhs.uk.

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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How long will the treatment last?

Most active orthodontic treatment will last for at least 18 months. This time will vary according to individual treatment plans. Your Orthodontist can give you an estimate, but this may change if your appliance breaks or if you miss appointments. Usually treatment is followed by a period of retention with a passive appliance to hold the teeth in their new position.

Is there anything I can't eat or drink when I am having treatment?

There are three main types of food which can cause problems with Orthodontic appliances. These are:

- hard foods
- sticky foods
- foods high in sugar.

Hard and sticky foods can damage the appliances and bend the wires, which stops tooth movement.

Foods high in sugar encourage germs to build up around the appliance leading to tooth decay. This can cause permanent unsightly marks on the teeth.

Fizzy drinks and fruit juices are acidic and may also cause marks to develop on the teeth. All these types of food and drink must be avoided.

When should I clean my teeth?

During orthodontic treatment your teeth must be brushed after every meal.

If a removable appliance is worn, you should remove it for cleaning your teeth and then replace the appliance straight away.

Using a fluoride mouthwash during treatment will help keep your teeth healthy.

Oral Maxillofacial Surgery & Orthodontics
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Elastic bands

You may need to wear elastic bands to help tooth movement. If you don't wear these as you have been shown your treatment will take much longer.

What should I do if my appliance breaks?

If your appliance breaks please contact the department as soon as possible to have it repaired in order to prevent unwanted tooth movement.

Will I need to be seen by an orthodontist during my treatment?

Yes. You will need to attend regularly to have your appliance adjusted. Your appointments will need to be in school times. If you miss appointments your treatment will take much longer. Good co-operation will result in your treatment being completed in the shortest time possible. If you cannot make an appointment let the department know as soon as possible so that we can give your appointment to somebody else. You will be given a new appointment.

Discontinuation of treatment

If you are not able to do as we ask, we may have to stop the treatment before your teeth have been fixed.

Retainers

Retainers are used to hold the teeth in their new positions and may be fixed or removable appliances. Retainers need to be worn on a long-term basis because changes can occur throughout your lifetime.

#Hold That Smile

Are there any side effects or risks with orthodontic treatment?

Orthodontic treatment may cause tooth root shortening. This usually causes no long-term problems, however, if it is severe then treatment may need to be stopped early. Very occasionally, teeth may become non-vital (the blood vessels die or are disrupted) and may require a root treatment. This is most likely to occur where teeth have been previously damaged or have had very large restorations.

There is a risk of tooth decay if you do not care for your teeth as instructed.

If you do not follow the instructions given to you there is a risk that the treatment will not work.

There is a risk of the problem coming back once treatment has been completed.

Dental check-ups

You should continue to see the family dentist on a regular basis during Orthodontic treatment.

I am the patient/parent/guardian (delete as appropriate) and I understand:	the orthodontic treatment proposed
	the length of time and commitment required for the orthodontic treatment to be effective
	the potential limitations and risks
	that changes may need to be made to the treatment plan, but these will be explained to me.

Parent/Guardian

I (name in block capitals)

Have read and understood the above information

Signature Date

Patient

I (name in block capitals)

Have read and understood the above information

Signature Date

Clinician

Name (in block capitals) Signature

Date

A copy of this information sheet will be filed in your health care record.