

Janzen, Janzen & Chwa Orthodontics, Ltd.

Licensed Specialists in Orthodontics for Children & Adults



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INFORMED CONSENT

IMPORTANT INFORMATION Concerning Your Orthodontic Treatment And Your Consent to That Treatment

Before you can make an informed decision to go forward with an orthodontic treatment plan, you need to consider both the potential benefits as well as the potential risks of that treatment. Generally, **EXCELLENT ORTHODONTIC RESULTS** can only be achieved with informed and cooperative patients. Therefore, you should be aware that orthodontic treatment, like any treatment of the body, has some risks and limitations. These risks are seldom severe enough to offset the advantages of treatment but they should be considered when you decide to start orthodontic treatment. Orthodontic treatment provides many benefits far outweighing the risks in your case.

COOPERATION

The degree of your cooperation will affect the level of success attained. When you decide to proceed with the treatment plan, we will become a **TEAM**. Neither of us can achieve the desired result without the **complete** cooperation from both patient and parents. We will expect that the teeth and appliances are kept clean by proper brushing and that appointments are kept regularly and promptly. Appliances, headgear and rubber bands must be worn as directed and hard and sticky foods must not be eaten.

TIME ESTIMATE

The **total time** required to complete treatment may exceed our estimate. Failure to wear elastics and the headgear is one of the most frequent reasons why treatment becomes prolonged or is not as successful as planned. Missed appointments, broken appliances and poor oral hygiene can lengthen the treatment time and affect the quality of the end result. Under these circumstances, the desired result may take much longer or may **never** be achieved.

TEETH AND GUMS

In some patients, the length of the roots of the teeth may shorten during orthodontic treatment. Some patients are prone to this happening, some are not. Usually this is of no significant consequence but on occasion, it may become a threat to the longevity of the teeth involved.

Decalcification (permanent markings on the teeth), tooth decay and gum disease can occur if orthodontic patients eat foods containing excessive sugar and/or do not brush their teeth frequently and properly. These same problems also occur in patients not in braces, but the risk is greater while in braces. A proper diet and regular care from your dentist is essential during treatment. Your dentist may also want to schedule more frequent cleanings and examinations.

The health of the **bone and gums**, which support the teeth, may be affected by orthodontic tooth movement if a condition already exists and in some cases, where a condition doesn't appear to exist. Periodontal disease may lead to receding gums and gradual loss of supporting bone for your teeth. Some patients are more susceptible to the disease than others. The exact causes are unknown but there are some well-established contributing factors, including unsatisfactory oral hygiene, accumulation of plaque and food debris around teeth and gums, incorrect brushing and general health problems.

A tooth may become non-vital (tooth discoloration and/or nerve degeneration). A tooth previously injured by a deep filling, traumatic blow or other causes may slowly become devitalized and be detected for the first time during orthodontic treatment. In such cases, this may lead to root canal treatment. **In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to malocclusion.**

In attempting to move **impacted teeth**, especially cuspids (eye teeth), problems may be encountered which could cause gum problems, relapse, devitalization or loss of the teeth. Oral surgery may be required to uncover or expose an impacted tooth prior to tooth movement. The presence or movement of an impacted tooth may damage the roots of nearby teeth. Impacted teeth sometimes may become ankylosed (fused to the bone) and these teeth cannot be moved any further. Sometimes, these teeth may have to be removed.

It is also possible that a filling or restoration could be dislodged during treatment. Prudent home care involves the patient being alert and watching for these problems. The patient should advise his or her dentist accordingly.

JAWS AND BONY GROWTH PATTERNS

Occasionally, unusual **growth patterns** (unexpected or abnormal changes in the growth of the jaws or shape and size of the teeth) may limit our ability to achieve the desired result. Sometimes the original treatment plan may have to be modified. The revised plan and its outcome may be different than originally discussed. In some cases, orthognathic surgery may be necessary. Slow facial growth or tooth development will likely affect the length of the plan. Growth disharmony is a biological process sometimes beyond the orthodontist's control. Personal habits such as nail biting or thumb sucking can adversely alter the outcome of treatment.

TEMPOROMANDIBULAR DISORDER

Temporomandibular joint (jaw joint) problems can exist, flare-up during treatment or possibly result from orthodontic treatment. These problems may include joint noises (clicking), limited opening, muscle aches and joint pain. Multiple factors are usually responsible for these signs and symptoms. Some of the most common causes of temporomandibular disorder are chronic muscle tension associated with clenching or grinding of teeth, or habits such as gum chewing or stressed jaw posture at work or during sleep. Orthodontic treatment, may but not always improve the existing joint pain and clicking. Orthodontic treatment may help remove the dental causes of the TMJ syndrome but not the non-dental causes. It is believed that tension and stress play a significant role in the frequency and severity of such joint pain.

ORAL SURGERY OR TOOTH REMOVAL

Sometimes orthognathic surgery and/or tooth removal is necessary in conjunction with orthodontic treatment, especially to correct severe jaw imbalances. There are extremely rare but life threatening risks and disabilities involved with oral anesthesia in surgery. You must discuss this with the oral surgeon who you and your family dentist select before making your decision to proceed with the surgery.

LOOSE OR BROKEN APPLIANCES, SPORTS & INJURIES

The swallowing of a loose or broken appliance is a rare occurrence. If any of the bands or braces placed on the teeth, the wires, springs or other appliances become loose or broken, you should immediately call our office to schedule an appointment to see us as soon as possible.

If you intend to engage in active sports during treatment, you must advise us so we can assist you in acquiring a suitable mouth guard. **Do not roughhouse, engage in sports or similar activities while wearing the headgear.** A blow to the headgear could dislodge teeth or cause the headgear to injure the surrounding tissues. If improperly handled, the headgear could cause injury to the face and/or eyes or even blindness. However, if the patient is careful and follows the instructions given, the possibility of such a mishap is extremely rare. You should always release the elastic strap of the headgear before removing it.

DISCOMFORT

There will be some **discomfort** as pressure is applied to the teeth to move them into their desired positions. The intensity and duration of the discomfort varies with each patient. If the appliances irritate the insides of your mouth, contact us so we can advise you accordingly.

CLEAR BRACES

When using ceramic brackets (clear braces) it is possible that some of the tooth's enamel may be removed inadvertently if the tooth has enamel fracture lines or if the occlusion shears off a bracket. Ceramic braces are more brittle than metal braces which increases the possibility of swallowing or aspirating a piece of the bracket, should it break off. If you elect to have these ceramic appliances used on the anterior teeth, you must be aware of these possible risks.

RETAINERS

When your braces are removed, you will wear a retainer to “**hold**” your teeth in position. Retainers are just as important as braces in the treatment. You will wear your retainer for as long as it takes for your teeth to settle into a better occlusion (bite) and for your bones, gums and muscles to adapt to your new dental arrangement. If your retainer breaks, stop wearing it and call the office as soon as possible so that your retainer can be repaired or replaced. We will also evaluate your wisdom teeth during this retention phase. Contemporary Orthodontics acknowledges the fact that **long-term retention** is often the best option to ensure the stability of perfect alignment of all teeth.

CHANGES AFTER TREATMENT

Teeth have a tendency to change their positions after treatment. The more pronounced the malalignment of the teeth or depth of the bite, the more likely it is that there may be some shifting or “**relapse**” of the teeth or bite to their original position. This minor degree of relapse generally enhances normal settling of the individual tooth positions and will stabilize the bite. The lower front teeth have the greatest tendency to relapse. In some instances, we may over-correct some teeth in anticipation of movement after the retention period. However, some relapse may occur despite our best efforts and your conscientious cooperation in wearing the prescribed elastics, headgear and retainers.

Throughout life, the bite can change adversely due to the eruption of wisdom teeth, mouth breathing and other oral habits. Later in life, adverse bony growth, normal aging process and other maturational changes are out of control of the orthodontist.

Remember: This is a **team effort**. We must work together to reach our goal. Please feel free to ask any questions that you may have and tell us any unusual problems or discomfort you are having. A knowledgeable patient is usually a happy patient.

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CONSENT TO TREATMENT

I/We hereby consent to have Janzen, Janzen and Chwa Orthodontics, Ltd., its successors and assigns, provide orthodontic treatment to _____.

I/We have read the foregoing INFORMED CONSENT (4 pages) a photostatic copy of this Consent shall be considered as effective and valid as an original. I/We understand that orthodontics, like the other healing arts, is not an exact science and that results cannot be guaranteed. I/We further acknowledge receiving a copy of this complete document for my records.

I/We also give permission for the use of photographs and records made during the examination, treatment and retention to be used for purposes of research, education or publication in professional journals.

Dated: _____ Signed: _____

Father/Guardian

Mother/Guardian

Witness

Adult Patient

MINOR PATIENT

I _____ do hereby acknowledge that I have read/been explained the contents of the Informed Consent.

Dated: _____ Signed: _____

Patient