

**RHODE ISLAND ORTHODONTIC GROUP**  
**John S. Kacewicz, D.M.D.**

**To: All Patients (or parents of patients)**

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the decision to wear orthodontic appliances. Please feel free to ask any questions about this anytime.

Successful orthodontic treatment is not automatic. It takes the work of two people, the orthodontist and the patient, to have a good result. Since many of the appliances that we use are removable, it is necessary for the patient to wear these appliances conscientiously, or they will not work and will not get the result that we want. The most common problem is that patients do not wear their elastics all the time, which results in treatment that takes longer and the result is not as good.

Decalcification (permanent marks), decay, or gum disease can occur if the patient does not brush their teeth and gums thoroughly. The adhesives that we use today are excellent, so that we do not get marks on the teeth under the braces. However, if patients do not brush around the braces and along the gum line, that is where stains will occur. We stress good oral hygiene and the use of a fluoride rinse, but we cannot prevent stains on teeth if the patient does not brush well. Common sense tells us that constant intake of sweets can only make the problem worse.

Teeth have a tendency to rebound towards their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area of relapse is the lower front teeth. After band removal, a positioner or retainers are placed to minimize relapse. Full cooperation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over-correct in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible. It is the patient's responsibility to maintain the result with good retainer wear.

A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic movement, requiring endodontic (root canal) treatment to maintain it. You can still keep the tooth and move the tooth.

It is possible, though uncommon, that the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life, the root resorption could reduce longevity of affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, impaction, endocrine disorders, or idiopathic reasons can cause root resorption. We do not routinely take x-rays to check for this condition because we would be doing more harm taking all those x-rays. Root resorption is a small, but true risk of treatment.

There is also a risk that problems may occur in the temporomandibular joints (TMJ). The primary cause of TMJ problems is clenching (esp. at night)/ Tooth alignment or bite correction can improve tooth related causes but not in all cases.

Occasionally a person who has grown normally and in average proportions may not continue to do so. If the growth becomes disproportionate, the jaw relations and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control.

The total time for the treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic or headgear cooperation, broken appliances and missed appointments are all important factors, which could lengthen treatment time and affect the quality of the result.

Headgear instructions must be followed carefully. A headgear that is pulled outward while the elastic force is attached can snap back and poke the face and eyes. Be sure to release the elastic force before removing the headgear from the teeth.

So, please, let's make every effort to do it right. This takes cooperation from everyone involved in the treatment, but most of all, the patient.

We thank you in advance for your cooperation in the matter.

Sincerely,

John S. Kacewicz, D.M.D.

I have read and understand the above and consent to treatment.

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