Patient information and consent to orthodontic treatment

Key messages

- We would like to highlight the need for your commitment to this treatment: compliance with the treatment schedule is a two way process.
- Ensure that you/your child attend all appointments.
- Please be aware of the risks outlined in this information leaflet.
- It is essential that, during orthodontic treatment, you/your child continues with regular check ups with your dentist.
- Please call the orthodontic department on 01223 216412 if you have any questions or concerns about this treatment or your appliance breaks.

Please read this information carefully, you and your health professional will sign it to document your consent.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About orthodontic treatment

Orthodontics is concerned with the development of the teeth and jaws, in particular the permanent teeth.

Orthodontic treatment is a way of straightening or moving teeth. It is used to improve the appearance of the teeth and the function of the jaws. This is carried out by several different types of appliance, some of which can be removed by the patient and some that are fixed to the teeth.

Orthodontic treatment seeks to improve dental health improving the appearance and function of the teeth.

Intended benefits

Apart from giving patients an attractive smile and thereby improving self-esteem, a good occlusion increases efficiency and function of the bite. Well aligned teeth are easier to keep clean and may help prevent decay and diseases of the gum.

Other more specific benefits are:

- Correction of the position of the front teeth may help prevent trauma to teeth and gums.
- In some patients orthodontic treatment is used to align teeth which may otherwise pose a risk to the adjacent teeth, for example buried or impacted canines.
- Orthodontic treatment may help in the replacement of missing teeth with bridges or implants.
- Orthodontics is also used to prepare patients for orthognathic surgery. This is a procedure for patients affected by facial deformity where surgery is needed to reposition the jaws.
- Patients affected by cleft lip and palate will require orthodontic treatment as part of their overall management by the cleft team.

Who will perform my orthodontic treatment?

This treatment will be performed by a member of the orthodontic team; trainees and the orthodontic therapist are supervised and directed by the consultants in the team.

Before your treatment

Before treatment can be started, a diagnosis must be made to determine what the problem is and what can be done to correct it. First, a set of records will be created; these may include plaster models of your teeth, x-rays of the teeth and jaws, photographs and a medical/dental history. With these records, your orthodontist can determine what needs to be corrected and how this should be done. Your orthodontist will discuss with you what treatment is possible.
Patient Information

Will teeth be taken out?
In some cases, the removal of teeth is recommended. However, it is different in every case and we will not remove any teeth unless it is necessary.

How long will it take?
The length of treatment depends on the severity of the problem, growth and level of co-operation. Treatment times range from a few months for simple treatments to several years for comprehensive treatment. More severe problems take longer and require more co-operation. The estimated time of treatment is usually very close to the actual time taken. However, treatment may need to be extended if growth is unfavourable, or co-operation is poor for example if appliances are broken or lost.

The amount of time spent with the orthodontist is a very small fraction of the treatment time and most of the alignment of the teeth takes place continuously during normal activities.

During the orthodontic treatment

What will I need to do?
Your co-operation is essential
More than any other branch of dentistry, orthodontics is a partnership between the patient (and family) and orthodontist. Orthodontic treatment frequently takes a long time – often years – and depends very much on the patient faithfully following detailed instructions. As with all health care, there is some risk associated with orthodontic treatment.

Treatment usually goes as planned, but results cannot be guaranteed. It depends upon full commitment of the individual to the treatment programme.

Co-operation is essential and means:
- Keeping all appointments.
- Wearing all appliances, elastics, headgear and retainers as instructed.
- Avoiding foods and habits (such as nail biting/ pencil chewing) that could damage or dislodge the appliance.
- Maintaining excellent oral hygiene.

We will provide written and verbal instructions about the brace when it is fitted and we encourage these to be followed. Treatment may be discontinued if co-operation is poor and your dental health is at risk. You may also be given BOS (British Orthodontic Society) written information leaflets.

Will it hurt?
All appliances may feel strange to begin with and can cause discomfort. If the problem doesn’t go away the orthodontist may be able to carry out adjustments to help. Teeth are usually uncomfortable immediately after adjustment but this will settle.
The mouth is very sensitive to change and the introduction of any appliance means you must expect a period of adjustment. If your teeth are painful following an adjustment, this can usually be resolved using a simple over the counter pain relief medication, for example, paracetamol or ibuprofen.

If you have a problem during treatment, for example a breakage, the department offers telephone advice and emergency appointments are available.

**After the orthodontic treatment**

It is impossible to predict treatment results with total accuracy when working on a living, growing person. In most cases treatment proceeds smoothly.

Once treatment is complete we will fit orthodontic retainers. These are appliances to hold the teeth in the new position whilst they settle in. We usually follow up patients wearing retainers for one year. Some patients choose to continue wearing their retainers to maintain the alignment of the teeth. If retainers are not worn as instructed it is likely that the teeth will move.

The fact that orthodontic treatment has been completed does not ensure a lifetime of perfectly straight teeth. Some tooth movement is possible after treatment and this can also happen in people who do not undertake orthodontic treatment. Some tooth movement can occur due to growth following the completion of treatment.

Fortunately you/your child are an individual, general statements made in this leaflet may not apply. We are dedicated to achieving the best possible results. By working together, this can be attained in a pleasant and rewarding manner.

**Significant, unavoidable or frequently occurring risks of this procedure**

Your teeth can be damaged if you do not look after them properly during treatment. Patients need clean teeth at the start of orthodontic treatment. Regular toothbrushing has to be maintained during treatment. Poor oral hygiene may result in cavities and decalcification of the enamel i.e. permanent white or brown marks on the teeth and gum disease and dental decay.

Appliances will not in themselves cause damage, but poor cleaning and too many sugary drinks and snacks can cause permanent damage. Acidic drinks such as fruit juice and fizzy drinks increase the risk of enamel damage. Brackets, wires and braces can trap food and cause more plaque to build up, therefore, the teeth and appliance need to be cleaned very thoroughly.

Shortening of the roots of the teeth occurs during treatment. The reasons for this are not always clear. However, previously traumatized teeth or teeth with an abnormal root shape are more likely to be affected. In most cases the root shortening will not cause problems.

Recession of the gums may occur during orthodontic treatment. This is rare and is more likely to occur with poor oral hygiene.
There is a risk of relapse of orthodontic treatment and a risk of unwanted tooth movements.

Treatment taking place over a long period of time can cause some pain/sensitivity to your teeth.

For patients undertaking a surgical orthodontic treatment there is a risk of loss of feeling to the lower lip.

**Alternative procedures/treatment that are available**

The alternative is to decide not to have orthodontic treatment. Orthodontic treatment options will have been discussed with you.

**Information and support**

The British Orthodontic Society website address is: [www.bos.org.uk](http://www.bos.org.uk). Telephone number: 020 7353 8680

**Information about important questions on the consent form**

1. **Photography, Audio or Visual Recordings**

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

2. **Students in training**

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
Patient Information

Orthodontic treatment, CF302, V4, March 2018

- To replace immunoglobulin that is not made by the patient
- To prevent infections

Immunoglobulin is a human blood product and there is therefore a risk of infection. This is eliminated as much as possible by donor screening for Hep B, C and HIV and the manufacturing process which inactivates infective agents. Plasma for making immunoglobulin is sourced from outside the UK to minimise potential risk of CJD. However the potential risk of acquiring infection cannot be completely eliminated.

Adverse reactions can occur during infusion, such as headaches, shivering, wheezing. These can be managed by stopping/slowing the infusion or giving appropriate medications.

Immunoglobulin replacement therapy

Orthodontic treatment

There are many benefits including:
- an attractive smile and thereby improving self-esteem
- a good occlusion increases efficiency and function of the bite
- well aligned teeth are easier to keep clean and may help prevent decay and diseases of the gum.

a) the intended benefits of the procedure (please state)

There are many benefits including:
- Pain - orthodontic tooth movement can cause discomfort
- Long treatment duration
- Risk of dental decay
- Risk of gum problems and damage to structures around the teeth
- Shortening of roots
- Damage to enamel
- Risk of damage to tooth nerves
- Risk of relapse and unwanted tooth movement
- Surgical treatment: risk of loss/altered feeling to the lower lip

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Immunoglobulin replacement therapy

**Consent Form**

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: __ __ / __ __ / __ __ __
Use hospital identification label

**d)** any extra procedures/treatments that might become necessary during the procedure/treatment such as: ☐ Other procedure/treatment (please state)

2 The following information leaflet has been provided:
Orthodontic treatment

Version, reference and date: CF302, version 4, March 2018

or ☐ I have offered the patient information about the procedure/treatment but this has been declined.

3 This procedure/treatment will involve:
☐ Enzyme replacement
☐ Gene therapy
☐ Surgery
☐ None

Signed (Health professional): __________________________ Date: __ __ __ __ __ __ __ __ __ __ __ __

Name (PRINT): __________________________ Time (24hr): __ __ __ __ __ __ __ __ __ __ __

Designation: __________________________ Contact/bleep no: 01223 216412

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure/treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

**Important:** please read the patient information on ‘Consent’ and then put a tick in the relevant boxes for the following questions:

1 Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

2 Students in training
   I agree to the involvement of medical and other students as part of their formal training. ☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

File: in the procedures and consents section of the casenotes

CF302 Orthodontic treatment version 4 March 2018
I understand the need for regular attendance
I understand the need for good oral hygiene
I understand that some foods that could damage the brace or the teeth have to be avoided
I understand that the treatment might take anything from a few months to several years

I have listed below any procedures/treatments that **I do not wish to be carried out without further discussion.**

I have read and understood the Patient Information about this procedure/treatment and the above additional information. **I agree** to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): .................................................................

*If signing for a child or young person; delete if not applicable.*
I confirm I am a person with **parental responsibility** for the patient named on this form.
Signed: ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

*If the patient is unable to sign but has indicated his/her consent, a witness should sign below.*
Signed (Witness): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): .................................................................
Address:

---

Patient safety – at the heart of all we do  Addenbrooke’s Hospital | Rosie Hospital
Confirmation of consent (where the procedure/treatment has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure/treatment to go ahead.

Signed (Health professional): ..................................................  Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): .................................................................  Job title: ..............................................................

Please initial to confirm all sections have been completed:

Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ..........................................................  Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ..............................................................

Or, please note the language line reference ID number:

Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ..............................................................  Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): .............................................  Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ..............................................................  Job title: ..............................................................