

«general.date»

This document has been prepared for «patient.title» «patient.firstname» «patient.lastname»

Periodontal disease and orthodontic treatment

Long term studies report no difference in periodontal status between post-orthodontic and non-orthodontic patients.

Adult periodontally compromised patients often present with drifting teeth leading to the development, or worsening,

of

a malocclusion. Many orthodontists are often reluctant to provide fixed appliance therapy. There is good evidence that provided high quality periodontal intervention is carried out and the patient is able to maintain adequate hygiene procedures to control the disease, even in the presence of previous alveolar bone loss, then fixed appliance treatment can be carried out safely and satisfactorily. The primary aim before orthodontic intervention is to stabilise the periodontal condition.

The possible orthodontic tooth movements include alignment, space redistribution and intrusion. Bone loss alters the position of the centre of resistance to teeth and force required to achieve movement but the orthodontist can use reduced or increased force moments as indicated to avoid excessive alveolar bone loss. Permanent retention in such

cases is always necessary by fixed or removable retainers and long-term maintenance and regular screening is mandatory in such adult cases.

Clinical experience of the orthodontic treatment of patients who have been successful in controlled their chronic periodontal disease is now good and such patients should not be denied orthodontic treatment.

Derrick Wilmott (European Journal of Dentistry Jan 2008)

You have been warned of the following risks when receiving orthodontic treatment:

1. Loss of tooth/teeth
2. Worsening of periodontal health
3. Teeth becoming non-vital (dying) and the need for a root canal treatment]
4. Black triangles due to the loss of bone and gum support when teeth aligned
5. Additional costs for further unforeseen and un-/expected restorative procedures

I, «patient.title» «patient.firstname» «patient.lastname» , understand and accept the risks associated with receiving orthodontic treatment and had sufficient opportunity to receive clarification about any concerns I have raised. I therefore will not hold Dr Stephan van Vuuren liable for any unforeseen events during treatment.

Signed on ____ / ____ /20 ____ by «patient.title» «patient.firstname» «patient.lastname»

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