

# Patient agreement to investigation or treatment

## Orthodontic Treatment

**Authors:** Orthodontic Department

**Brief description:**

- Orthodontic treatment is a way of straightening or moving teeth. It is used to improve the appearance of the teeth and how they work.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:  
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site  
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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## What is 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.

## What does it involve?

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.

## Will I need to have teeth 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, your 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 if your 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.

## 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. When you proceed with recommended treatment, you must be fully committed to doing your part.

**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.

You will be given written and verbal instructions about your brace when it is fitted and we encourage you to follow these. Treatment may be discontinued if co-operation is poor and your dental health is at risk.

**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.

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

**What are the benefits of orthodontic treatment?**

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.

**Can orthodontic treatment damage my teeth?**

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.

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 sometimes 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.

## **What happens once the treatment is complete?**

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

Once your treatment is complete we will fit you with retainers. These are appliances to hold the teeth in the new position whilst they settle in. After a time, usually a year, the retainers can be discarded. If retainers are not worn as instructed it is likely that the teeth will move.

The fact that you have completed orthodontic treatment 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 are an individual, general statements made in this leaflet may not apply to you. We are dedicated to achieving the best possible results for you. By working together, this can be attained in a pleasant and rewarding manner.

## **Further sources of information**

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

**We would like to highlight the need for your commitment to this treatment. We therefore ask you to complete the relevant section of the following consent form.**



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

### Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشمنت انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) یا 01223 216032

### Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশন' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

### Document history

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Consent Form 1

# Consent Form (Adults)

Patient agreement to  
investigation or treatment

<p align="center"><b>For staff use only:</b></p> <p>Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Responsible health professional/job title

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Special requirements .....  
(For example, other language/other communication method)

**Name of proposed course of treatment**

**Orthodontic Treatment**

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure .....
- Any serious or frequently occurring risks from the procedures including those specific to the patient .....
- Any extra procedures that might become necessary during the procedure

Blood transfusion  Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Orthodontics Treatment .....

Health professional's signature: .....Date: .....

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

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

**Statement of the interpreter (if appropriate)**

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

Interpreter's signature..... Date: .....

Name (PRINT):.....

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<b>For staff use only:</b> <b>Surname:</b> <b>First names:</b> <b>Date of birth:</b> <b>Hospital no:</b> <b>Male/Female:</b> <b>(Use hospital identification label)</b>
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**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**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 understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:**..... Date: .....

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

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... Date: .....

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

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

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

Signature..... Date: .....

Name (PRINT): ..... Job Title: .....