

orthodontics

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Frequently Asked Questions



What is the difference between a dentist and an orthodontist?

An orthodontist has undertaken at least 3 years of extra full-time university training specifically devoted to the science and art of orthodontics. It is this 3 years of full time training that enables them to practice in the specialist field of orthodontics. Every specialist orthodontist has completed the standard five years of formal general dental education, in addition to practicing as a general dentist for a period of time (but not less than two years). Such broad

yet specialised education and clinical experience equips the orthodontist to be able to provide specialist orthodontic advice and care for their patients.

With his wealth of knowledge and experience, Dr Siva has undertaken more than 10 years of advanced clinical training at world class institutions. This includes additional formal orthodontic training beyond the pre-requisite level of primary dental and specialist orthodontic training. He completed a 2 year Fellowship in Craniofacial and Cleft Lip Palate Orthodontics at Harvard University and Boston Children's Hospital in the USA. Dr Siva now masters his profession in our Perth orthodontic clinics.

Call us now if you're looking for a Perth Orthodontic Clinic.

Do I need a referral?

No, you do not need a referral to see a specialist orthodontist.

Whilst many of our patients are referred to our practice by their family dentist, it is not necessary for you to have a referral to receive orthodontic treatment. However, we do recommend that you see your family dentist for a check-up before you start any active orthodontic care.

What age should my child see an orthodontist?

The timing of orthodontic treatment is extremely important and greatly affects the treatment result. Both the [Australian Society of Orthodontists](#) and the [American Association of Orthodontists](#) recommend that children receive a specialist orthodontic examination by 7 years of age.

Fortunately not all children examined at that age will require immediate or urgent treatment. For those who don't, an appropriate recall/review program is implemented so that their dental and facial development is closely monitored during these important growth years.

Treating children during these growth stages allows us to achieve results that may not be possible when the face and jaw bones have fully developed. Early treatment can prevent more serious problems from developing and simplify future care.

Typically, comprehensive treatment with braces is started when all the permanent teeth have erupted, usually between 10 and 13 years of age. In some cases, it is an advantage to start just before the last baby teeth are shed. To ensure that treatment is commenced at the optimal time, we encourage you to make an appointment to allow us to assess your unique circumstances.

Is it too late to have braces if I am already an adult?

Many people think that orthodontic treatment is just for children. A large percentage of patients are adults, and they agree that it's never too late to improve their greatest asset: their smile.

Orthodontic treatment at later stages in life can improve your personal appearance and self-esteem. Improving the health of your teeth and gums is an equally important potential benefit. The biological mechanism of tooth movement is consistent at any age, albeit occurring over a slightly increased period of time in adults. Patients of all ages, including adolescents and adults, receive orthodontic care to achieve healthier teeth and gums, improved chewing from properly aligned teeth, and increased confidence from aesthetically pleasing teeth and smile.



Will my teeth straighten out as they grow?

No, they will not. The space available for the front teeth does not increase as you grow. In most cases, after the permanent molars erupt, the space available for the front teeth decreases with age.

Can I have clear braces on both my top and bottom teeth?

The answer will depend on your "bite". If your top teeth are unlikely to rub on the brackets fixed to your bottom teeth, then you will be able to have clear braces on both.

The tensile strength of the clear brackets is much higher than that of the metal brackets. If your top teeth are likely to make contact with the lower clear brackets, then there is greater potential for your top teeth to wear down. In this case we are likely to recommend clear braces on the top and metal braces on the bottom.

You'll find that when you smile, you primarily see the top teeth anyway – so having a combination of clear on the top and metal on the bottom remains a highly aesthetic orthodontic option.

Can I wear braces even though I have crowns and missing teeth?

Yes. A tooth with a crown will move just like a tooth with a simple filling. When teeth are missing, orthodontic treatment will aid in the alignment of the remaining teeth.

Can I get treatment on just my bottom or top teeth?

That depends on your individual circumstances. Whilst we aim to correct your malocclusion (bad bite) and straighten your teeth with cosmetic improvements in mind, we also want to ensure your bite is comfortable and stable at the end of treatment. Generally, single arch treatment is limited in its ability to improve your bite and yield a stable outcome. We will assess whether correcting just one arch would be a viable orthodontic treatment option for your individual circumstances in your initial consultation.

Do braces hurt?

Having braces bonded is a relatively easy and painless procedure. Putting in separators is as easy as flossing a tiny rubber ring between two teeth and leaving it there. Many patients describe separators as like having a piece of food stuck between your teeth. We don't use any needles or "drilling" to fit your braces, as they are simply bonded to your teeth.

The level of discomfort experienced varies from individual to individual. The majority of patients will experience slight pressure or discomfort for about two or three days after their braces are first fitted and then again for a day or two after each adjustment. Even though braces only protrude out about 2-3mm from your teeth, it may take your lips, cheeks and tongue a few days to a few weeks to become accustomed to rubbing against the braces. If part of the braces are irritating your mouth, you can use orthodontic wax to help smooth the rough area. Any small ulcers that develop usually resolve within a few weeks. After the first few days, the braces become more comfortable and most of the time, patients forget that they have them on their teeth.



With new technology and flexible wires, there is significantly less discomfort associated with tooth movement. In fact, some patients complain about not having any pain because they think that without pain, their teeth are not moving. Remember: "it does not have to hurt to work!"

Will I need to have extractions?

The majority of patients seen in our specialist orthodontic practices are treated on a non-extraction basis i.e. they don't need to have permanent teeth removed as part of their treatment. Our practice uses advanced clinical techniques and state of the art wire technology to ensure that the need for extractions is minimised. In our practice, "expansion" and "orthopaedic" therapies are offered, where appropriate, to reduce the need for tooth removal.

If it is important to you to avoid the removal of teeth, please ensure you bring your child in for an early opinion, at no later than 7 to 8 years of age. Scheduling an initial orthodontic consultation when a child is older can limit the treatment options available.

Each individual case is carefully assessed, before designing a treatment plan based on the specific and unique factors that have created the orthodontic problems in a particular patient. The solution may, or may not involve the extraction of teeth. The requirement to achieve optimum facial balance and harmony is always given priority in making treatment decisions.

Given that the aim of all specialist orthodontists is to provide beautiful smiles in beautiful faces, it would seem sensible to accept that one type of treatment would not be appropriate for all. Whilst there may be a preference towards orthodontic treatment without extractions, the notion that the removal of teeth will always result in flattening of the face and lip profile cannot be supported by the available scientific and clinical evidence. Removing teeth is sometimes required to achieve the best orthodontic result. Extractions themselves do not cause negative effects on the teeth, jaws and face. It is often poor planning decisions and poor orthodontic control which results in these outcomes.

We encourage patients and their families to seek to understand the reasons behind orthodontic treatment decision making, including extractions if applicable. Our aim is to achieve straight teeth, healthy jaw function and a beautiful smile because we value the enhancement in self-esteem and confidence observed in many of our patients as we work towards achieving these goals. However, because new technology has provided advanced orthodontic procedures, removing teeth is not always necessary for orthodontic treatment.

Is Invisalign® as effective as conventional braces?

Current research indicates that Invisalign® is at best 41% accurate in achieving the predicted or planned movements (Kravitz et al, American Journal of Orthodontics and Dentofacial Orthopedics 2009;135:27-35).

If you're focussed on achieving the optimal orthodontic outcome, we have other aesthetic options including [hidden braces](#) or [clear braces](#).

Can I return to school the same day I have my braces bonded?

Yes. There is no reason to miss school because you've just had braces put on.



Can I play sport with braces?

Braces won't interfere with most sports. However you should always wear a mouth guard when playing contact sports such as football, netball, basketball, hockey etc. A tight fitting custom mouth guard may interfere with moving the teeth unless specially designed and manufactured. If a mouth guard rubs, trim it until it is comfortable. Alternatively you may choose to purchase a mouth guard from a sports store.

How often will I have appointments?

Appointments are scheduled according to each patient's needs. Most patients in braces will be seen every 8-10 weeks. If there are specific situations that require more frequent monitoring, we will schedule appointments accordingly.

Can I schedule all of my appointments after school?

The most frequently requested appointment times are after school hours and early morning appointments. In order to accommodate as many patients as possible, these premium times are reserved for short appointments whilst longer visits (e.g. for bonding of braces or insertion of appliances) are scheduled during the middle of the day.

In this way we do not reserve an entire afternoon for one or two patients, but rather see as many patients as possible with short appointments after school. Since the majority of appointments are scheduled 8 to 10 weeks apart, most patients will miss minimal school as a result of their orthodontic appointments.

How long will it take to complete treatment?

Treatment length depends on a number of factors including your age, the complexity of the case, patient compliance (attending regular adjustment appointments, wearing elastics etc) and the technology we use (eg. Suresmile®).

Phase 1 orthodontic treatment generally takes between 6 to 12 months. Orthodontic treatment for adolescents and adults usually takes between 18 and 24 months but can be shorter if we use Suresmile® archwires.

We will generally recommend you stay in treatment until your teeth reach optimal alignment. This is because the better your top and bottom teeth fit together, the easier it is to maintain oral hygiene and help you keep your teeth for life.

We're not just focussed on superficial results, we want to deliver real long term benefits.

How much will treatment cost?

Our fees for comprehensive treatment vary greatly depending on the nature and severity of the presenting problems, the age of the patient, the treatment method, the type of appliances used and the anticipated treatment duration.

We will provide a detailed quotation following your initial consultation and once all your relevant diagnostic information has been carefully assessed.



Are you a preferred provider?

We are registered with all the major private health insurers and provide you with all the documentation you need (including item numbers) to submit your claim to your health fund for orthodontic treatment.

We are, however, not aligned with any specific health fund as we believe such arrangements adversely affect the quality of care. The Australian Dental Association has expressed serious concern that health funds are directing their members to "preferred providers" who have entered into arrangements with them. These preferred providers arrangements are more about the insurer's bottom line than health outcomes for patients. The ADA is concerned that health funds are currently:

- o limiting choice for patients to choose their own dentist;
- o implementing restrictive business rules and policies which seek to dictate the type of treatment allowed;
- o engaging in discriminatory rebate practices;
- o limiting annual increases in rebates; and
- o supporting the model of corporatised managed care where profit is the sole motivator and the delivery of oral health is strictly controlled by the health funds rather than the dentist who is best placed to advise the patient.

We believe patients should be able to choose the orthodontist which best meets their needs. We are focussed on providing our patients the highest level of specialist care possible. Your health is important and we want to ensure you receive the treatment you deserve.



"We're here to answer all your questions. No question is too strange, no concern is too trivial."