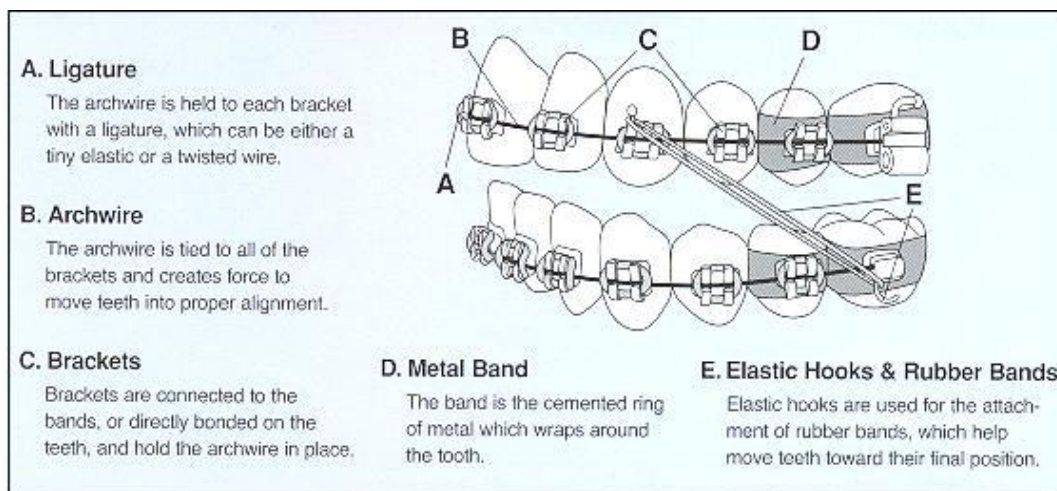




HANDLING ORTHODONTIC EMERGENCIES

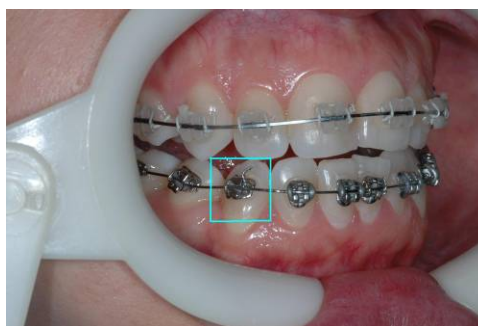
The following orthodontic emergencies and their treatment are listed in the order of the least severe to the most severe. Only the most severe emergencies may require immediate attention by an orthodontist. The majority of these are easily treated with a follow-up by the patient's orthodontist. Following is a diagram of the most common orthodontic components.



FOOD CAUGHT BETWEEN TEETH

This is not an emergency, but can be a little uncomfortable or embarrassing for the braces-wearing patient. It is easily fixed with a piece of dental floss. Try tying a small knot in the middle of the floss to help remove the food, or use an interproximal brush or floss to dislodge food caught between teeth and braces.

LIGATURES COME OFF



Tiny rubber bands or small, fine wires, known as ligatures, hold the wire to the bracket. If a rubber ligature should come off, you may be able to put it back in place using clean tweezers. If a wire ligature breaks, simply remove it with clean tweezers. If the wire ligature is sticking out into the lip but is not loose, it may be bent back down with cotton-bud or pencil eraser to eliminate the irritation.

Of course, when one ligature pops off or breaks, others may follow. Be sure to examine all ligatures. Missing or broken ligatures should be brought to the attention of the orthodontist, so they may advise whether the patient should be seen.

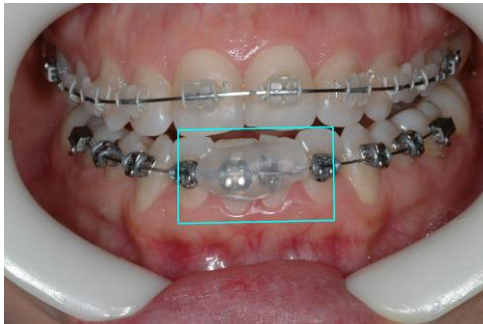
DISCOMFORT

It is normal for a patient to have discomfort for two to three days after braces or retainers are adjusted, therefore it can make eating uncomfortable. The patient should be aware that the discomfort is both normal and temporary. Encourage soft food. The patient should rinse their mouth with warm salt water.

MOUTH SORES

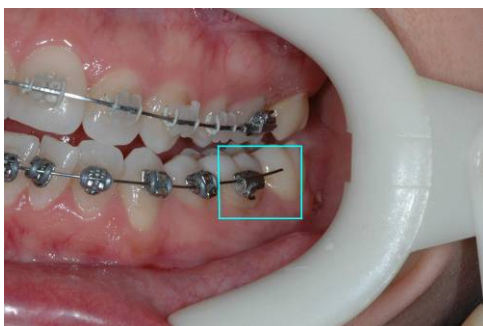
Some patients are susceptible to episodes of mouth sores. Whilst braces do not cause them, they may be precipitated or made worse by an irritation from braces. One or several areas of ulceration of the cheeks, lips or tongue may appear. This is not an emergency, but may be very uncomfortable for the patient. Prompt relief may be achieved by applying a small amount of topical anaesthetic (such as SM33 available from chemists) directly to the ulcerated surface using a cotton swab. The patient should reapply as needed.

IRRITATION OF LIPS OR CHEEKS



Sometimes new braces can be irritating to the mouth, especially when the patient is eating. A small amount of non-medicinal relief wax makes an excellent buffer between metal and mouth. Simply pinch off a small piece and roll it into a ball the size of a small pea. Flatten the ball and place it completely over the area of the braces causing irritation. If the wax is accidentally ingested it is not a problem, as the wax is harmless.

PROTRUDING WIRE



Occasionally, the end of a wire will work itself out of place and irritate the patient's mouth. Use a cotton-bud or pencil eraser to push the wire so that it is flat against the tooth. If the wire cannot be moved into a comfortable position, cover it with relief wax. (See 'Irritation of lips or cheeks' above.) The orthodontist will need to be made aware of the problem.

In a situation where the wire is extremely bothersome and the patient is unable to see the orthodontist in the near future, you may, as a last resort, clip the wire. Reduce the possibility of swallowing the snipped piece of wire by using folded tissue or gauze around the area. Use a pair of sharp clippers and snip off the protruding wire.

Relief wax may still be necessary to provide comfort to the irritated area.

LOOSE BRACKETS, WIRES OR BANDS



If the braces have come loose in any way, the patient needs to notify the surgery as soon as possible to book a follow-up appointment.

Brackets are the part of braces attached to teeth with a special adhesive. They are generally positioned in the centre of each tooth. The bracket can be knocked off if the patient has eaten hard or crunchy food orthodontic patients are instructed to avoid, or if the mouth is struck whilst at play. (All patients are encouraged to wear a protective mouth guard during contact sports).

If the bracket is significantly off centre, the adhesive may have failed. The patient should immediately notify the orthodontist, who will determine the course of action.

If the loose bracket has rotated on the wire, is sticking out and the patient cannot immediately be taken to the orthodontist, you can do a temporary fix to alleviate discomfort and prevent further damage, but take care to prevent swallowing or other injury. To put the bracket back in place, use clean tweezers to slide the bracket along the wire until it is between two teeth. Rotate the bracket back to the proper position, then slide it back to the centre of the tooth.

PIECE OF APPLIANCE IS SWALLOWED

This is rare, but when it does happen, it can be fairly alarming to the patient. Encourage your patient to remain calm. If the patient is coughing excessively, or having difficulty breathing, the piece could have been aspirated.

If you are unable to see the piece and believe it may have been aspirated, seek medical help and notify the orthodontist immediately.

If appropriate under the circumstances, examine the patient's braces for problems that may result from the missing piece, such as looseness or irritation and treat as specified above. If you are able to see the piece, you may carefully attempt to remove it, but do not make the attempt if you could cause harm.

For more information please contact the practice or see our website: www.ortho-x.com.au

Macquarie Street
Mosman

Tel: 02 9221 1611
Tel: 02 9969 1144