

THE COMPREHENSIVE GUIDE TO ORTHODONTICS



Octagon
Orthodontics
SMILES FOR EVERYONE



£8.00

SUPERHERO SMILE FIXER

FOR ADULTS & CHILDREN

GET INVISALIGN INVISIBLE BRACES FROM OCTAGON ORTHODONTICS

TAKE ACTION, CALL TODAY...

Octagon Orthodontics SMILES FOR EVERYONE

invisalign

invisalign teen

I HOLD THE REMOVABLE INVISIBLE ALIGNER WITH THE POWER TO STRAIGHTEN MY TEETH

THIS SMALL DEVICE WILL CHANGE MY SMILE FOREVER!

THE AFFORDABLE WAY TO STRAIGHTEN YOUR TEETH WITH INVISALIGN...

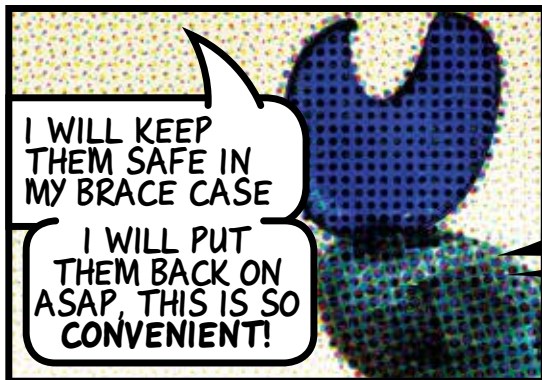
INVISIBLE

NO ONE HAS NOTICED I'M WEARING THEM, EVEN WHEN I SMILE!

LATER THAT DAY...

CLICK

I CAN EVEN REMOVE THEM WHEN I NEED TO, THIS IS GREAT!



CHECK CURRENT OFFERS
QUOTE: SUPERHERO

HELLO, I WOULD LIKE TO BOOK A CONSULTATION FOR INVISALIGN TREATMENT FOR MYSELF AND MY CHILD AT OCTAGON ORTHODONTICS



AFTER FITTING AND REGULAR APPOINTMENTS...



ALIGNERS ARE WORN FOR 22 HOURS EACH DAY AND CHANGED EVERY 2 WEEKS UNTIL YOU HAVE YOUR...

GREAT SMILE!



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Octagon
Orthodontics
SMILES FOR EVERYONE

EALING, LONDON

Tel: 0208 566 9567

Octagon
Orthodontics
SMILES FOR EVERYONE

BEACONSFIELD

Tel: 01494 681 367

Octagon
Orthodontics
SMILES FOR EVERYONE

HIGH WYCOMBE

Tel: 01494 513 797

THE ASHCROFT CLINIC

DENHAM (Affiliated clinic)

Tel: 01895 831 049

0% FINANCE AND LOW COST PAYMENT PLAN OPTIONS AVAILABLE

THE COMPREHENSIVE GUIDE TO ORTHODONTICS



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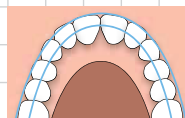


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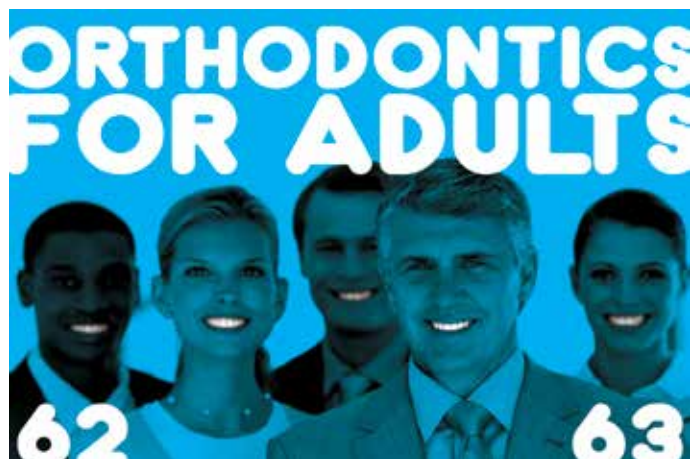
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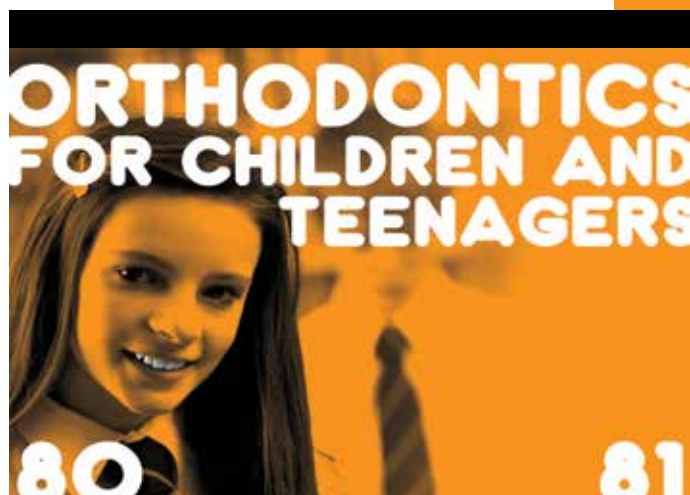
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**MEET THE
SPECI**

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A man in a white lab coat is shown from the chest up, smiling and shaking hands with another person whose arm is visible on the left. The entire image is overlaid with a semi-transparent green filter. The word "ALIST" is written in large, bold, white, sans-serif capital letters across the middle of the image.

ALIST

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DOCTOR PROFILE

DR PETER ILORI

BDS LDS RCS [Eng], FDS RCS [Eng], FFD RCS [Ire],
MSc [Manc] M.Orth RCS [Eng], M.Orth RCS [Edin], MBA [Brunel]



SPECIALIST IN ORTHODONTICS

How would you go about choosing an orthodontist? It is best to select someone with years of experience and a strong track record. With more than 20 years of experience, Dr Peter Ilori fulfils these criteria; he is a perfectionist and enjoys helping his patients achieve outstanding transformations of their smiles. He says “you will be perceived as confident and likeable if you are proud of your improved smile”.

Being up to date and at the cutting edge of his profession allows Dr Ilori's patients to benefit from proven techniques and current trends.

Speaking about his role as an Invisalign Clinical Speaker; “I enjoy teaching because it exposes me to the new technologies and current thinking within the dental and orthodontic fields. My objective is to integrate traditional methods of treatment with new techniques, which ultimately translate into greater efficiency and more predictable results” says Dr Ilori.

Patients appreciate detailed, specific customised attention, therefore his orthodontic treatment methods, materials and techniques are designed to make each patients' experience as individualised and as personal as possible.

“People approach orthodontics with different perceptions of beauty, so knowing your orthodontist's philosophies is very important because this forms part of the basis for agreement on how to best achieve your treatment goals. An emphasis on patient education is at the centre of Dr Ilori's collaborative approach to achieving beautiful smiles. All procedures are discussed and relevant aspects of the treatment are reviewed for easier understanding.

Compassion, empathy, understanding, attentive listening and effective communication engender trust and success in the clinical environment. Dr Ilori and his staff are at your service to make your patient journey pleasant and fulfilling.

- ➔ Invisalign Preferred Provider
- ➔ Invisalign Diamond Provider
- ➔ Invisalign Teen Provider
- ➔ Treated over 500 patients with Invisalign
- ➔ Offers iTero intraoral scanning facilities
- ➔ Invisalign Speaker Lecturer

QUALIFICATIONS

BASIC DENTAL DEGREES:

- ➔ LDS - Licentiate in Dental Surgery
Royal College of Surgeons of England
- ➔ BDS - Bachelor of Dental Surgery
University of Benin Nigeria
- ➔ American National Board
Dental Examination

POSTGRADUATE RESIDENCIES:

- ➔ University Hospital of Wales,
Cardiff Dental School
- ➔ University of Bristol Dental Hospital,
Bristol
- ➔ University of Manchester Dental School
- ➔ Booth Hall Children's Hospital,
Manchester
- ➔ The Royal Oldham Hospital, Manchester

ADDITIONAL AND SPECIALIST QUALIFICATIONS:

- ➔ M.Sc. - Masters of Science [Orthodontics]
University of Manchester
- ➔ M.Orth - Membership in Orthodontics
Royal College of Surgeons of England



- ➔ M.Orth - Membership in Orthodontics
Royal College of Surgeons of Edinburgh
- ➔ FDS - Fellowship in Dental Surgery [Oral
& Maxillofacial Surgery] Royal College of
Surgeons of England
- ➔ FFD - Fellow of the Faculty of Dentistry
[Oral Medicine]
Royal College of Surgeons of Ireland
- ➔ MBA - Masters in Business
Administration with Distinction
Brunel University, Uxbridge

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

- ➔ Registered Specialist Orthodontist
with the General Dental Council
- ➔ Full registration
with the General Dental Council
- ➔ Medical Protection Society
- ➔ World Federation of Orthodontists
- ➔ American Association of Orthodontists
- ➔ British Orthodontic Society

EXPERTISE AND TECHNIQUES:

- ➔ Invisalign Full, Invisalign Teen,
Invisalign Lite and Invisalign i7
- ➔ Orthodontic care for children of all ages
- ➔ Adult treatment
- ➔ Aesthetic and invisible braces
- ➔ Lingual orthodontics
- ➔ Orthognathic and surgical orthodontics



INTERVIEW WITH DR PETER ILORI

Q WHY DID YOU BECOME AN ORTHODONTIST?

A While training as a dentist I became fascinated by the bio-mechanical and sociological aspects of orthodontics – this led to me enrolling on the specialist programme. I have never looked back since!

Q WHAT FASCINATES YOU ABOUT YOUR WORK?

A Orthodontics gives me daily opportunities to watch people's smiles and faces transform before my eyes. It is a gratifying feeling to be part of a process which adds value to the lives of my patients.

Q WHAT IS YOUR CHAIRSIDE STYLE?

A High-tech delivery with professional care and where possible genuine light-hearted conversation.

Q WHAT ARE YOUR HOBBIES?

A Family holidays to exotic locations where I can play some golf, pretend to be an anthropologist and sample local red wines.

Q BEST ADVICE YOU EVER RECEIVED?

A Endeavour to fully express your talents in everything you do.

Q ONE THING YOU WOULD TEACH EVERY PATIENT?

A Value your dental health and your smile.

CLINIC LOCATIONS

→ LONDON

Octagon Orthodontics at The Avenue
112 The Avenue, Ealing, London W13 8JX

TELEPHONE: 0208 566 9567

→ HIGH WYCOMBE

Octagon Orthodontics at The Beauty Society
31-33 Amersham Hill, High Wycombe,
Buckinghamshire HP13 6NU

TELEPHONE: 0845 601 0700

→ BEACONSFIELD

Octagon Orthodontics at Dental Art
Chesterton Gardens, Grove Road
Beaconsfield, Buckinghamshire HP9 1UR

TELEPHONE: 01494 681367

→ DENHAM

The Ashcroft Clinic
2 Ashcroft Drive, Denham, Middlesex UB9 5JF

TELEPHONE: 01895 831 049



TESTIMONIALS

→ "What a fantastic job he has done. She has the most amazing smile now - I cannot thank him enough. It has changed all her features."

Coral Humber's mum Nicky

→ "I'm a current patient at Octagon Orthodontics...the service is fantastic. It's spot on and I do not think I have ever had such good service. I was given a lot of information."

Hanna Francis, Interior designer

→ "By having orthodontic treatment, not only has my bite been corrected, I have no clicking in my jaw and the aesthetic results are great."

Martin Dominguez, whose daughter also had orthodontic treatment

→ "I would definitely recommend Peter and his staff, they were wonderful. My teeth were a problem... I was originally told I was too old to have braces. Now my bite is improved, gaps are closed and my teeth look great."

Mary Clements, Housing officer

→ "If I went back to the beginning and had to do this again, I would not hesitate. It's changed everything. I don't worry about my teeth any more."

Lara Henderson

→ "I have a perfect set of straight teeth. I am absolutely delighted, I really can't believe it."

Heather Sharland, Magistrate



DR RAMAN AULAKH

BDS [Birmingham], MSc. Orth [Aarhus]



SPECIALIST IN ORTHODONTICS

According to Dr Aulakh “crooked, broken and worn-out teeth may be a symptom of a misaligned jaw. Some people never notice that their bites are off and focus on only the look of their teeth”. It is my job to educate patients and create the optimal treatment plan that addresses all orthodontic problems. His patients appreciate his comprehensive treatment planning and comment on the improvement in functionality as well as aesthetic benefits of treatment.

Dr Aulakh is dedicated to creating healthy, beautiful smiles in a warm, comforting environment. Having undergone orthodontic treatment himself, Dr Aulakh understands the patient journey associated with visiting the orthodontist. “We want to make sure that our patients are given our full attention during their visits with us,” says Dr Aulakh.

Interacting with patients is the key to understanding what is important to them, Dr Aulakh explains, “I take a personal interest in educating my patients about their teeth, learning their visions of a perfect smile. Then together we work to deliver those ideals.”

- ➔ Invisalign Preferred Provider
- ➔ Invisalign Platinum Elite Provider
- ➔ Invisalign Teen Provider
- ➔ Offers iTero intraoral scanning facilities
- ➔ Invisalign Speaker Lecturer

QUALIFICATIONS

BASIC DENTAL DEGREES:

- ➔ BDS - Bachelor of Dental Surgery
University of Birmingham

POSTGRADUATE RESIDENCIES:

- ➔ University Dental Hospital,
Aarhus, Denmark

ADDITIONAL AND SPECIALIST QUALIFICATIONS:

- ➔ M.Sc. Orth Masters of Science
[Orthodontics] University of
Aarhus, Denmark

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

- ➔ Registered Specialist Orthodontist
with the General Dental Council



- ➔ Full registration
with the General Dental Council
- ➔ Medical Protection Society
- ➔ Post-Graduate Teacher and Clinical
Instructor, King's College University
- ➔ Visiting Lecturer, University of Aarhus
- ➔ European Society of Orthodontics

EXPERTISE AND TECHNIQUES:

- ➔ Invisalign Full, Invisalign Teen,
Invisalign Lite and Invisalign i7
- ➔ Orthodontic care for children of all ages
- ➔ Adult & collaborative
orthodontic-restorative cases
- ➔ Aesthetic and invisible braces
- ➔ Lingual orthodontics - Incognito
- ➔ Orthognathic and surgical orthodontics





INTERVIEW WITH DR RAMAN AULAKH

Q WHY DID YOU BECOME AN ORTHODONTIST?

A Orthodontics was a natural progression for me when it came to choosing a postgraduate career.

Q WHAT FASCINATES YOU ABOUT YOUR WORK?

A I am a true believer of 'face driven' orthodontics which means looking at the facial physiognomy as part of the treatment plan before guiding the teeth in the right place. This allows you to bring harmony to a patients face with their teeth.

Q WHAT IS YOUR CHAIRSIDE STYLE?

A Good communication and empathy. I have worn braces myself.

Q WHAT ARE YOUR HOBBIES?

A I love the gym, good food and travelling.

Q BEST ADVICE YOU EVER RECEIVED?

A Treat others how you want to be treated yourself.

Q ONE THING YOU WOULD TEACH EVERY PATIENT?

A Orthodontic treatment is a journey to a better you.

CLINIC LOCATIONS

→ LONDON

Octagon Orthodontics at The Avenue
112 The Avenue, Ealing, London W13 8JX

TELEPHONE: 0208 566 9567

→ HIGH WYCOMBE

Octagon Orthodontics at The Beauty Society
31-33 Amersham Hill, High Wycombe,
Buckinghamshire HP13 6NU

TELEPHONE: 0845 601 0700

→ DENHAM

The Ashcroft Clinic
2 Ashcroft Drive, Denham, Middlesex UB9 5JF

TELEPHONE: 01895 831 049



TESTIMONIALS

→ "Orthodontic treatment has changed my life I now have more confidence when I smile. My overall experience with raman has been great, he was very professional and i have recommended him to all my family and friends."

Jessica, Ealing London

→ "Thanks for conquering my fear of the dental chair and for giving me such straight teeth."

Mr Akhtar, Gerrards Cross

→ "Thank you for giving me such a gorgeous smile."

Stephanie, University student

→ "Before I met raman I was very confused about what could be done to straighten my teeth but he reassured me that the treatment plan would allay all my fears. I'm six months into my treatment and i'm the happiest i've ever been."

Ruth, Denham

→ "I really like coming to see Raman because he is very funny and nice."

Sam, 12 years old



DR ZEYNEB AL-SHEBIB

Lic. Odonto. [Spain], MSc. Orth [Warwick]

Dr Al-Shebib believes that a beautifully charming smile will lighten up any room. She provides excellence in orthodontics to every patient in a fantastic and professional way.

She can only be characterised as a doctor who values patient safety, comfort and well-being. Dr Al-Shebib also believes in treating patients as she, herself, would like to be treated. All of her patients testify that this results in a respectful and satisfying orthodontic experience.

Dr Al-Shebib actively takes part in continuing professional development to deliver only the best quality orthodontics. "Furthermore, interdisciplinary treatment plans with my other colleagues are essential to ensure that my patients benefit from all the latest and modern techniques."

Giving the necessary time to know each patient individually, Dr Al-Shebib ensures that orthodontics will always be a good memory for her patients. "After an informal and joyful chat with my patients, I tailor each treatment plan to meet and transcend their expectations." She enjoys motivating her patients and having an active role in every stage of their treatment.

"I view orthodontic treatment as an opportunity to educate people and discover what is possible in their lives. It is fascinating to see how cosmetic improvements can affect health, energy, self-esteem and appearance."

ORTHODONTIST

- Invisalign Provider
- Invisalign Teen Provider
- Offers iTero intraoral scanning facilities

QUALIFICATIONS

BASIC DENTAL DEGREES:

- Lic. Odonto.
Licentiate in Dental Surgery (Spain)

POSTGRADUATE RESIDENCIES:

- Warwick University
Department of Orthodontics

ADDITIONAL AND SPECIALIST QUALIFICATIONS:

- M.Sc. Orth Masters of Science
[Orthodontics] Warwick University

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

- Full registration with the General Dental Council
- Medical Protection Society
- British Dental Association
- Spanish Orthodontic Society

EXPERTISE AND TECHNIQUES:

- Invisalign Full, Invisalign Teen, Invisalign Lite and Invisalign i7
- Orthodontic care for children of all ages
- Adult treatment
- Aesthetic and invisible braces



INTERVIEW WITH DR ZEYNEB AL-SHEBIB

Q WHY DID YOU BECOME AN ORTHODONTIST?

A I have always been conscious of the impact of a beautiful smile on a person's life and self-esteem. Thus, since I started my dental training, I had a special interest for Orthodontics

Q WHAT FASCINATES YOU ABOUT YOUR WORK?

A It is very rewarding to play an essential role in the positive transformation of a person's life. Giving my patients a smile that they longed to have is priceless.

Q WHAT IS YOUR CHAIRSIDE STYLE?

A My patients understand their engagement in their orthodontic treatment, as we try to make it a rewarding and fun experience, leaving only good memories.

Q WHAT ARE YOUR HOBBIES?

A Travelling to exotic countries and swimming. I also enjoy my shopping visits to Knightsbridge!

Q BEST ADVICE YOU EVER RECEIVED?

A Know a little about everything and everything about something.

Q ONE THING YOU WOULD TEACH EVERY PATIENT

A Your smile, if looked after, is for a life time.

CLINIC LOCATIONS

➔ LONDON

Octagon Orthodontics at The Avenue
112 The Avenue, Ealing, London W13 8JX

TELEPHONE: 0208 566 9567

➔ HIGH WYCOMBE

Octagon Orthodontics at The Beauty Society
31-33 Amersham Hill, High Wycombe,
Buckinghamshire HP13 6NU

TELEPHONE: 0845 601 0700

➔ BEACONSFIELD

Octagon Orthodontics at Dental Art
Chesterton Gardens, Grove Road
Beaconsfield, Buckinghamshire HP9 1UR

TELEPHONE: 01494 681367



DOCTOR PROFILE



DR MARIANA HOLDSWORTH

Master's in Dentistry [Czech Republic]

SPECIALIST IN ORTHODONTICS

- Invisalign Provider
- Invisalign Teen Provider
- Offers iTero intraoral scanning facilities

QUALIFICATIONS

BASIC DENTAL DEGREES:

- Master's in Dentistry
(Masaryk University, Czech Republic)

ADDITIONAL AND SPECIALIST QUALIFICATIONS:

- Specialist in Orthodontics
(Masaryk University, Czech Republic)



PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

- Registered Specialist Orthodontist with the General Dental Council
- Full registration with the General Dental Council
- Member of the MDU
- Member of the Czech Dental Chamber
- Member of the Czech Orthodontic Society

EXPERTISE AND TECHNIQUES:

- Invisalign Full, Invisalign Teen, Invisalign Lite and Invisalign i7
- Orthodontic care for children of all ages
- Adult treatment
- Aesthetic braces
- Lingual orthodontics - Incognito



INTERVIEW

Q WHY DID YOU BECOME AN ORTHODONTIST?

A I was already interested in orthodontics during my dental studies. I liked the combination of medicine, physics, art and esthetics.

Q WHAT FASCINATES YOU ABOUT YOUR WORK?

A I think orthodontics is one of the fastest developing fields of dentistry. What wasn't common a few years ago is now a standard part of the treatment. So whatever problem you have, there is always some solution. There are no two people with identical teeth, so orthodontics is never the same. You can use your knowledge and creativity to achieve a beautiful smile. If you have a happy, confident patient at the end, that's the biggest satisfaction for me.

Q WHAT IS YOUR CHAIRSIDE STYLE?

A I try to be kind and sympathetic to my patients and respect that everyone is different. I like to treat patients as I would like to be treated myself.

Q WHAT ARE YOUR HOBBIES?

A I like arts and design, enjoy music, dancing and watching films. I like spending weekends with my husband and two year old son, taking trips around the UK. I'm always happy to visit my family in the Czech Republic.

Q BEST ADVICE YOU EVER RECEIVED?

A Do the best you can, with what you can, whilst you can and success is inevitable.

Q ONE THING YOU WOULD TEACH EVERY PATIENT

A Take care, clean well, be patient and a beautiful smile will be your reward.

DOCTOR PROFILE



DR ELETTRA AGUGLIA

BDS [Milan], MSc. Orth [Milan]

↓ SPECIALIST IN ORTHODONTICS

- Invisalign Provider
- Invisalign Teen Provider
- Offers iTero intraoral scanning facilities

QUALIFICATIONS

BASIC DENTAL DEGREES:

- BDS - Bachelor of Dental Surgery
University of Milan, Italy

POSTGRADUATE RESIDENCIES:

- Mangiagalli Major Hospital, Department
of Orthodontics [University of Milan, Italy]

ADDITIONAL AND SPECIALIST QUALIFICATIONS:

- MSc.Orth Master of Science
[Orthodontics] University of Milan, Italy



PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

- Registered Specialist Orthodontist
with the General Dental Council
- Full registration with the
General Dental Council
- American Association of Orthodontists
- World Federation of Orthodontists

EXPERTISE AND TECHNIQUES:

- Invisalign Full, Invisalign Teen,
Invisalign Lite and Invisalign i7
- Orthodontic care of children of all ages
- Adult treatment
- Aesthetic and invisible braces
- Lingual orthodontics - Incognito
- Orthognathic and surgical orthodontics



INTERVIEW

Q WHY DID YOU BECOME AN ORTHODONTIST?

A When I took my studies in Dental School, Orthodontics was definitely one of my favourite subjects.

Moreover, I think I became an orthodontist because I had braces myself and I was fascinated watching in the mirror over many months my teeth, that I hated, became straighter and straighter, like magic.

Q WHAT FASCINATES YOU ABOUT YOUR WORK?

A I could positively affect the young and adult people with the resultant healthy, happy smile.

Q WHAT IS YOUR CHAIRSIDE STYLE?

A My chair-side style is gentle, friendly and professional.

Q WHAT ARE YOUR HOBBIES?

A I love sports and I have been playing as a waterpolo keeper for more than 10 years. I enjoy training in a team and working together to achieve new goals. I also love good food and travelling.

Q BEST ADVICE YOU EVER RECEIVED?

A Never wait for things to happen, make them happen for yourself through hard graft and not giving up.

Q ONE THING YOU WOULD TEACH EVERY PATIENT

A Cleaning up is the first step to taking care of your teeth's health.

THERAPIST PROFILE

ORTHODONTIC THERAPIST

The orthodontic therapist is a new role which enables all dental nurses and other dental care professionals to work in a clinical capacity, under the supervision of an orthodontist. First, the dental care professional must undertake a year-long training programme, leading to an approved qualification in orthodontic therapy. This is usually a higher education course involving a high degree of practical training at the student's training practice. Orthodontic therapists are taught to carry out skills such as placing and removing brackets so that they can take responsibility for some of the routine tasks in the orthodontic practice.



REBECCA LEONARD

RDN Dip Orth (Warwick)



ORTHODONTIC THERAPIST

Rebbecca started working as a dental nurse in 2002. Rebecca was keen to enhance her knowledge and in 2004 obtained her National Certificate in Dental Nursing. This was followed by Dental Radiography certificate and the National certificate of Orthodontic Nursing, both achieved in 2005.

In 2008 Rebecca was accepted onto the first Diploma in Orthodontic Therapy course at Warwick University. In 2009 Rebecca was awarded her Diploma with an additional award for Most Outstanding student.

Rebecca is keen to keep up to date with new techniques and technology and is trained to use the Itero scanner for Invisalign.

Rebecca enjoys cooking and baking for family and friends, and Rebecca also enjoys reading.



CHRISTINE GROVER

RDN Dip Orth (Warwick)

ORTHODONTIC THERAPIST

Christine joined Octagon Orthodontics in 1999. She developed her professional skills by being awarded her NEBDN National Certificate in Dental Nursing in 2000, gaining her certificates in Dental Radiography 2002 and Orthodontic Nursing in 2008.

In 2009 Christine was awarded one of just ten places at Warwick University Medical School to study and train as an Orthodontic Therapist. She successfully gained her diploma in Orthodontic Therapy in 2010.

Christine takes great pride in her role as an Orthodontic Therapist, Christine leads by example, is friendly, caring, always having a smile.

Christine is married and proud mother of a young son, a keen photographer and has a productive allotment in her spare time!



RASHIDA AKRAM

RDN Dip Orth (Warwick)

ORTHODONTIC THERAPIST

Rashida began working as a dental nurse in 1998. In 2004 Rashida obtained her National Certificate in Dental Nursing. Then in 2005 Rashida continued her studies & obtained her Dental Radiography certificate & the National Certificate in Orthodontic Nursing.

During her studies Rashida also achieved 'finalist' in the Practice Manager of the year award, and was also presented with the Investors in People award.

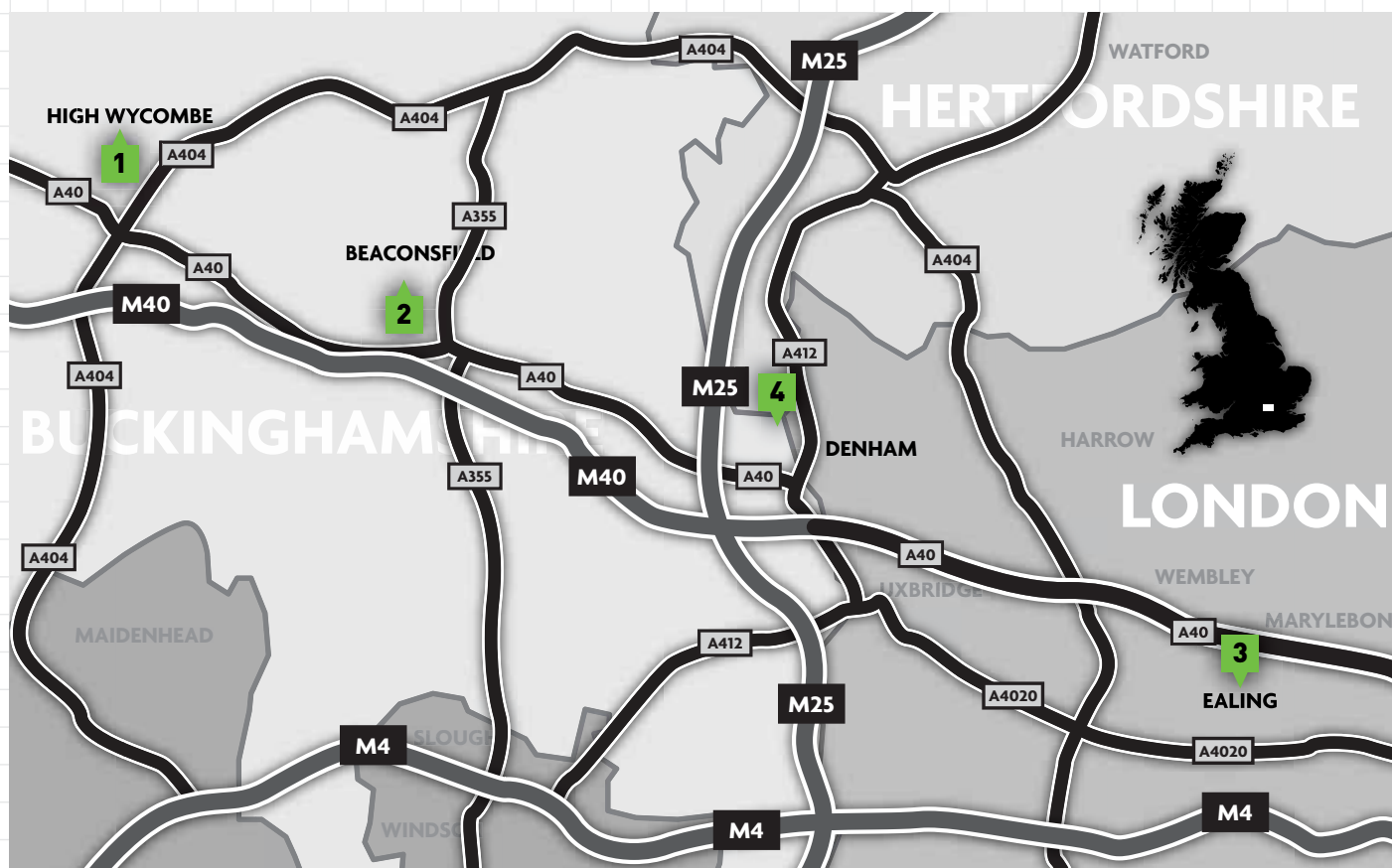
Rashida has been an important part of the practice team, helping to welcome and train new staff members, and ensuring correct protocols and policies are in place.

In 2009 Rashida obtained a place at Warwick University for the Diploma in Orthodontic Therapy. Rashida was awarded the diploma in 2010.

Rashida enjoys art, in particular calligraphy and Rashida also enjoys learning new languages.

PRACTICE LOCATIONS

OUR ORTHODONTIC SERVICES NEAR YOU



1

Octagon Orthodontics
SMILES FOR EVERYONE

➔ HIGH WYCOMBE

Octagon Orthodontics
at The Beauty Society
31-33 Amersham Hill
High Wycombe
Buckinghamshire
HP13 6NU

TELEPHONE: 0845 601 0700

2

Octagon Orthodontics
SMILES FOR EVERYONE

➔ BEACONSFIELD

Octagon Orthodontics
at Dental Art
Chesterton Gardens
Grove Road, Beaconsfield
Buckinghamshire
HP9 1UR

TELEPHONE: 01494 681367

3

Octagon Orthodontics
SMILES FOR EVERYONE

➔ LONDON

Octagon Orthodontics
at The Avenue
112 The Avenue
Ealing
London
W13 8JX

TELEPHONE: 0208 566 9567

4

THE ASHCROFT CLINIC

➔ DENHAM

(Affiliated Clinic)
The Ashcroft Clinic
2 Ashcroft Drive
Denham
Middlesex
UB9 5JF

TELEPHONE: 01895 831 049

➔ VISIT OUR WEBSITES FOR MORE INFORMATION:

WWW.OCTAGONORTHODONTICS.COM AND WWW.BRACES.CO.UK

➔ VISIT OUR WEBSITE
FOR MORE INFORMATION:

WWW.THEASHCROFTCLINIC.CO.UK

PRACTICE PROFILE

YOUR JOURNEY TO SELF-IMPROVEMENT



At Octagon Orthodontics we specialise in dental braces (also known as orthodontic braces, or simply braces) which are devices used to align and straighten teeth and help to position them in the correct bite, while also working to improve the dental health of adults or children.

Orthodontic braces are used to correct malocclusions (bad bites), overjets, overbites, cross bites, open bites, deep bites, crooked teeth, and various other problems of the teeth and jaws. If you have any cosmetic, structural or functional problems with your teeth or jaws, resident orthodontists at any branch of the Octagon Orthodontic group of clinics can help correct them using a variety of techniques. It all starts with an orthodontic consultation with one of our specialists who will assess, investigate and diagnose your specific problems and inform you of the various treatment options.

At Octagon Orthodontics we are dedicated to providing the highest possible standard of orthodontic (brace) care through our specialist orthodontists who lead a team of highly trained therapists, nurses and customer service personnel. Patients will find each orthodontic clinic has state-of-the-art equipment and hospitality services in a modern and spacious setting.

Since opening in 1996, Octagon Orthodontics has acquired an excellent reputation for high quality treatment and excellent customer service.

With conveniently located, easily accessible orthodontic clinics in London [W13], Beaconsfield [HP9], High Wycombe [HP13] and Denham [UB9] we are at your service and can be contacted directly by



email or phone. We understand the need for appointment flexibility so we have scheduled evening and weekend availability. With our structured financial plan packages for brace treatment, our fees also fall into a competitive and affordable range making our overall offering more appealing to all our clients.

We invite you to visit us at one of our wonderful practices where your journey to self-improvement can earnestly start.



SERVICES AND TECHNIQUES AVAILABLE

- ➔ SPECIALIST ORTHODONTIC CARE FOR ADULTS AND CHILDREN
- ➔ AESTHETIC AND INVISIBLE BRACES
- ➔ INVISALIGN, INVISALIGN LITE, INVISALIGN I7 AND INVISALIGN TEEN
- ➔ CERAMIC, AESTHETIC AND TOOTH COLOURED BRACES
- ➔ MINI METAL AND WILD SMILE BRACES
- ➔ LINGUAL (BEHIND THE TEETH) BRACES
- ➔ HYGIENIST PROCEDURES & TEETH CLEANING SERVICES
- ➔ AIR POLISHING & AIR ABRASION
- ➔ ORAL HYGIENE PRODUCTS
- ➔ TEETH WHITENING & BLEACHING
- ➔ ANTI-SNORING DEVICES
- ➔ ADVANCED DENTISTRY
- ➔ ORAL SURGERY - EXTRACTIONS & SOFT TISSUE SURGERY
- ➔ ORTHOGNATHIC AND SURGICAL ORTHODONTICS
- ➔ IMPLANTS TO REPLACE MISSING TEETH
- ➔ MINISCREW IMPLANTOLOGY FOR ANCHORAGE
- ➔ MAXILLOFACIAL & AUGMENTATIVE FACIAL PLASTIC SURGERY

HIGH WYCOMBE HP13

OCTAGON ORTHODONTICS AT THE BEAUTY SOCIETY

31-33 Amersham Hill, High Wycombe, Bucks, HP13 6NU Telephone: 0845 601 0700

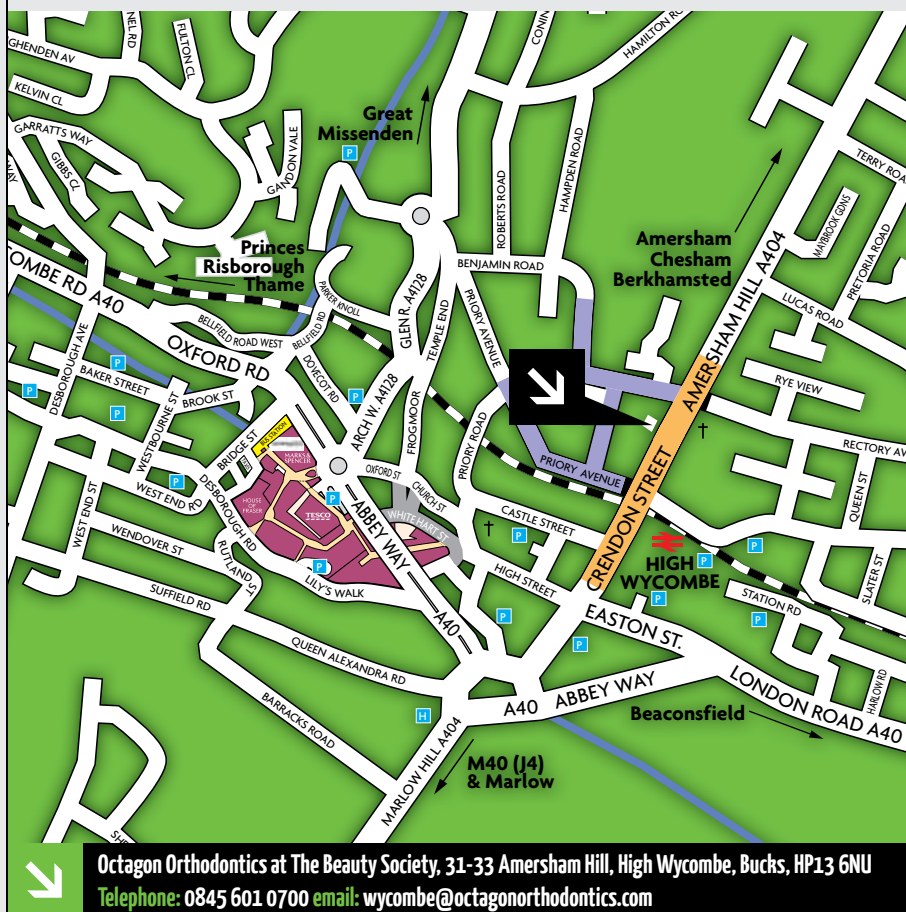
For over a decade Octagon Orthodontics' High Wycombe practice has been creating beautiful smiles for thousands of adult and child patients.

This practice certainly has the wow factor! You can easily locate the impressive listed building which is situated within the town centre and near the train station with an abundance of parking available nearby. The entrance to this impressive four floor building brings you to a quirky and refreshingly original mini reception desk made from half a vintage mini one. Smartly uniformed staff are on hand to greet each and every visitor with warm and wonderful smiles.

Amber and Ruby orthodontic suites feature seven dedicated clinical rooms on two floors which are equipped with top of the range orthodontic and dental technology. Impressive, large glass partitions with chiffon blinds create the feeling of an open, honest atmosphere – which could be likened to a boutique hotel. These elements of sophistication and glamour enable you to feel relaxed as if you were in a non-dental environment. Private orthodontic services are offered in the Ruby Suite with a respectable five star hospitality service which includes chilled water, hot beverage facilities, an interesting library of books and magazines and audio-visual entertainment.

Specialist clinicians are on hand to provide personalised comprehensive brace care for adults and children with the assurance that every endeavour is made to guarantee a comfortable, pleasurable and exclusive journey. The culture is to bring the latest expertise, wealth of experience and skill whilst ensuring the best interests of every patient.

"We want you to have a natural looking but excellent smile" says Dr Peter Ilori, "so we aim to preserve and enhance functionality, in addition to maximising the cosmetic appearance of your teeth and facial form."



BEACONSFIELD HP9

OCTAGON ORTHODONTICS AT DENTAL ART

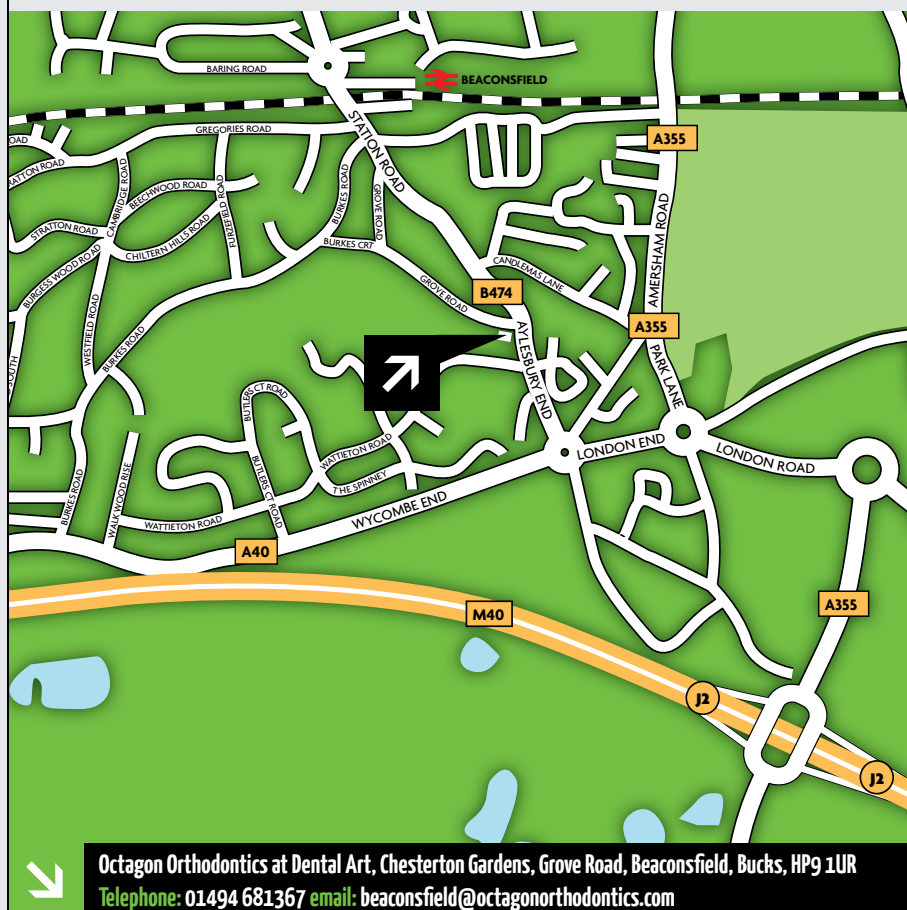
Chesterton Gardens, Grove Road, Beaconsfield, Bucks, HP9 1UR Telephone: 01494 681367

"I was looking for an orthodontist to continue brace treatment for my children and me following our relocation from Connecticut, USA. Dr Ilori's practice welcomed us and the transition has been a smooth process. My children are happy and the level of service is just amazing," JC of Chalfont St Giles.

For those seeking to improve their smiles, Octagon Orthodontics runs a specialist orthodontic service at Dental Art, an advanced dental practice located in Old Town Beaconsfield.

This purpose built dental centre is colourfully decorated and features a unique gallery of paintings, sculptures and jewellery from local artists, which can be purchased or just enjoyed, contributing to an interesting and inviting atmosphere. Large floor to ceiling glass panes bring light and life into this clinical environment, creating a sense of openness, ease and comfort.

The clinic in Beaconsfield offers the latest orthodontic treatments complemented by the expertise of onsite implantology, endodontic and cosmetic dentistry services.



LONDON
W13

OCTAGON ORTHODONTICS AT THE AVENUE

112 The Avenue, Ealing, London, W13 8JX Telephone: 0208 566 9567

This stunning branch clinic is situated in a beautiful old town house which has been restored and refurbished whilst retaining most of the original features.

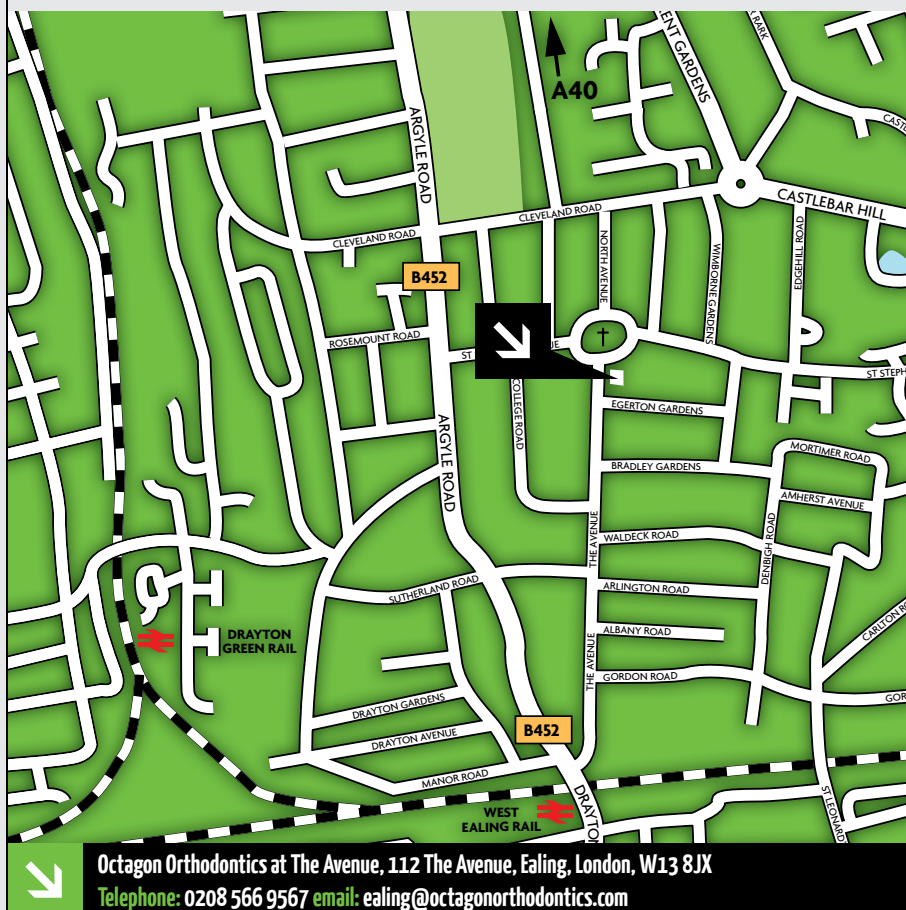
Established within the 2,500 square foot space is a specialist orthodontic clinic and several multi-purpose clinical and meeting rooms.

The feel is more of a cosy, welcoming home, with high ceilings, large rooms and original fireplaces which complement the cutting edge technology used by the resident specialists.

If you are seeking orthodontic care, cosmetic dentistry or other aesthetic treatments, The Avenue, in Ealing is close to central London making it accessible to anyone in the metropolis.

"Through an online search for a reputable orthodontist in central London I found Octagon Orthodontics at The Avenue. I really wanted to have Invisalign braces but I'm only ever available at weekends. I recommend this practice without reservation because they've been able to meet all my expectations," DC of Hammersmith.

The philosophy behind all treatments is contemporary and aesthetically focused with a fastidious attention to detail. The Avenue concentrates on your total well-being whilst dealing with your specific requirements. Patients benefit from a panel of dental and medical experts including implantologists and restorative dentists.



DENHAM
UB9

THE ASHCROFT CLINIC

THE ASHCROFT CLINIC

AFFILIATED CLINIC

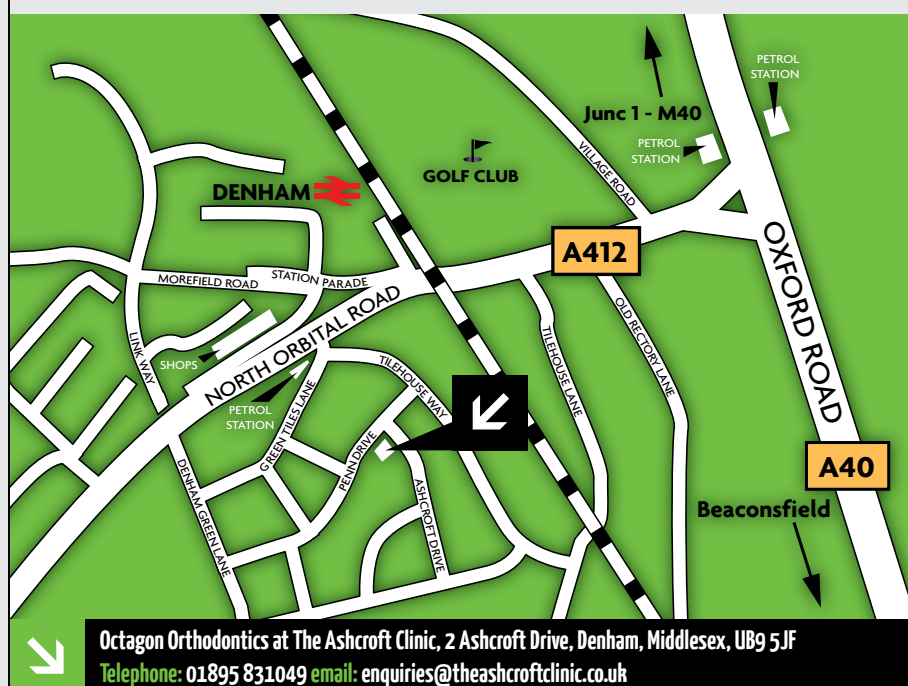
2 Ashcroft Drive, Denham, Middlesex, UB9 5JF Telephone: 01895 831049

There must be some mistake. It appears to be a boutique spa with its plush decor and ever attentive staff, but it's really a fantastic facility designed to provide services to improve, enhance and refine your face, body and total wellbeing.

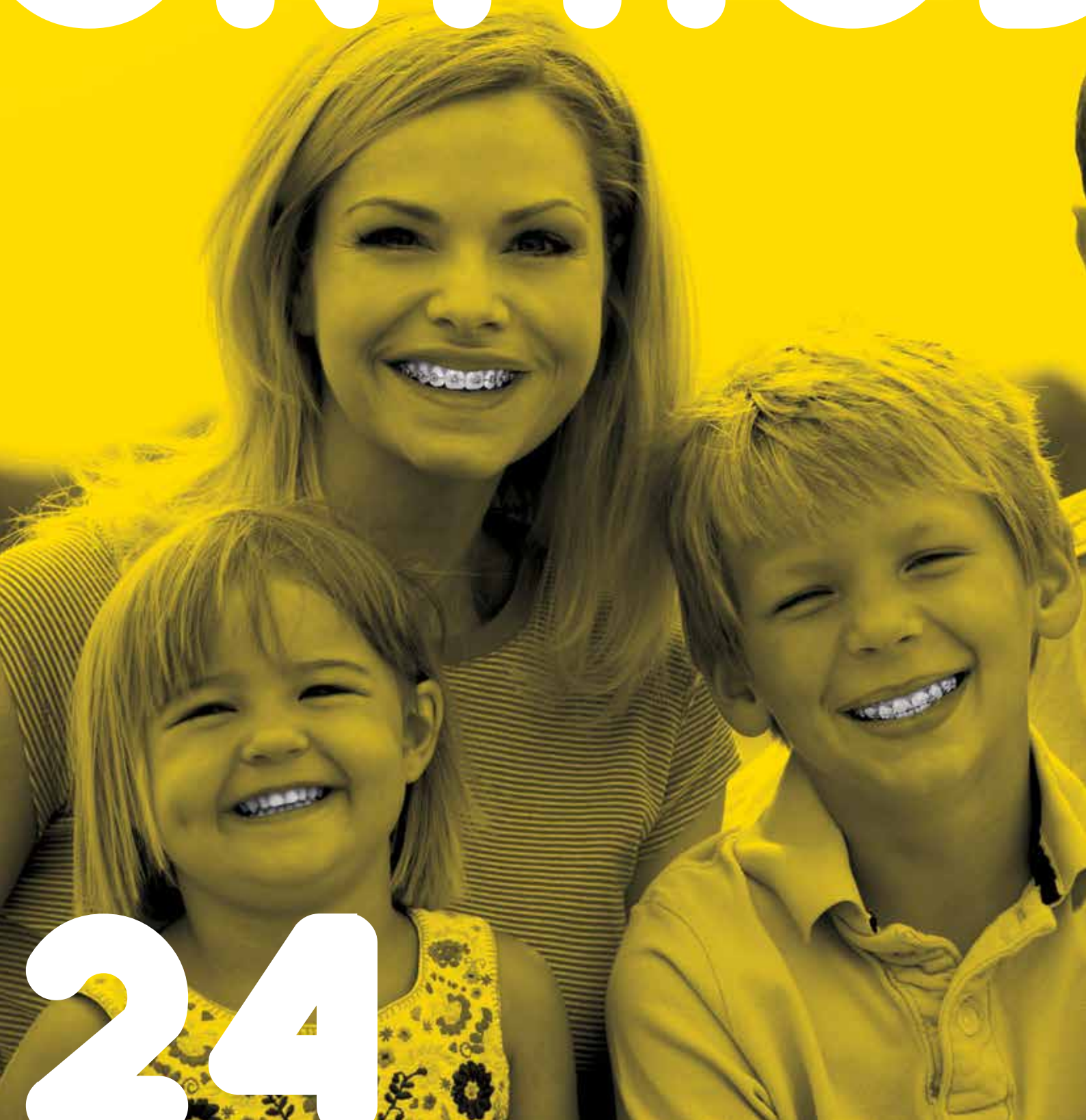
"I must say I felt compelled to let you know how much of a pleasure it has been being treated in Denham. After finishing my Incognito treatment, I can't stop showing off my new smile, and now I'm going back for appointments with the beauty therapist and have a consultation booked with the plastic surgeon. I just can't keep away!" RA of Farnham Common, Berkshire.

The Ashcroft Clinic in Denham (Octagon Orthodontics affiliated clinic) is proud to be the first private clinic in the area with acute hospital status. Our resident specialist orthodontists will use their expertise to diagnose and manage any concerns that you might have with your teeth, bite or smile. We also have other allied practitioners in the fields of dentistry, medical aesthetics, beauty/skin therapy and private medical doctors who provide their on-site services to cater for your total well-being.

Qualified, experienced clinicians utilise the latest technologies and equipment to aid them in delivering exceptional results. Every clinician offers reassurance of first class treatment boasting not just skill but also vast experience. Dr Peter Ilori explains, "Every visitor and client who enters the practice is given our full attention ensuring each visit is a pleasant experience. The warm reception is followed by sound advice, recommendations and precise and skilful treatments and procedures delivering the very best results."

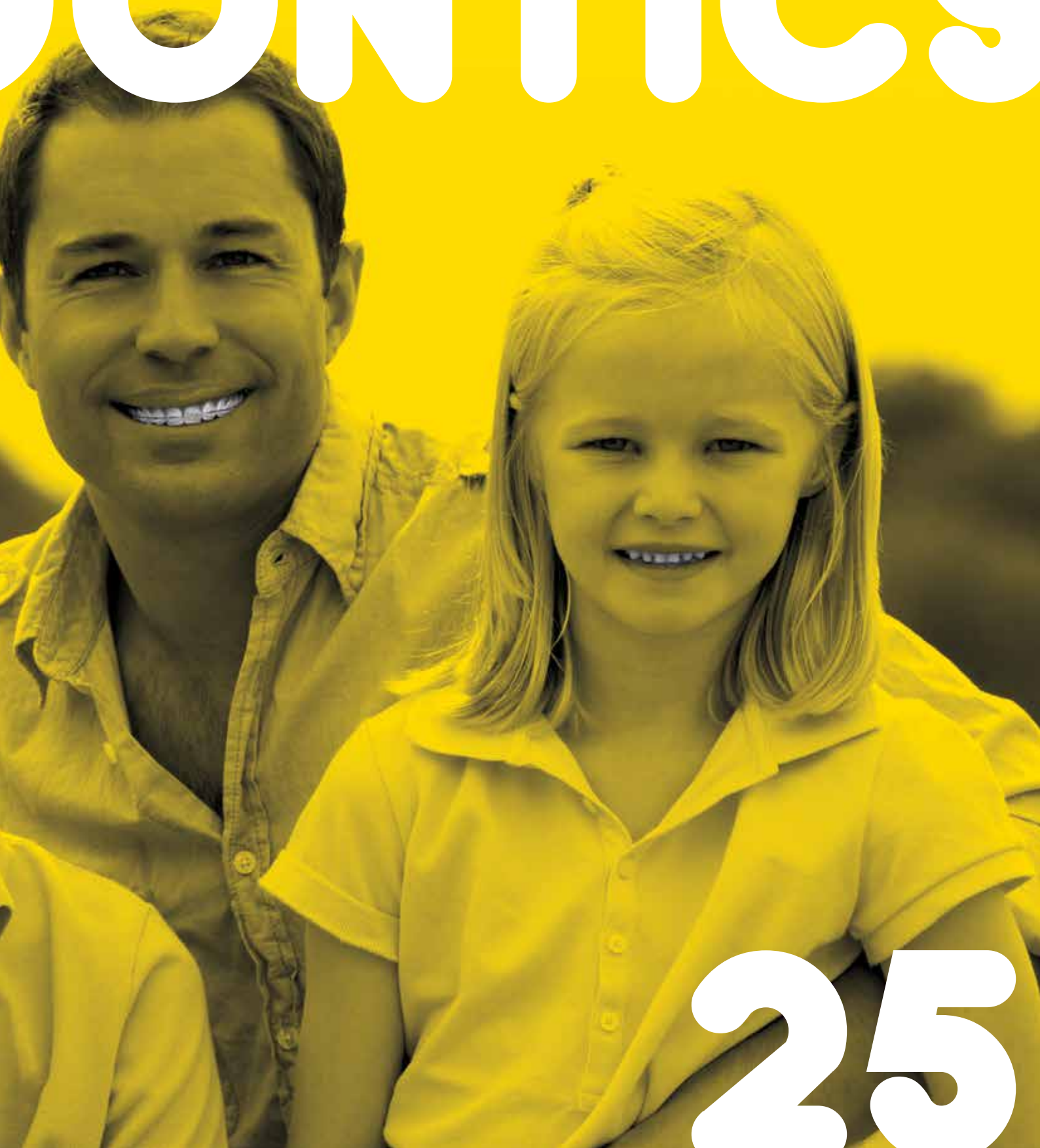


AN INTROD ORTHOD



24

DUCTION TO DONTICS



25





ORTHODONTICS?

WHAT IS THAT?

The term orthodontics comes from the Greek words **‘orthos’** meaning **straight** or **correct** and **‘dontia’** which means relating to **teeth**

Dentistry has many branches and specialties. Orthodontics is the specialty which treats abnormalities of the bite and jaws in children and adults. Improvements in the appearance of the teeth, smile and face are among the cosmetic benefits derived from orthodontic treatment.

An orthodontist is a specialist in the diagnosis, prevention and treatment of dental and facial irregularities. They undergo an additional two to three years of specialised education beyond dental school to learn the proper way to align and straighten teeth. This formal education is essential if you wish to adopt the title “orthodontist” and only orthodontists may be members of the American Association of Orthodontics (AAO). Learn more about orthodontic care and orthodontic professionals on the AAO’s web site, www.braces.org.

“Malocclusion” is a technical term for crooked, crowded, spaced or misaligned teeth which do not fit properly. Literally, the word means “bad bite.”

MALOCCLUSIONS CAN BE INHERITED AND CAN MANIFEST AS:

- Crowded or spaced teeth
- Irregular positions or ectopic teeth
- Extra or missing teeth
- Cleft lip/palate
- A myriad of jaw or facial abnormalities

MALOCCLUSIONS CAN ALSO BE ACQUIRED OR CAUSED BY KNOWN FACTORS SUCH AS:

- Thumb sucking
- Tongue thrusting
- Dental disease
- Premature loss of primary teeth
- Accidents and injuries
- Some medical problems

A malocclusion can exist without immediate or painful symptoms and a lot of people tend to adapt to the improper relationship between the jaws and the teeth to such an extent that it might be perceived as normal. The unfortunate truth is that

these orthodontic problems can become worse, if left undetected and untreated. Braces and other orthodontic procedures can be used to correct malocclusions, subsequently producing a harmonious relationship between the teeth and the jaws leaving us to enjoy a healthy and attractive smile.

Children and adults should visit the orthodontist for a specialised analysis of the teeth, bite and jaws because orthodontists can help prevent, diagnose and treat these irregularities.



It is important to realise that even if you or your child don't have symptoms, a specialist orthodontic check-up might be helpful to correct undetected problems which may become worse over time.

SMILE ENGINEERS

KNOW YOUR SPECIALISTS

DENTIST OR GENERAL DENTAL PRACTITIONER

A dentist is a healthcare professional qualified to practice dentistry after graduating with a degree from a University Dental School. You might have noticed some letters after their names such as BDS which stands for Bachelor of Dental Surgery or DDS - Doctor of Dental Surgery. Most dental degree courses take between 4-6 years of study and clinical experience working with patients under supervision. In most countries dentists are called "Doctors" because their training is very similar to that of their medical colleagues.

PAEDODONTIST

A paedodontist is a dentist who specialises in the care of children's teeth. These specialists help train children to accept dentistry. They restore and maintain the baby, mixed, and permanent teeth. They employ preventive measures for dental caries and periodontal disease and help correct various problems of the bite.

IMPLANTOLOGIST

Implantology is a branch of dentistry that involves inserting an artificial tooth into a patient's jaw. An implantologist is a dentist who specialises in implant planning and placement. There are several types of dental implants; the most widely accepted and successful is the osseointegrated implant, based on the discovery by Swedish Professor Per-Ingvar Brånemark that titanium can be successfully fused into bone. A variation on the implant procedure is the implant-supported bridge, or implant-supported denture.

PERIODONTIST

A periodontist is a dental specialist with expertise in diagnosing, preventing and treating gum disease. A Periodontist specialises in the diagnosis and surgical and non-surgical treatment of diseases and conditions of the supporting structures of the teeth (periodontium). Periodontists are experts in the management of patients with periodontal diseases including gingivitis, periodontitis and gum recession.

PROSTHODONTIST

A prosthodontist is a specialist who can replace and restore damaged or missing teeth using various techniques including crowns and bridges. They have spent additional years of post graduate study advancing their knowledge, skill, and ability. A prosthodontist is a diagnostic and treatment-planning expert who deals commonly with complex dental problems. Multidisciplinary dental treatment requires teamwork. A prosthodontist will usually network in a team to achieve optimal long-term dental health.

ENDODONTIST

An endodontist is a dentist specialising in diseases of the dental pulp and nerve. Endodontics is the branch of dentistry which focuses on the morphology, physiology, and pathology of the dental pulp and its surrounding tissues. Endodontists understand the etiology, diagnosis, prevention, and treatment of diseases and injuries of the internal part of the teeth.

ORAL AND MAXILLOFACIAL SURGEON

An oral and maxillofacial surgeon is a specialist who treats the entire skeletal frame work of the head and neck including the anatomical area of the mouth, jaws, face, skull and other associated structures. They are essentially plastic surgeons specialising on the head and neck. Maxillofacial surgeons are usually initially qualified in dentistry and have undergone further surgical training. Most maxillofacial surgeons have qualifications in dentistry and medicine.

LAB TECHNICIANS

An orthodontic laboratory technician, is a dental technician who works with orthodontists to design, fabricate, custom-fit and repair teeth-straightening devices such as braces and retainers. Dental laboratory technicians make crowns, bridges and other dental devices.



ORTHODONTIC THERAPIST

The orthodontic therapist is a new role which enables all dental nurses and other dental care professionals to work in a clinical capacity, under the supervision of an orthodontist. First, the dental care professional must undertake a year-long training programme, leading to an approved qualification in orthodontic therapy. This is usually a higher education course involving a high degree of practical training at the student's training practice. Orthodontic therapists are taught to carry out skills such as placing and removing brackets so that they can take responsibility for some of the routine tasks in the orthodontic practice.

DENTAL NURSE

The role of the dental nurse is to assist in the efficient operation of the dental practice. There are many tasks for which the dental nurse is responsible, from preparing and clearing up the surgery, ensuring that hygiene standards are maintained at all times, to taking notes, passing instruments and materials to the clinician and caring for the patient. Dental nurses must be qualified or be in training to register with the General Dental Council. Additional qualifications are available and for dental nurses working in orthodontics the most likely is the Orthodontic Nursing Certificate.

ORTHODONTIC SPECIALIST

The specialist has overall responsibility for orthodontic patients in their care. Their role is to diagnose any problems and suggest treatment options for the patient, explaining the risks and benefits, and then provide or supervise the care. To train successfully as a specialist orthodontist usually takes at least ten years. The career pathway starts with a degree in dentistry followed by at least two years of vocational training and a higher dental qualification. A further three years of combined study and supervised clinical work in a university hospital leads to a specialist qualification and a listing on the General Dental Council's specialist register.



WHO CAN BENEFIT FROM ORTHODONTICS?

Some believe braces are “for children only” but the truth is that there is a higher uptake of orthodontic treatment among adults than ever before!

Tooth movement is based on biological and physical manipulation of the teeth and their supporting structures. The movement is a basic healing cycle which is replicated several times during the orthodontic process and is identical in children and adults.

For this cyclical healing process to be effective the teeth, the gums and their supporting bones must be healthy. It is never too late to have orthodontic treatment. Whether you are 7 or 70 years old, you can still have a wonderful smile.

THE BENEFITS OF HAVING ORTHODONTIC TREATMENT INCLUDE:

- Good appearance and a great smile
- Improved self confidence and psycho-social advantages
- Several options to resolve problems such as crowded or spaced teeth
- Reduced risk of accidental injury to protruding teeth
- Influencing the growth of the jaws helps produce a better facial profile
- Re-arranging the teeth to improve the bite
- Teeth are made easier to clean thereby reducing the risk of decay and gum disease
- Harmful digit sucking habits can be stopped
- Early intervention reduces the complexity of treatment in later life
- Elimination of undue stresses on the jaw joints and abnormal wear of teeth
- Preparation of the teeth for future work by other dental specialists
- Aids speech development and adaptation
- Having well arranged teeth can make you look younger



WORRIES

NO

0% FINANCE AND LOW COST LOANS ARE AVAILABLE

An **affordable** way to pay for the treatment **you** want



Spread the cost of treatment over a period that suits you



A much more affordable alternative to credit cards or bank loans



Easy to apply and simple to repay by direct debit

**Octagon
Orthodontics**
SMILES FOR EVERYONE

Ask at reception for more details

SAY WHAT?

The editorial team polled 200 people for the reasons why they enhanced their smiles

Persons with ideal smiles are considered more intelligent and have a greater chance of finding a job when compared with persons with non-ideal smiles. The demand for orthodontic treatment suggests that patients desire improvements in the esthetics of their smile, which might be reflected as greater social benefits.

Sourced from American Journal of Orthodontics & Dentofacial Orthopedics - Volume 146, Number 4, October 2014



MAJOR LIFE CHANGES



"I'm newly single and I felt it was time for a new image – starting with my smile!"
"My new job involves public speaking; I want people concentrating on my words and not my teeth."



PERSONAL



"I just want to have good looking teeth. My kids have finally left home and I wanted to do something for myself!"



SELF – CONFIDENCE



"I used to cover my mouth in public. Now I don't feel so self-conscious."
"I want to go through life without worrying that people are looking at my wonky teeth."



SPECIAL OCCASION



"I'm getting married in a year and I want my wedding day to be perfect, which means smiling in all the photographs and videos." "What better way to celebrate achieving my degree than also achieving the smile I've always wanted."



DENTAL PROBLEMS



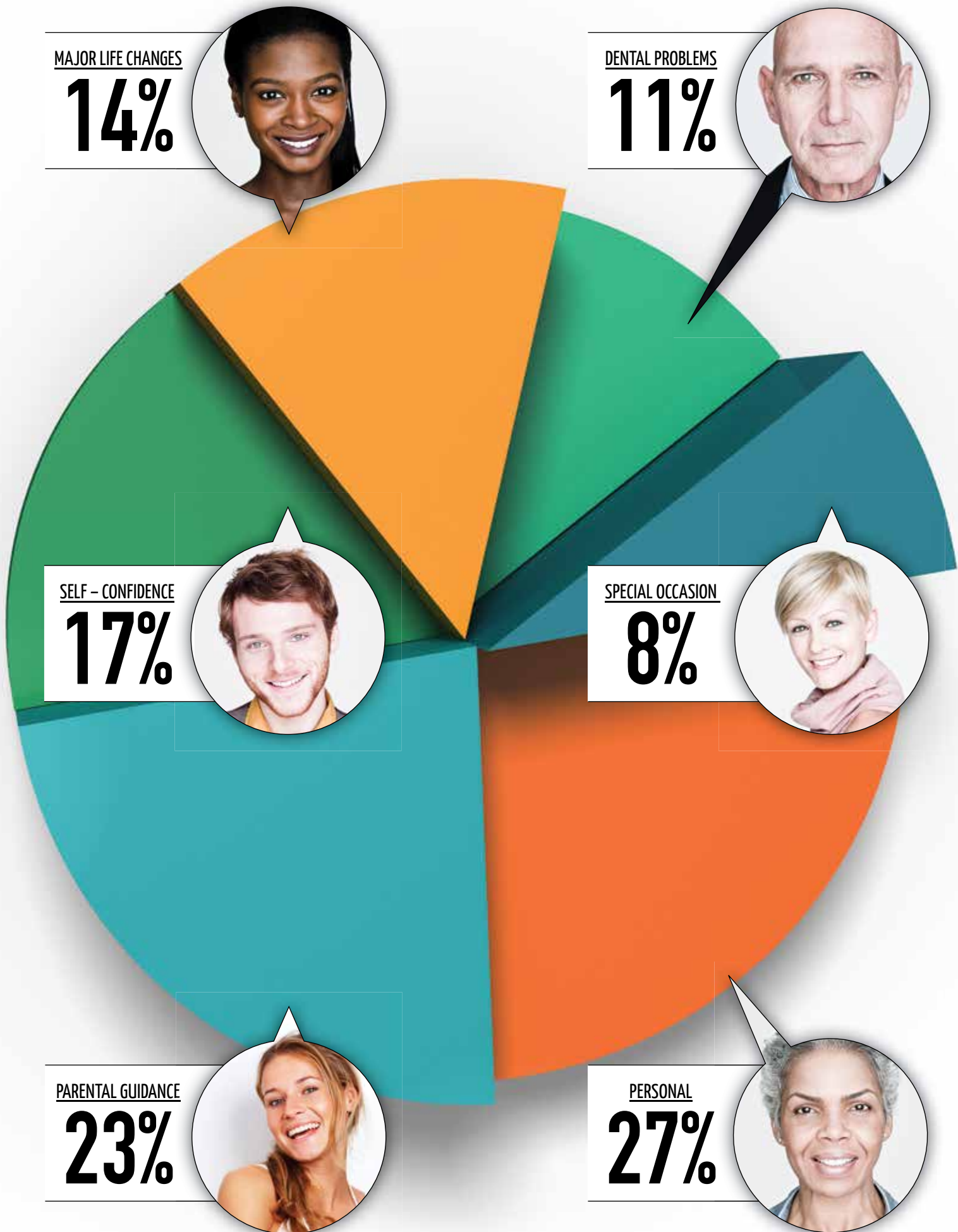
"My dentist advised me to get braces to correct my crowded teeth, which she said could lead to even more problems in the future."
"Whenever I ate my teeth would hurt because of my crossbite. After talking to my dentist he recommended orthodontic treatment to help solve the problem."



PARENTAL GUIDANCE



"Everyone else was having braces and I didn't want to be the only one in two or three years time with bad teeth. I used to get called 'Goofy' at school and so I decided to make a change."
"My parents always wanted the best for me and thought I should have it done now while I'm still young."



THE ANATOMY OF THE SMILE

Beauty is power;
a smile is its sword

John Ray, English naturalist and botanist - 1627-1705

'Beauty is power and a smile is its sword' – You might have heard this phrase – it's not a lie! A genuine smile can be infectious – it is a universal language, appreciated worldwide which transcends nations, creed and colour. We use our smiles instinctively - but do we fully understand all the aspects which constitute our smile?

A

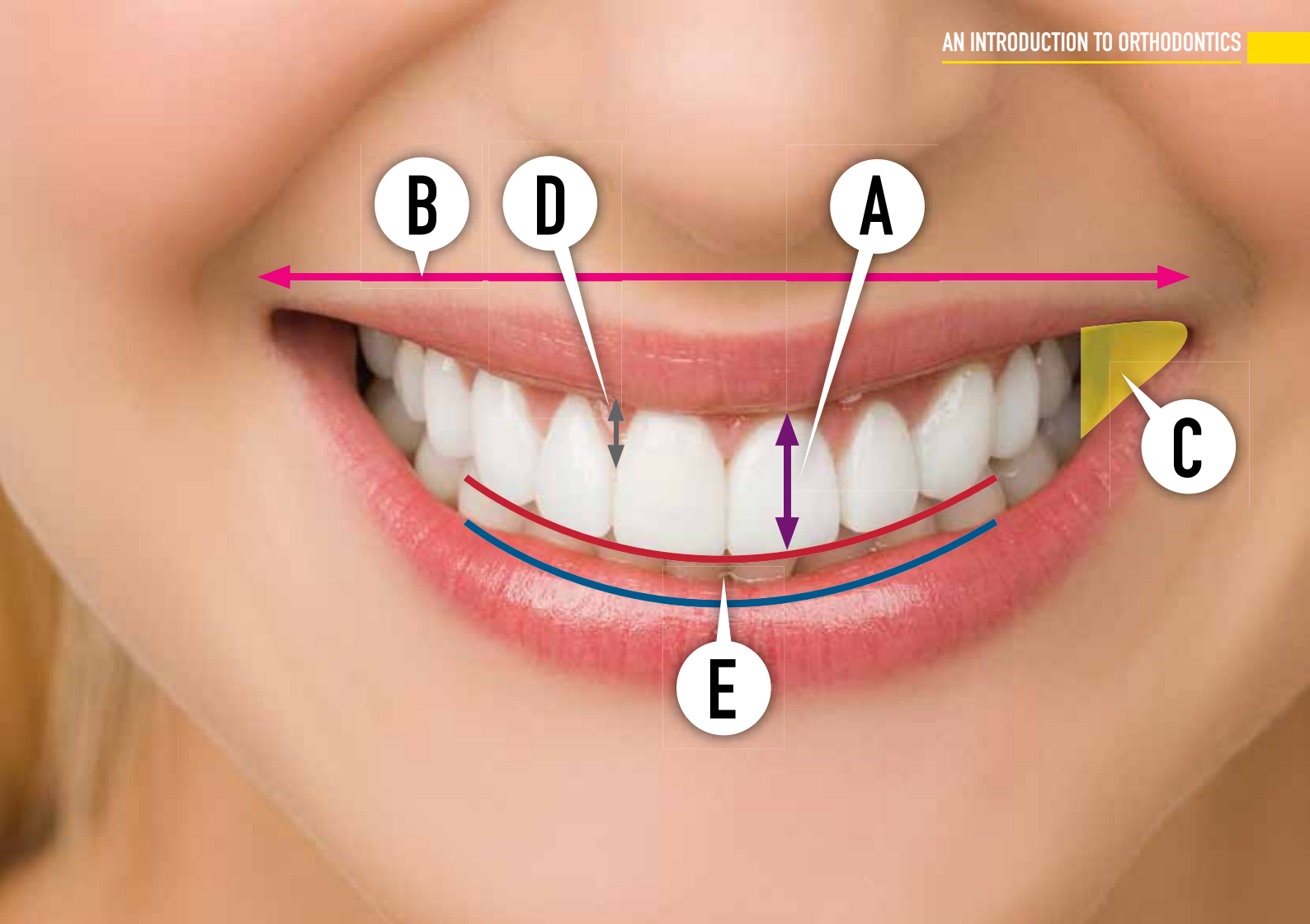
PROPORTION OF UPPER INCISORS SHOWN

Ideally you should have four upper incisor teeth which appear in the smile zone. The two larger incisors in the middle are called central incisors, while the smaller ones on either side are called lateral incisors. 100% of all four upper incisors should be on display when you smile. It is characteristic of the ageing process that people show less of their incisors with time, so a greater amount of incisors shown is usually associated with youthfulness. As a general rule, males show less of their upper incisors and more of their lowers than females. The extent of incisor display is affected by tooth alignment, colour, tooth dimensions and how confident you are when you part your lips.

B

"BROADNESS OF THE SMILE" DENTAL ARCHFORM

The broader the smile, the better! A broad smile is determined by the width of the upper arch (when your teeth are in line they form a wide arched shape). Some people have narrow or collapsed arches, so when they smile you can't see a lot of teeth. In the ideal scenario, you should be able to see the upper pre-molars on both sides of the buccal corridors (See C for buccal corridors). Americans and Africans are known to have broader smiles than Europeans, because of their wider skeletal forms. It's important to know that jaw expansion using orthodontic devices can produce a broader smile, but only within biological limits!



C

NEGATIVE SPACE OR BUCCAL CORRIDORS

This is the small black space visible at the corner of the mouth, which is primarily dependant on the broadness of the smile and the shape of the mouth. These spaces are supposed to be present in all smiles. However, too little or too much can have a significant effect on the balance of a smile.

D

AMOUNT OF GUM ON DISPLAY

A small amount of gum display is acceptable, if your gums are pink and healthy. Your gums can be an indication of healthiness and youth, provided they are not receding, swollen, bleeding or discoloured. An assessment of the relative height of the gum margin and the quantity/quality of the gum tissue is made subconsciously by every person observing your smile - excessive gum display is known as a “gummy smile”, while no gum display is sometimes called a “stiff upper lip”!

E

THE SMILE ARC

This is defined as the relationship of the curvature made by the edges of the upper teeth (the curved red line) with the curvature of the lower lip (the curved blue line). The ideal smile arc has the two curves in a close parallel relationship with each other. Careful planning by an orthodontist can allow movement and alignment of the front teeth to create harmony with the lower lip for your ideal smile arc.

OTHER FACTORS THAT CONTRIBUTE TO THE BALANCE OF A SMILE ARE:

Upper lip length, lip shape and size and lip animation – these should all be in balance. The slope or contour formed by the teeth when you bite together should be straight. If this slope bends to either side, it is considered to be an unattractive or

lopsided feature. The shapes of the incisors are important - chipped or worn teeth are considered unfavourable. The smile and face should be symmetrical and this is judged by matching the midline of your smile and the centre or midline of your face.

Dental and facial midlines are not always coincident (in line with each other) but can be considered harmonious if they are close. It is more important for the midline of your upper teeth to be coincident with the facial midline, because this is more noticeable.

STRAIGHT TEETH

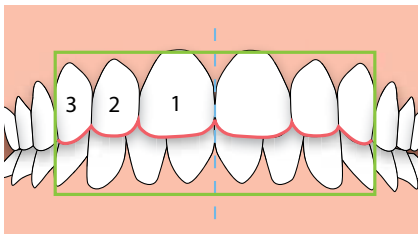


DO you feel that your understanding of the term “straight teeth” is incomplete? You’re not alone because most people focus on what is visible when you smile and that is usually the front six teeth!

Straight teeth should be assessed on the basis of 32 adult, healthy, working teeth arranged correctly in the upper and lower jaws. The relationship between all teeth, adjacent and opposing, within each jaw should be harmonious and aesthetic.

Not everybody can conform to the ideal or perfect ‘dental arrangement’ because of differences in tooth shape, size, bone structure and racial characteristics. However, aesthetic professionals agree that there is no ‘normal’ because of this variability! When analysed from different viewpoints there are five key features that need to be demonstrated for your orthodontist to be satisfied that your teeth are straight. Here we lay them out for you in plain language.

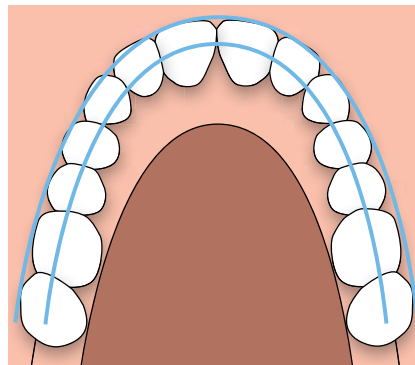
WHAT SHOULD THEY LOOK LIKE?



WHAT SHOULD IT LOOK LIKE WHEN VIEWED FROM THE FRONT?

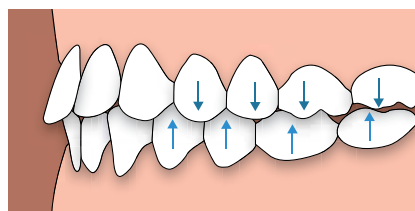
In the diagram, the midline (the dashed blue line) between the two middle upper and lower front teeth should coincide. Preferably this dental midline should coincide with the centre-line of the face. There is an aesthetic zone (in the green box) which falls between the canines and the smile zone which includes all the teeth that appear within the lips when you smile. All the teeth that appear in both zones should be in a balanced relationship with each other.

Contrary to popular belief, the biting edges of the teeth need not be straight; it is perfectly natural for your teeth to form a contoured pattern, such as illustrated by the red line. The presence of this contoured pattern enables us to distinguish between somebody who is wearing machined dentures or ill-designed veneers and somebody with a natural look. The ideal relationship between the upper front teeth should be stepwise with the central (1) and lateral incisor (2) and canine (3) at different levels.



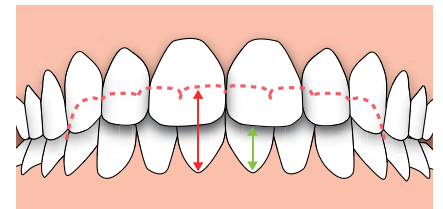
WHAT THEY SHOULD LOOK LIKE FROM THE TOP OR BOTTOM?

The two curved lines drawn over the teeth should be balanced and symmetrical arches in an ideal scenario. However, this is not achievable in everybody due to differences in tooth sizes, shapes and bone structure.



WHAT SHOULD IT LOOK LIKE FROM THE SIDE?

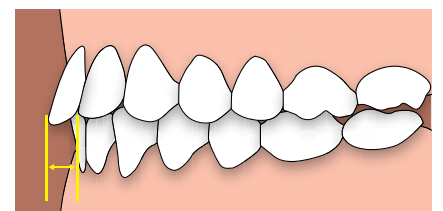
When teeth are viewed from the side there should be an obvious cog-like arrangement, in the same way gears fit together. This aspect of straightness is an indication that your teeth can function properly when you bite together. If you are having difficulty with biting, you may have a problem with overjet or your overbite, which are described next.



WHAT IS OVERBITE?

When your teeth are together the upper teeth should overlap the lowers - this is defined as overbite. In a perfect smile, the upper teeth should cover no more than 30% of the lowers (the difference between the red and green line).

If there is no overbite and your front teeth meet at the top edges, they will wear down rapidly (reduced overbite and attrition). Deep bite occurs when your teeth overlap too much causing injury to the gums and teeth behind the upper arch.

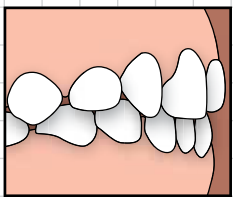


WHAT IS OVERJET?

Overjet is the extent to which the front top teeth protrude past the lower front teeth. This is represented by the arrows on the diagram. Preferably, overjet should be between 2 to 4 mm, however this can differ depending on the extent to which your jaws grow. Observe the diagram to see that the upper and lower front teeth stick forward slightly, this is important because they provide a surface on which the upper and lower lips rest (lip support).

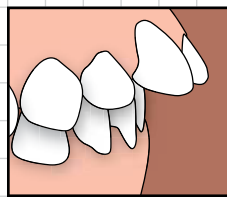
WHAT IS WRONG WITH MY TEETH?

Malocclusions (bad bites) are described under standardised groupings which have become accepted world-wide. These groupings allow universal classification of problems and enable dental professionals to communicate using the same terms.



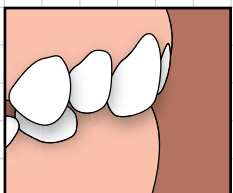
CLASS I MALOCCLUSION

Here the teeth meet in good positions, the overbite and overjet are correct, but the teeth might be crowded or displaced. Depending on the degree of displacement, the orthodontist will determine the kind of braces that would best treat the specific case.



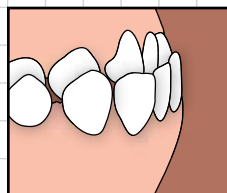
CLASS II DIVISION 1 MALOCCLUSION

The upper teeth are projecting forwards of the lowers (the overjet is increased) and the upper incisors are proclined, or pointing forwards. Crowding may also be present. This arrangement is seen in about 34% of the population. Depending on the degree of discrepancy, functional braces, headgear, extractions or surgery may be needed to create a good correction.



CLASS II DIVISION 2 MALOCCLUSION

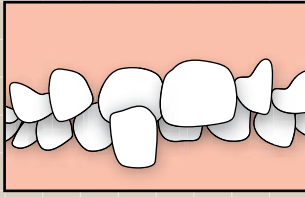
The upper incisors are retroclined (tipped backwards) although the upper jaw might be protrusive. The overbite is usually greatly increased (deep bite). About 18% of malocclusions are like this and the treatment is very similar to a class II division I malocclusion described above.



CLASS III MALOCCLUSION

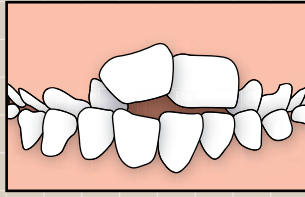
In 2% of malocclusions, the lower teeth are positioned ahead of the uppers (a reverse overjet or complete class III). This is often associated with misalignment of either the upper or lower jaws. These cases may need a combination of braces and a jaw operation to correct the bite. Because the lower jaw is one of the last bones to stop growing, treatment is often delayed until the patients are adults, so that a correct treatment plan can be made.

PROBLEMS TO WATCH FOR IN CHILDREN



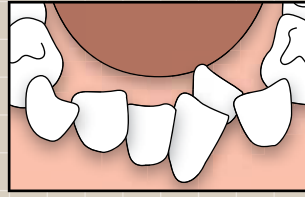
ANTERIOR CROSSBITE

(Scissor bite arrangement)



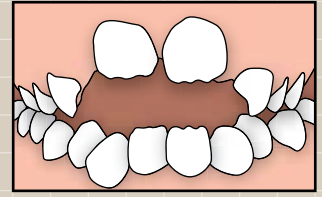
POSTERIOR CROSSBITE

(Upper arch too narrow)



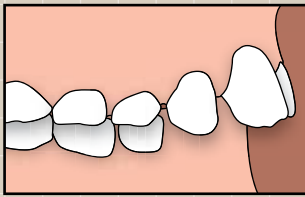
CROWDING

(Overlapping teeth)



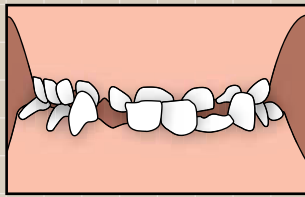
OPEN BITE

(Teeth don't meet at the front - can be caused by thumb sucking)



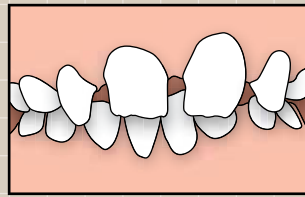
PROTRUSION

(Goofy - upper jaw too far forward)



COMPLETE CLASS III

(Lower jaw protrudes forward of upper jaw)



DIASTEMA

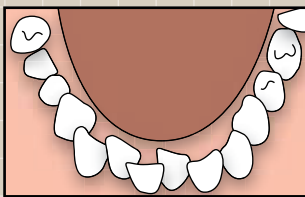
(Spacing)



OTHER PROBLEMS

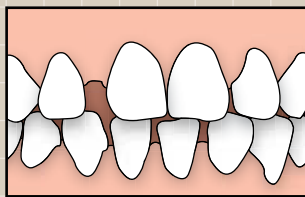
See next page for other problems that can occur of which can only be seen on x-ray.

PROBLEMS TO WATCH FOR IN ADULTS



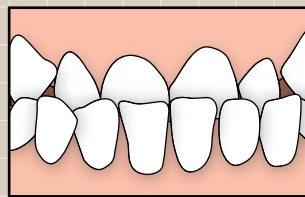
CROWDING

(Overlapping teeth)



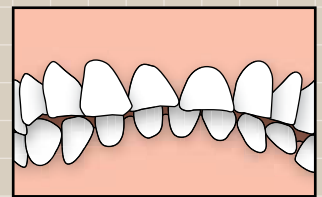
DIASTEMA

(Spacing)



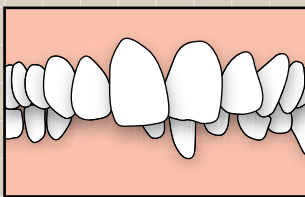
ANTERIOR CROSSBITE

(With forward displacement)



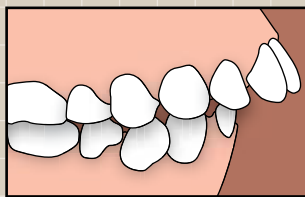
BRUXISM

(Tooth wear)



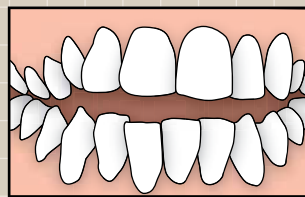
PERIODONTAL PROBLEMS

(Gum disease)



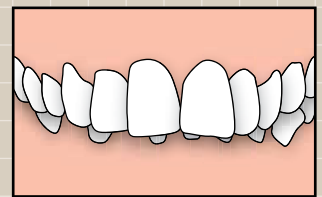
PROTRUSION

(Goofy - upper jaw too far forward)



OPEN BITE

(Teeth don't meet at the front)



DEEP BITE

(Top teeth overlap lower teeth)

All malocclusions illustrated above can be improved by orthodontic treatment. Sourced from www.braces.org - The American Association of Orthodontists

PROBLEMS THAT CAN BE FOUND ON X-RAYS

The orthodontic consultation process usually involves radiographic investigation of the jaws and teeth. These x-rays help the orthodontist to discover any problems that cannot be seen by physically looking into your mouth or at your face.

There are many different types of x-rays that can be taken either within the mouth or around your face – examples of these are: ➔

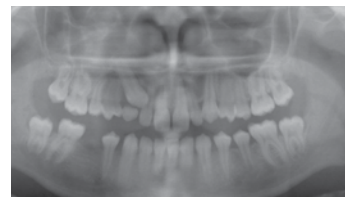
INTRA-ORAL OR MINI X-RAY



SKULL OR FACIAL X-RAY



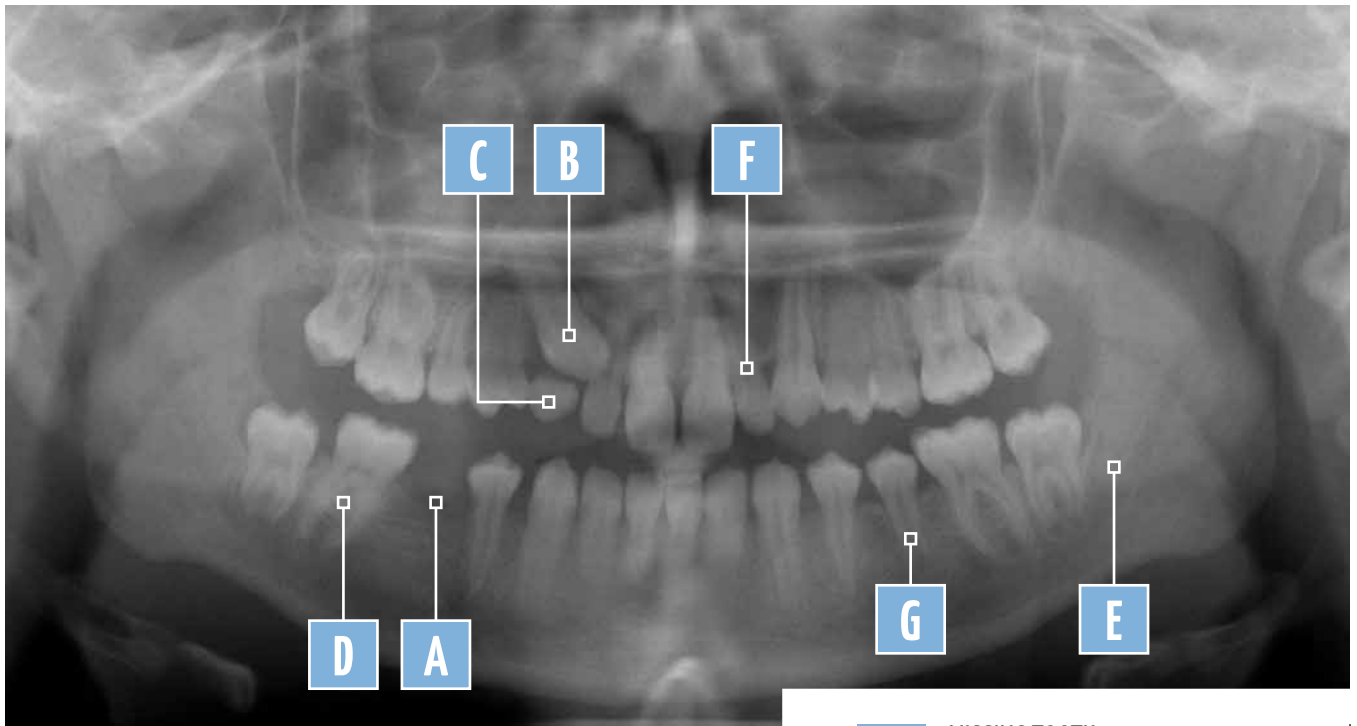
PANORAMIC X-RAY



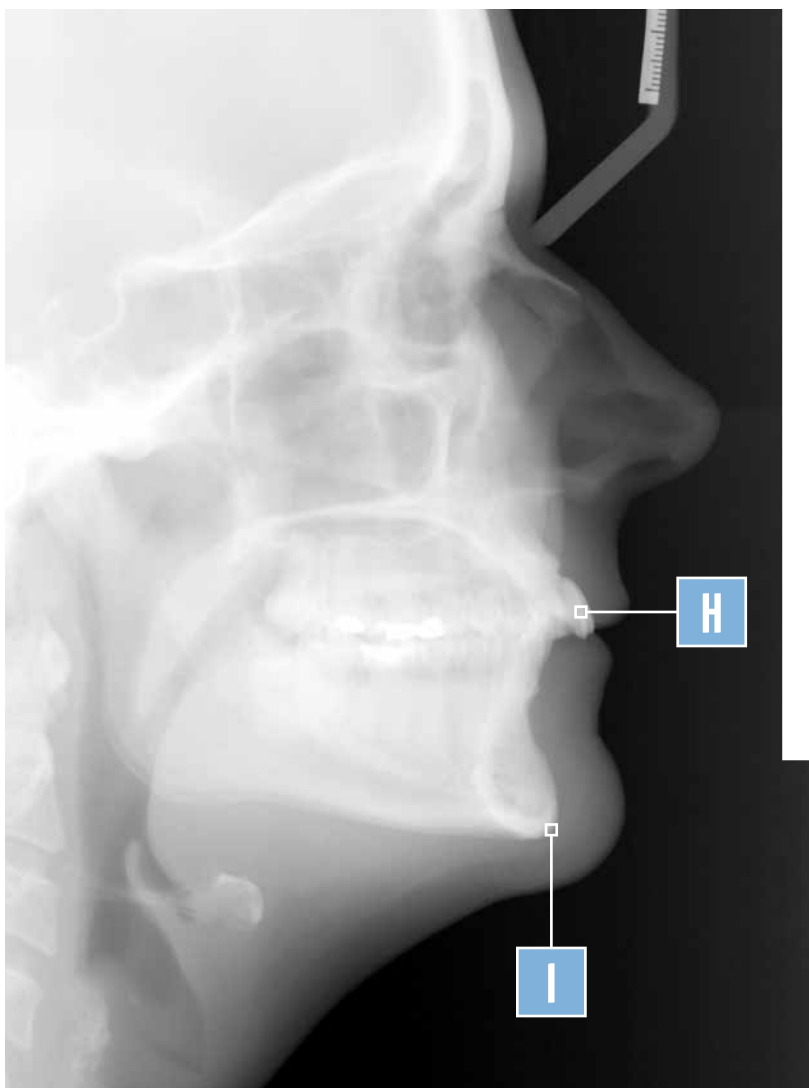
ANY OF THESE X-RAYS CAN BE USEFUL FOR:

- ➔ Diagnosis and classification – determining what your specific problems are
- ➔ Determining your suitability for certain types of treatment
- ➔ Planning treatment and predicting what the results are likely to be
- ➔ Measuring changes to the teeth and bone which occur before, during and after treatment

PANORAMIC X-RAY



SKULL OR FACIAL X-RAY



A

MISSING TOOTH

There is no evidence of a tooth to replace the one that is missing. Some people do not grow all of their teeth.

B

IMPACTED TOOTH

(Tooth stuck in the gum) This tooth is leaning against the roots of the other teeth which can cause damage.

C

ROOT RESORPTION

The root of the baby tooth has dissolved.

D

TOOTH POSITION

Tooth is leaning into the space.

E

WISDOM TEETH

Position of back teeth can be assessed including wisdom teeth.

F

ROOT POSITION

Tooth root is in the wrong position - this cannot be seen in the mouth.

G

ROOT DEVELOPMENT

This root is not completely developed.

H

UPPER JAW AND TOOTH POSITION

Goofy appearance has resulted from upper jaw being too far forward and upper teeth pointing forward.

I

LOWER JAW POSITION

Lower jaw set back relative to top

WHEN SHOULD CHILDREN SEE AN ORTHODONTIST? DENTISTS' INFORMATION

Malocclusion, like caries and periodontal disease, creeps up on its victims slowly... and we have the ethical duty to detect and inform.

Robert Kirshen, Orthodontic screening in a minute - BDJ 1998

A If busy dentists are glad for time saving tips and clear guidance on which cases to refer in order to fulfil their responsibilities to patients who ultimately remain in their care from birth to adulthood.

A short and simple clinical examination can lead to the discovery of problems which can be addressed or corrected.

THINGS DENTISTS CAN CHECK INCLUDE:

1: SKELETAL DISCREPANCIES

Severe class II or III patterns are easy to pick up during facial examination. Moderate or mild skeletal problems require a closer look and might only become obvious through detailed measurements or radiographic examination.

2: SOFT TISSUE FORM

Lips might not meet at rest or the patient might be unable to close their lips [incompetent]. The lips might protrude excessively as in bimaxillary proclination cases.

3: HABITS

Thumb and finger sucking, nail biting and pen chewing can disrupt the occlusion.

4: ECTOPIC, MISSING OR UNERUPTED TEETH

With the help of an eruption calendar a tooth count can determine whether the clinical picture matches the patient's age. Supernumerary and supplemental teeth might not be obvious clinically but a radiographic examination is recommended if these are suspected.

5: THE OCCLUSION

Teeth can be out of the intercuspal position due to crowding, spacing, cross bites, overjet or overbite problems, centerline shifts and skeletal discrepancies.

6: PREMATURE CONTACTS & DISPLACEMENTS

These can be determined by examining the occlusion in a retruded contact position.



Example point 1:

Upper jaw and tooth position
Goofy appearance has resulted from upper jaw being too far forward and upper teeth pointing forward.

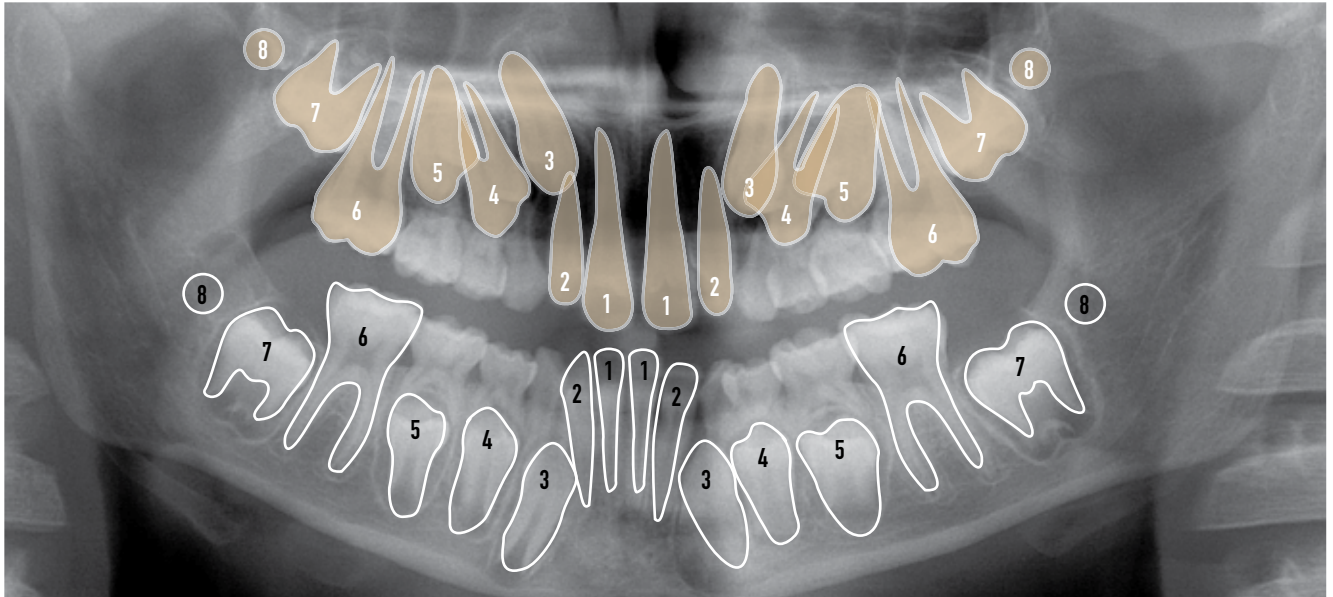
Lower jaw position
Lower jaw set back relative to top.



Example point 4:

Supernumerary teeth.

ERUPTION TIMETABLE



UPPER

- 1 MAX. CENTRAL INCISORS - ERUPTION AGE: 7-8 YEARS
- 2 MAX. LATERAL INCISORS - ERUPTION AGE: 8-9 YEARS
- 3 MAX. CANINES - ERUPTION AGE: 11-12 YEARS
- 4 MAX. FIRST PREMOLARS - ERUPTION AGE: 10-11 YEARS
- 5 MAX. SECOND PREMOLARS - ERUPTION AGE: 10-12 YEARS
- 6 MAX. FIRST MOLARS - ERUPTION AGE: 5-6 YEARS
- 7 MAX. SECOND MOLARS - ERUPTION AGE: 12-13 YEARS
- 8 MAX. THIRD MOLARS - ERUPTION AGE: 17-25 YEARS

LOWER

- 1 MAND. CENTRAL INCISORS - ERUPTION AGE: 6-7 YEARS
- 2 MAND. LATERAL INCISORS - ERUPTION AGE: 7-8 YEARS
- 3 MAND. CANINES - ERUPTION AGE: 9-10 YEARS
- 4 MAND. FIRST PREMOLARS - ERUPTION AGE: 10-12 YEARS
- 5 MAND. SECOND PREMOLARS - ERUPTION AGE: 11-12 YEARS
- 6 MAND. FIRST MOLARS - ERUPTION AGE: 5-6 YEARS
- 7 MAND. SECOND MOLARS - ERUPTION AGE: 12-13 YEARS
- 8 MAND. THIRD MOLARS - ERUPTION AGE: 17-25 YEARS

ORTHODONTIC PROBLEMS TO WATCH FOR

THINGS TO LOOK FOR IN 7 – 10 YEAR OLDS

- Moderate to severe skeletal discrepancies
- Delayed eruption
- Infraocclusion or submergence
- Large overjets
- Deep overbites
- Centreline discrepancies
- Crowding
- Crossbites
- Impacted first molars or canines
- First molars of poor prognosis
- Persistent habits
- Abnormal soft tissue patterns

THINGS TO LOOK FOR IN 11 – 13 YEAR OLDS

- Skeletal discrepancies
- Marked overjets
- Deep or reduced overbites
- Centreline discrepancies
- Buccal segment discrepancies
- Crowding
- Spacing
- Anterior and posterior crossbites
- Missing teeth
- Unerupted teeth

THUMB/FINGER SUCKING AND NAIL BITING

CAN DAMAGE YOUR TEETH
AND AFFECT YOUR BITE!





EFFECTS OF SUCKING THE THUMB ON THE UPPER JAW:

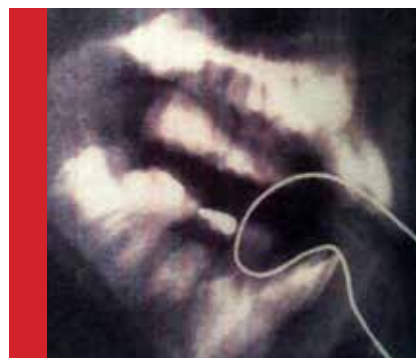
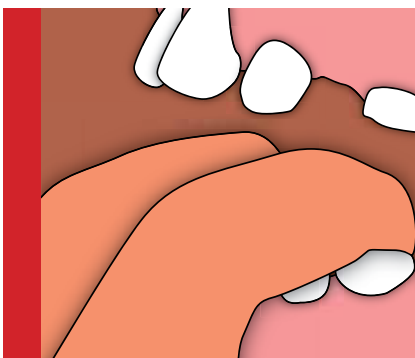
The diagram and radiograph are examples of thumb sucking, although there might be variations to this pattern. The patient usually presses the thumb onto the roof of the upper jaw (the palate) and also onto the back surface of the upper front teeth (the upper incisors). Contact is also made with the lower incisors.

The effect of this thumb sucking action is to push the upper jaw and teeth forward, causing an increase in the overjet (Class II malocclusion). Contact with the lower teeth causes them to be pushed inwards and sometimes backwards, which results in an anterior open bite (the upper and lower incisors are separated and you can see clear daylight between the teeth when the patient bites).



EFFECTS OF SUCKING THE FINGERS ON THE LOWER JAW:

The illustrations below show classic finger sucking but variations of this might happen. Because the fingers press against the front of the lower jaw and the lower front teeth, they disrupt the bite. The upper and lower teeth are pushed outwards towards the lips and an anterior open bite and increased overjet are also seen.



WE

give all patients advice about the dangers of thumb or finger sucking and any other habits that might cause damage if especially continued during orthodontic treatment.

Digit sucking pushes the teeth into abnormal positions and distorts the growth of the jaws and interferes with the correct development of the bite. A more sinister risk is root resorption, where the root of the tooth slowly dissolves away.

It is important for all patients to stop all habits completely prior to the commencement of orthodontic treatment in order to prevent root resorption. You can not have braces if you have one of these habits!

HOW TO STOP

YOU MUST USE BOTH METHODS SIMULTANEOUSLY TO HAVE ANY SUCCESS!!!

- 1 Use a conscious reminder during the day e.g stop and grow varnish or anti nail biting varnish applied to the fingers and thumbs several times a day
- 2 Employ an obstructive technique at night time e.g mittens or socks over both hands to prevent subconscious insertion of the fingers or thumbs into the mouth
- 3 These two methods should be used for at least 3 months after the habit has stopped to prevent relapse
- 4 If all else fails, book your child in to see our Orthodontic Specialists

A BAD BITE CAN CAUSE YOU PROBLEMS



Proper alignment of your teeth and jaws are key factors in your long-term dental health. Malocclusion is the technical term used by orthodontists for crooked, crowded or protruding teeth which do not fit together properly. Literally, the word means "bad bite."

Most malocclusions are inherited although some are acquired i.e. they can be caused by factors such as thumb-sucking, tongue thrusting, dental disease, premature loss of baby or permanent teeth, accidents or some medical problems. Malocclusion or 'incorrect bite' may involve crowding of teeth, improper spacing or upper and lower teeth that do not fit together correctly.

Although typical orthodontic patients look forward to having a beautiful smile at the end of treatment, braces also have a significant positive impact on long-term health. As one orthodontist explains "Growing up with improperly aligned teeth and jaws can cause a variety of problems later in life."

As we mature, untreated bite problems can continue to worsen. Crowded teeth can be very difficult to keep clean, and may result in tooth decay, gum disease and be a disadvantage socially. Also, over a period of time, an incorrect bite may lead to abnormal wear or breakdown of tooth surfaces and to damage of the bone and soft tissues that support the teeth.

Because a high standard of dental hygiene is compulsory for orthodontic patients, orthodontists provide extensive education of patients in relation to proper brushing and flossing techniques, with follow-up and reinforcement at each orthodontic appointment. Good eating habits are also encouraged and in combination with good orthodontic treatment and excellent dental hygiene, a positive difference in future health can be achieved. Orthodontic treatment can benefit adults as well as children because healthy teeth, bones and gums respond well to orthodontic treatment at almost any age. It really is never too late to have a beautiful smile or correct bite.

It is easy to take eating for granted if you have always had a normal bite, for some, however, this can be an ordeal or embarrassment. One patient's troubles with chewing were especially unpleasant and best characterised by his statement "I couldn't even bite into a sandwich." Nowadays, thanks to the art and science of orthodontics, countless individuals can look forward to greater ease and function.

Starting treatment in your older years might cause slight initial embarrassment, but you should never condemn yourself to a lifetime of dissatisfaction, like many adults who missed or were never presented with opportunities to have straighter teeth.

Patients who have covered their teeth during social interaction for many years feel liberated after a short course of orthodontic treatment. By removing physical and psychological obstacles such as crowding or spacing your self-esteem can be boosted.

You don't need to feel that you are wasting the specialist's time by seeking consultation or treatment because you are taking a positive step toward self improvement.

"It's fantastic", says Christine Grover, an adult orthodontic patient. "Now I smile broadly and look people straight in the eye!" Today, many of her friends are in her orthodontist's care.

Hopefully you now understand that teeth can be moved at any age and what the benefits are of investing in a beautiful and healthy smile. It is important to note that your treatment can be conducted without compromising your lifestyle - your braces do not have to show! Some recent innovations for adults using 'high-tech' aesthetic materials include clear removable plastic aligners, lingual orthodontic braces behind the teeth, tooth-coloured brackets and 'white system braces'.

As one orthodontist observes, "When braces change your looks, they change your outlook too." Orthodontics can be credited for dramatic improvements in the careers and personal relationships of those who have grasped the opportunity.

HOW TO DETECT BITE PROBLEMS:

- Abnormal wear or breakdown of tooth surfaces
- Loosening teeth & gaps between the teeth
- Receding gums
- Difficulty cleaning certain areas between the teeth
- Localised tooth decay or gum disease
- Jaw aches & pains
- Non-specific tooth-ache or pains
- Discomfort when your teeth meet



Problem: Unattractive appearance. Teeth are hard to clean or maintain and will decay more readily.



Corrected: Braces have created a healthy, attractive smile. The teeth are now easier to clean and to whiten.

Sourced from www.braces.org The American Association of Orthodontists

ORTHODONTICS

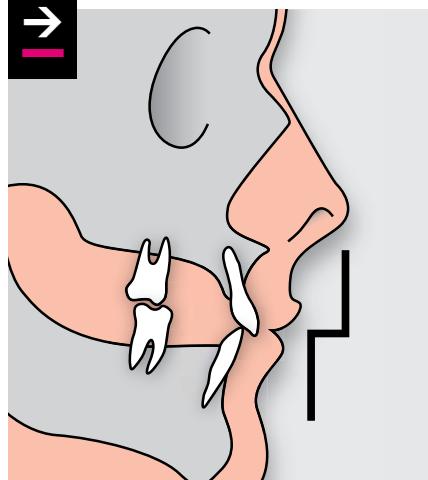
AND MAXILLO-FACIAL SURGERY

IF you have a problem with the position or shape of the jaws, your bite will be affected.

Jaws can be short or long, too wide or too narrow depending on your genetic makeup or growth. It may not be possible to correct a bad bite using braces alone, because the reason for the bad bite may be the bone structure. If you have a bad bite it is not just your appearance that will be affected but it may also cause other problems including abnormal tooth wear, periodontal disease, and possible joint pain.

One of the most common things patients complain about is their profile or how they look when viewed from the side. Profile problems can originate from an imbalance between the position and shapes of the upper and lower jaws.

Class I profile



THE INCLINATION OF THE TEETH CAN SIGNIFICANTLY AFFECT YOUR PROFILE

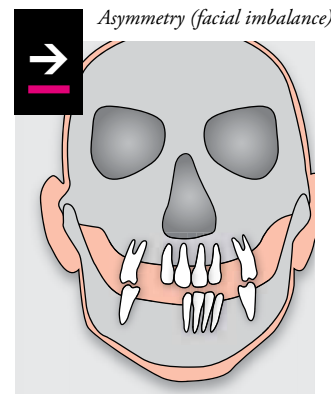
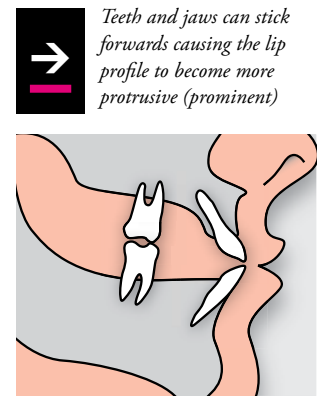
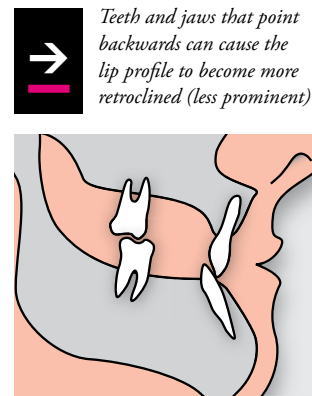
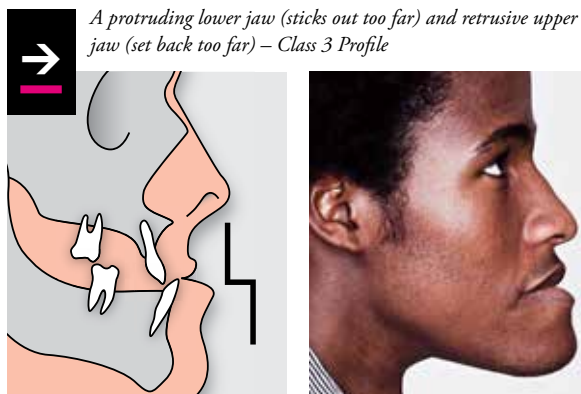
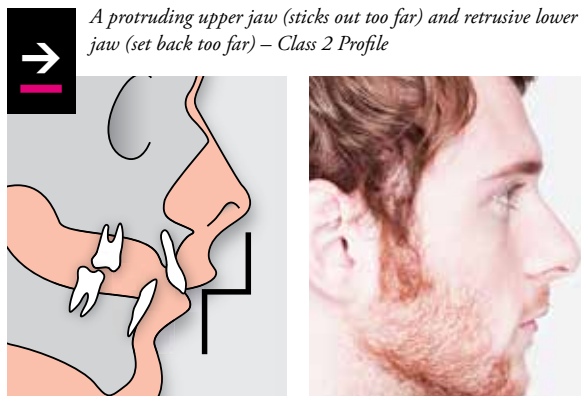
An orthodontist corrects crooked teeth and bad bites, while an oral & maxillo-facial surgeon solves problems related to jaw formation and misalignment (skeletal problems). In situations where both conditions are present, it's common for the two specialists to work together, merging orthodontics and maxillo-facial surgery in a combined treatment plan, commonly known as orthognathic surgery. In other complex cases, input from additional dental specialists might also be required. The expected end results of this combined approach to treatment are to improve your facial appearance, the alignment of your teeth, and the upper and lower jaw relationship.

There are many different jaw development and alignment problems that can be solved by orthognathic surgery. These problems may arise from abnormal growth; they may be genetic or even could be caused by an accident or other trauma.

THE MOST COMMONLY CORRECTED PROBLEMS INCLUDE:

An unsightly display of gum tissue above the upper front teeth





Each patient's treatment is planned individually to make sure that the treatment approach is right for them.

A full examination of the face and mouth is carried out, which includes impressions of the teeth for models or casts, special x-rays and photographs of the face and teeth. Over a series of appointments with the various specialists, discussions with you will eventually lead to a final treatment plan and the exact course of your treatment will be explained.

In cases where orthognathic surgery is indicated, you may require 12 to 18 months of orthodontic treatment, usually involving braces in order to get your teeth into the best position for optimal surgical results. Surgery is then scheduled when your teeth have been properly aligned. The orthodontic appliances used to align the teeth will usually be left in place during and after the surgical phase to help stabilise the teeth and jaws.

After surgery, most patients are able to return to work or social activities within 2 weeks. Advice on your engagement in sporting activities and foreign travel will be based on your predicted post-surgical recovery rate.

The refinements required to bring your teeth into their final desired position may mean you will have a few months of orthodontic treatment after the surgery.

Whilst it might seem daunting, it is important to understand that if you require surgical treatment it will achieve the best results. Orthognathic surgery is carried out on a much more frequent basis than most people realise and is considered to be a safe way to achieve a total makeover. After combined treatment most patients get the pleasure of benefiting from improved facial appearance, aesthetic profile, dental health and revitalised confidence.

CASE STUDY

Before treatment



After treatment



AGE:
20 years

PROBLEMS:
Protruding lower jaw, Class 3 profile and reverse overbite

SOLUTION:
Fixed braces and orthognathic surgery on both jaws for 20 months

RESULT:
Lower jaw pushed back, profile improved to Class 1 and alignment of teeth/bite corrected

ALL I WANT IS MY BITE BACK!



True life report by Caroline Holland

Lara Henderson is highly conscious of her teeth. But it's not surprising given the problems she has endured for much of her adult life. Activities which many of us take for granted, such as biting and chewing, Lara has had to carry out carefully. "If your teeth are bad," she says, "that's all anyone will ever notice."

But all these anxieties have disappeared since having orthodontic treatment. She can't believe how much better she feels. "I have a lovely smile now and my jaw has changed. Before I had a two tooth smile and now I have a six teeth smile! But the best thing was that when the braces came off, I was able to bite into an apple. It was great, really great."

Lara's terrible teeth were the result of disappointing treatment as a child when she had six teeth extracted. "As a result, all my

teeth were slanting forward and I had lost my bite. Human beings are amazing; we adapt and compensate and that was what I was doing but I had got to the point where I realised I could not cope. For instance I have two kids and we all love pizza, but I could not bite into one."

She continued: "I had been delaying treatment because we travel a lot and for years we were abroad; also I had never found anyone I was comfortable with. Then some parents at my children's school who are dentists sent me to see a specialist orthodontist. I sat in his chair and I knew he was the guy."

"He asked me what I was looking for and I told him: 'All I want is my bite back and some longevity.' That was the key for me because I felt my teeth were not going to last, my gums were wearing away. One of the things which worried me throughout was that I did not want a Hollywood smile. I wanted to look like me. Although what he

I did not want a Hollywood smile. I wanted to look like me

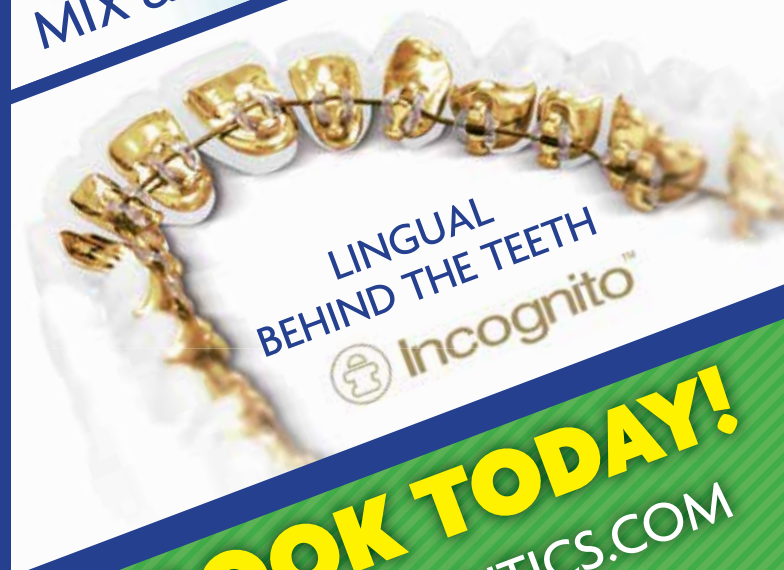
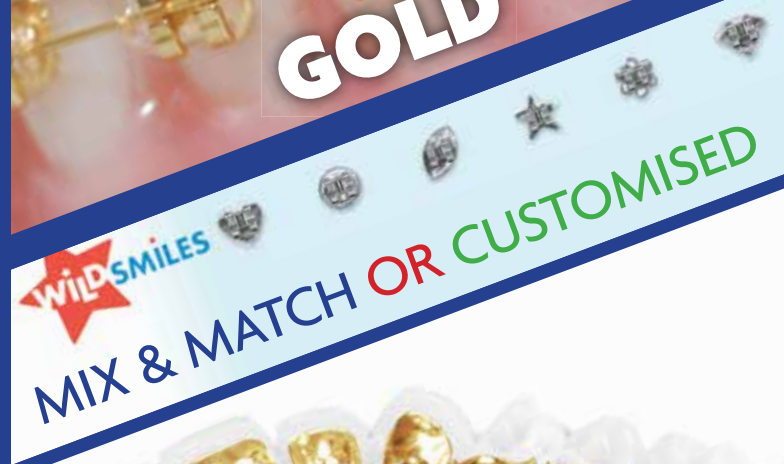
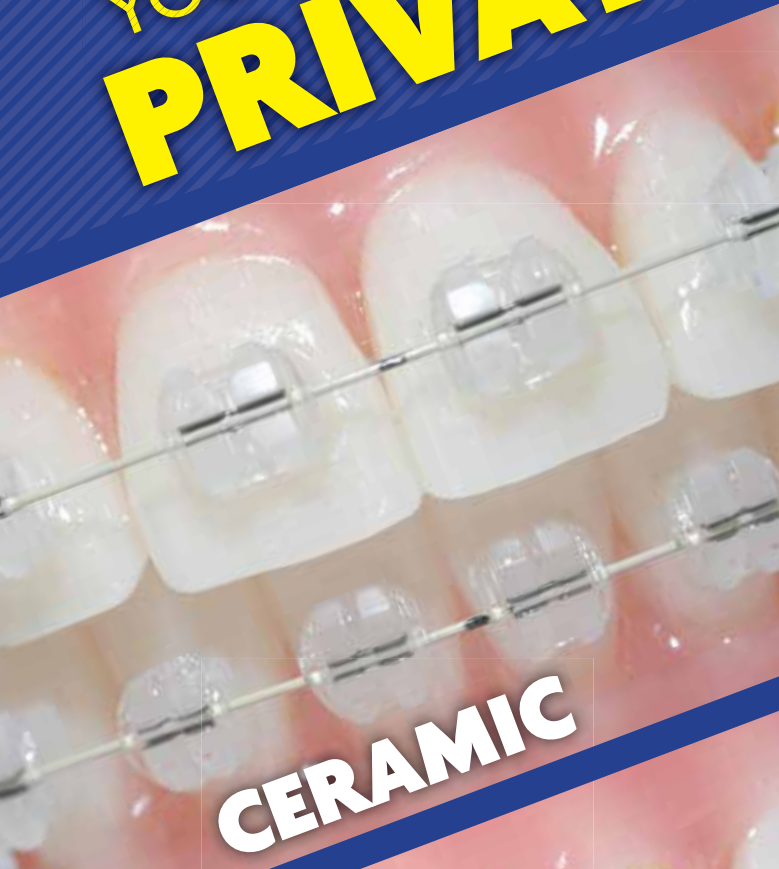
Lara Henderson

does is incredibly aesthetically pleasing, they are not unrealistically perfect."

Wearing braces is no picnic, she warns. "There is nothing easy about it. You just have to wear your braces with pride. You cannot go round with your hand over your mouth. You just get on with it and say 'I have braces, lucky me'. "Now I have two sets of retainers for the uppers which I wear at night and fixed retainers on the lower."

While the anxieties have gone away, Lara is still conscious of her teeth, but in a positive way. "I have a lovely smile, I look like me and I have a perfect bite."

CHOOSE
YOUR FIXED BRACES FROM OUR RANGE OF
PRIVATE OPTIONS



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ORTHODONTICS AT OCTAGON ORTHODONTICS

NHS SERVICES

WE are proud to be the largest NHS provider for orthodontic care on the high street in our local areas, and work closely with the relevant authorities to have short or no waiting lists, and offer access for those needing treatment and advice free at the point of service.

Every child under the age of 18 is entitled to an NHS orthodontic examination by an orthodontic specialist and we are in a position to deliver this service to our patients.

Not all children qualify for NHS orthodontic treatment, but if you are concerned, it is advisable that you get a referral for your child from your dentist for an NHS orthodontic assessment in order to determine their eligibility and need for treatment. Private options are always available to you.

About 1/3 of children in the age range of 7-17 do require some intervention or treatment, and we are there to help and give up to date professional advice. This advice is relayed to you in plain language and your dentist is kept informed of the outcome.

NHS ORTHODONTICS AND THE IOTN

Index of Orthodontic Treatment Need (IOTN)

The accurate use of IOTN requires specialist training. Dr Ilori and his associates do have this expertise. The Index of Orthodontic Treatment Need (IOTN) is used nowadays to assess the need for NHS orthodontic treatment. Children under 18 years are eligible for treatment on dental health grounds if the grade on the IOTN scale is high enough.

NHS orthodontic treatment to adults is not usually available in primary care. We have outlined an easy to understand version of the assessment an orthodontist will carry out:

THE DENTAL HEALTH COMPONENT (DHC) HAS 5 GRADES

GRADE 1

For almost perfection

GRADE 2

For minor irregularities such as:

- Slightly protruding upper front teeth
- Slightly irregular teeth
- Minor reversals of the normal relationship of upper and lower teeth which do not interfere with normal function

GRADE 3

For greater irregularities which normally do not need treatment for health reasons

- Upper front teeth that protrude less than 4 mm more than normal
- Reversals of the normal relationship of upper teeth which only interfere with normal function to a minor degree; by less than 2 mm
- Irregularity of teeth which are less than 4 mm out of line
- Open bites of less than 4 mm
- Deep bites with no functional problems

GRADE 4

For more severe degrees of irregularity and these do require treatment for health reasons

- Upper front teeth that protrude more than 6 mm
- Reversals of the normal relationship of upper teeth which interfere with normal function greater than 2 mm
- Lower front teeth that protrude in front of the upper more than 3.5 mm
- Irregularity of teeth which are more than 4 mm out of line
- Less than the normal number of teeth (missing teeth) where gaps need to be closed
- Open bites of more than 4 mm
- Deep bites with functional problems
- More than the normal number of teeth (supernumerary teeth)

GRADE 5

For severe dental health problems

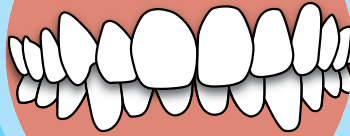
- When teeth cannot come into the mouth normally because of obstruction by crowding, additional teeth or any other cause
- A large number of missing teeth
- Upper front teeth that protrude more than 9 mm
- Lower front teeth that protrude in front of the upper more than 3.5 mm and where there are functional difficulties too
- Cranio-facial anomalies such as cleft lip and palate

THE AESTHETIC COMPONENT (AC) HAS 10 GRADES

The NHS does realise that some children need orthodontic treatment just because their teeth look really bad. The Aesthetic Component is a scale of 10 colour photographs showing different levels of dental attractiveness. The grading is made by the orthodontist matching the patient to these photographs. The photographs were arranged in order by a panel of lay persons.

In the NHS, the AC is used for border-line cases with Grade 3 DHC. If the case has a high AC score, NHS treatment is permissible. Dentists will refer patients to us for a specialist IOTN assessment so that we can determine and secure their NHS entitlements. We are currently assessing patients from the ages of 7-18 years.

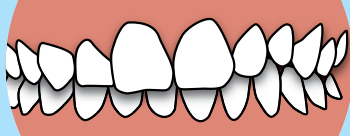
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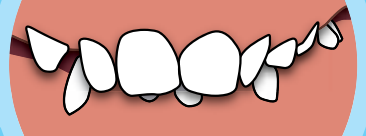
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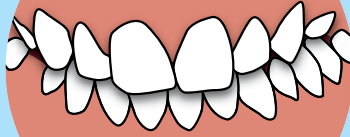
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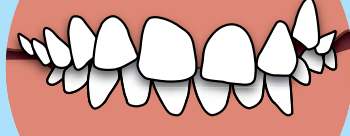
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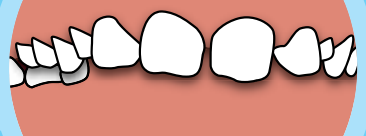
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AT OCTAGON ORTHODONTICS

We do not have any waiting lists for assessments or for treatment and most patients who qualify are receiving their NHS entitlement immediately. If your child has been on a waiting list elsewhere you can ask your dentist to make a referral to Octagon Orthodontics. In view of the current NHS directive with regards to waiting lists, our services are fully compliant and we have a high level of patient satisfaction.



UNDERSTANDING SMILES & FACES

IF YOU WANT TO COMMUNICATE, USE YOUR FACE! FACIAL EXPRESSION IS THE MOST COMMON FORM OF EFFECTIVE COMMUNICATION

Expressions communicate our emotions and are read by others around us to assess our mood or reaction. Even when we purposefully mask our true feelings we can be betrayed by involuntary subliminal facial signals which indicate the opposite of what we intend others to think.

Some people, usually extrovert types, are more expressive and show more animation in their faces. Research has shown that some facial expressions can be learnt or faked – comedians and actors utilise their expressive talents to mimic various human emotional conditions and we as the audience are ‘face readers’.

Gender differences do exist because women have smaller facial muscles and the overlying tissue tends to obscure some of the muscle movement. However, men are less facially expressive because they do not respond as readily to their emotions as women do. Babies and young children are known to pull certain faces in order to communicate feelings of happiness or distress. These universal expressions can be interpreted irrespective of language, culture or race. It is well known that babies respond to facial signals and tend to imitate expressions. This is a form of human learning which we have all been through in the early stages of our lives.

Our ability to manipulate the facial canvas is based on our control of our facial muscles. There is a complex interaction between our brains, emotions, the nerves and the muscles of facial expression which ultimately produce recognisable facial forms such as fear, joy, disgust, sadness and elation.

We all have a natural basic expression

of happiness, a smile. It exhibits amusement and happiness, even when we are alone. Sometimes a smile may not come naturally but it may be necessary, so we create the conscious smile. This type of smile is essential to enhance communication when socially interacting, to build rapport with others or to communicate a welcoming message. Conscious smiles can be used to hide unhappiness or discomfort, when we feel it would be inappropriate to show our true feelings (be honest, a fake smile is always handy when you receive a disappointing birthday present!). These conscious smiles can be transparent depending on how convincing we are.

Once our teeth are revealed in a smile, we are communicating positively

It is well known that babies respond to facial signals and tend to imitate expressions

and powerfully. It can feel like the baring of the soul. Not surprisingly, we feel more comfortable if the teeth are straight, white and healthy. Research has suggested that there are around eighteen ‘varieties of smiles’ and the best ones involve an element of tooth show. We hope this magazine gives you the information you need to understand your teeth, your smile, your mouth and to understand the role of dental professionals and the difference that orthodontics can make to you and the way you live your life.



1 FIRST IMPRESSIONS COUNT

WHETHER IT'S BUSINESS OR PLEASURE

“ We live in a very image-conscious society and impressions are made within a few seconds. Straightening teeth makes a difference and can ultimately make or break your chances of getting certain opportunities. ”

– Mark Montano, host of the American version of 10 Years Younger

TIPS ON HOW TO IMPRESS

The first impressions count – once formed, it's not always possible to change the other person's opinion. A fleeting look, lasting about 3 seconds, is what it takes for someone to evaluate you at a first meeting. As unfair as this might sound, this is unfortunately the way the world works.

The initial encounter is crucial because it sets the foundation for further interaction. Some might feel that this type of assessment is a cruel form of stereotyping but we are all accomplices in this pattern of behaviour. We

form these opinions about others based on appearance, body language and mannerisms.

There is one crucial element that we unanimously take into consideration at all times ...the smile! Whether you are meeting the in-laws for the first time, speed-dating or going to a job interview, you need your smile and it had better be a good one.

A good smile can get you out of a lot of trouble, because you may be excused from indiscretions simply on that basis. I once arrived for a job interview with a dinner suit on (unfortunately, I hadn't had time to

change following a debauchorous party the night before), feeling like the odd one out in a room full of grey suited city-type men. I confidently walked into the interview, with a broad smile on my face, shook hands warmly with the interview panel and took my seat as if I was a guest of honour. Instead of mentioning my attire, two of the panel commented that I was looking rather cheerful and happy - my ploy to distract them had worked! You know what happened later? You guessed right, I got the job!

ESSENTIAL TIPS TO HELP YOU CREATE GREAT FIRST IMPRESSIONS ALWAYS

ARRIVE ON TIME

The clock is ticking and you are running late. The person you are meeting is counting the minutes and becoming increasingly infuriated. By the time you finally arrive (five minutes late, sweating and apologetic), your first impression is left in tatters. A genuine friendly smile might be enough to disarm your enraged host but don't count on it. Make sure you plan to arrive a few minutes early and allow for potential delays.

KEEP CALM AND COLLECTED

A first time meeting can be daunting. Whether it's an interview or a business meeting, our unease can be detected by others through subliminal signals which we subconsciously give off.

The resulting atmosphere can be uncomfortable and there is an immediate need for self-control (try not to wet yourself!). If you think you are likely to fall prey to this common scenario arrive early, take deep breaths and focus your mind on the task ahead. A popular technique used by many business veterans is to go to the wash room, stand in front of a mirror, smile widely and role play your introduction (you are better off making a fool of yourself in front of the janitor than being unprepared for the meeting). The calmness and confidence radiated by you, will create a solid foundation for making that first impression a good one.

LOOK THE PART

What you look like matters. We are constantly judged on our physical appearance, so your personal presentation could make all the difference in a person's perception of you – dress appropriately for the occasion. Jeans and trainers do not have the same impact as a clean cut suit, so look the part and strut with confidence.

Let's not forget about the importance of personal grooming, a clean and tidy appearance is appropriate for all occasions. Ensure you get a good haircut, shave (females included), wear subtle make-up and don't forget to brush your teeth – nobody is interested in seeing what you had for lunch!

BODY LANGUAGE

Positive body language allied with a good physical presence can speak volumes. You should utilise positive body language to project appropriate confidence and self-assurance. Fidgeting is interpreted as nervousness or lack of confidence, so you will need to compose yourself, make eye contact, greet with a firm handshake and of course, smile. This will enable you to project an image of confidence and credibility.

BE YOURSELF

There is nothing wrong with being you, as long as you don't have a multiple personality disorder! If you have quirky individual traits that could endear you at a first encounter, please endeavour to use it appropriately within the context of the situation – it would be inappropriate to demonstrate any repulsive habits, simply because you might find it entertaining!

A good sense of humour is usually desirable when used appropriately. Remember not everyone looks for conformity and it can be a good thing to stand out from the crowd, just don't go overboard!

RESEARCH AND FINDING COMMON GROUND

All conversations are based on knowledge, understanding and honest exchange. Pre-empting the questions is a great way to prepare but to do this you will need to research the person on the other side of the table. Find out about the other party, company or the interviewer, research them using the internet and make sure your information is current. See if you can pick up on common subject matter which would encourage an interesting conversation but don't over do it!

BE POLITE AND KEEP POSITIVE

We were constantly reminded as young children to say please and thank you and it is just as important now, as it was then. Anything less than polite and courteous behaviour will simply not do – please don't forget to turn off your mobile phone!

A positive attitude can also be a powerful tool when faced with criticism or rejection. In this scenario a conscious smile might help indicate that you are in control of your emotions and robust enough to tough out difficult situations. Strive to learn from the experience and aim to end the meeting on an upbeat note.

THE ESSENTIAL SMILE!

A warm genuine smile always creates a good first impression. The radiation of confidence from a brilliant smile will put you and the other person at ease. When you part your lips whilst smiling or speaking people expect to see a set of straight white teeth. Tobacco or tea stained crooked teeth will never be 'in vogue' except in grizzly horror movies!

Self improvement is not vanity and is generally considered to be a sign of self respect, therefore; having straight teeth represents exactly that. A company director once said that his sales manager's gappy teeth misrepresented the company image because they projected a comedic image! (a la Ken Dodd and the Diddy Men).

If you want to project a positive image of yourself, show that you care by investing in your smile. Visit your orthodontist today and the 'straightening experience' will stand you in good stead for a lifetime of successful interviews and business meetings.



The initial encounter is crucial because it sets the foundation for further interaction

WHY HAVE AN AMERICAN SMILE WHEN YOU CAN HAVE A BRITISH ONE?



ISN'T IT ANNOYING WHEN YOU SMILE AT SOMEONE AND THEY DON'T SMILE BACK!

We've all been in public places and caught the eyes of passers by, instinctively smiled and watched as they walk past without acknowledging the courtesy. There is an expectation that when we emit the universal signal of human greeting, the other party should respond positively – even a token smile is good enough.

The “stiff upper lip” associated with Brits is not a virtue in today's world. We want to express happiness through our smiles whether in the company of others or not. With the advent of mobile phone cameras and the amateur photo journalist, you never know when your image is going to be captured and transmitted without your permission through any portal onto the World Wide Web. There is nothing more disconcerting than cringing when looking at your image on Facebook or YouTube as you notice a series of unattractive smiles. What could be worse than going through your graduation, wedding or holiday photo albums and feeling ashamed of the historical record of what you could consider to be a horrible smile or an exposure of the world's worst set of teeth!

The media portrayal of US celebrities, politicians and business people is that of a group of smartly dressed and highly groomed individuals who all have smiling faces with shiny, brilliant white teeth. However this is not the media image of our great and good such as Tony Blair, Gordon Brown, Ken Dodd, Shane McGowan, Amy Winehouse to name but a few.

Great smiles have been sighted as a reason for US celebrity and business success while their UK counterparts are seen as sad looking and tight lipped – could it be that they are hiding the crooked, stained and missing teeth that they should have fixed before exposing themselves to the camera? Queen Elizabeth I was renowned for her discoloured black teeth, which was hardly an example for her subjects. Our current monarch, Queen Elizabeth II, is a testament to the improvements in British attitudes to dentistry and we all are following in her footsteps – princes, princesses, butlers and paupers alike. Many of us on this side of the Atlantic believe that the Americans tend to smile much more than we do. Some deem this pretentious or fake however there is a reason why they can smile unashamedly – they've got better teeth than we have!

The attitude of the average American to the appearance of their teeth has been significantly different from that of the average Brit. From early childhood visits to the dentists and orthodontists are made with a view to improve the cosmetic appearance and functionality of the teeth. These are taken very seriously by American parents who over the years have budgeted for the likelihood of significant expense. On the other hand parental attitudes in Britain are still tied to governmental provision through the National Health Service which has its shortcomings.

The American Dental Association say that the average US citizen spends around \$300 a year on dental care. Broken down the average family in the US will spend \$2,000 per child on orthodontic treatment and will consider a further investment upwards of \$10,000 on cosmetic dental procedures to enhance the smiles of mum and dad. In recent years the decrease in availability of NHS dental services has forced a change in our attitudes in Britain towards investment in personal and family dental health.

More people are making choices in order to improve their smiles, even if it means spending a considerable amount to achieve self improvement goals. This has nothing to do with how rich you are dental care is a lifestyle and health choice that you make on a daily basis which include dietary decisions, choice of toothpastes/brushes, flossing and visits to the dentist/orthodontist. It's also about priorities, for the cost of an average 42” plasma screen you can give yourself, or your child, the wonderful gift of a beautiful smile which has a positive lifelong value – the plasma screen would have been replaced several times by then. Cool Britannia! Let's show the world that we are a happy bunch who know how to smile!





I'M AN ADULT
WHAT CAN YOU DO FOR ME?

IN RECENT YEARS ORTHODONTIC TREATMENT OF ADULTS HAS BECOME MORE COMMON. SO WHAT ARE THE REASONS FOR THIS TREND:

- 1** An increased availability of dentistry and orthodontics to all segments of the population has improved public awareness. Age should not deter anyone from having a beautiful smile and a correctly functioning bite – gone are the days when your dentist would say you are too old to have braces! Many adults make their own orthodontic enquiries and appointments directly.
- 2** In some cases where adults experience dental problems the comprehensive and conservative solution usually involves a combination of general dentistry and orthodontics.
- 3** The increased financial independence of adults enables them to receive orthodontic treatment which may not have been available to them as children.
- 4** Technological advances in orthodontics have made braces more acceptable to adults because they are less obtrusive, easier to wear and treatment time is considerably shorter.
- 5** Improvements in dental health mean that more adults are keeping their teeth for life. If you are going to keep your teeth for the rest of your life, why not make them look good?

Orthodontic problems, like crowding, gaps or a bad bite can worsen over time, if not appropriately addressed

DO I NEED ORTHODONTIC TREATMENT?

Regardless of your age, orthodontic treatment will provide you with straight teeth and a distinguished smile. Whilst treatment results in improved self-confidence and satisfaction, the goals of orthodontics are not just the cosmetic enhancement of your smile – there are always significant improvements in the health of your teeth and gums.

Orthodontic problems, like crowding, gaps or a bad bite can worsen over time, if not appropriately addressed. For instance a 'bad bite' can end up causing chewing problems, uncharacteristic wearing of tooth surfaces and injury to the supporting bone and gum tissue. ➔

➔ Poor tooth alignment can contribute to pain in your jaw joints and crowded teeth can be hard to clean or maintain, which may eventually lead to gum disease, tooth decay and even tooth loss.

Another example is when a tooth has been missing for a period of time and the adjacent teeth have tipped into the space, restricting the placement of a bridge or an implant. Orthodontic movement of the adjacent teeth would be the ideal way to recreate the desired space.

WILL BRACES MAKE MY LIFE A MISERY?

Fortunately, braces fit in with almost any lifestyle and you can do virtually anything while you are undergoing treatment – dine out, sing, play wind instruments, have your picture taken and even kiss. Before commencing treatment you should be under no illusions that to reap the benefits, you might have to make a few compromises such as avoiding some hard foods and reducing sugary treats, brushing your teeth after every meal, flossing as often as possible and making regular visits for brace adjustments.

One orthodontist points out that, "In most cases, adult patients adjust very rapidly and adapt sufficiently enough to enjoy their lives. I've had many patients tell me that after a while, they don't notice that they have them on!"

Modern technology now allows the wearer to feel more confident with the look and feel of their braces. Some of the appliances available include ceramic (tooth coloured) fixed braces, clear plastic removable moulds that fit to your teeth and lingual fixed braces, which are attached behind the teeth. All of these options allow you to minimise the visibility of the brace.

For you as an individual the orthodontic treatment process is a journey of self-improvement, during which you should always remember to keep your eyes on the end result.

WHAT'S MY FIRST STEP?

In order to clarify if you can benefit from orthodontic treatment, a consultation with a specialist orthodontist is necessary. After observing the condition of your teeth, gums and supporting bones to determine the potential for improving your smile and dental health, the orthodontist will make a decision and inform you of what your treatment will involve and its approximate cost. After you have decided to go ahead, your orthodontist will then make diagnostic records of your mouth, including taking moulds of your teeth, special x-rays and photographs.

Because everyone's teeth are distinct to them, it is only after a thorough examination of you and your orthodontic requirements, that your orthodontist will recommend the optimum course of treatment for improving your smile.

CAN I AFFORD IT?

The cost of orthodontic treatment varies, taking into account possible factors including the severity of the problem, brace type and appointment requirements. Before treatment begins, your orthodontist will be happy to discuss the cost with you. To ensure it is affordable there are a variety of convenient payment plans, where the cost of treatment can often be spread over a period of time.

Braces are more affordable now than at any time before, and when you consider the long-lasting benefits of braces, they are definitely worth it!

**FOR MORE INFORMATION OR TO BOOK AN APPOINTMENT
TELEPHONE OCTAGON ORTHODONTICS: 01494 513797**

ORTHOD FOR A



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ODONTICS ADULTS



63



COME HELL OR HIGH WATER!



I have a perfect set
of straight teeth. I am
absolutely delighted

Heather Sharland



TWO THEMES EMERGE FROM ACCOUNTS OF INVISALIGN TREATMENT, AS TOLD TO REPORTER CAROLINE HOLLAND

Determination and disbelief are common features in any account of orthodontic treatment with Invisalign. This is a near invisible system for moving teeth which is enabling growing numbers of adults to improve their smiles. Central to Invisalign is computer software which uses digitally scanned images of the patient's teeth to design a series of transparent trays. Each tray is worn for several weeks and helps gradually move the teeth to the desired position.

Invisalign treatment provokes some predictable responses. Firstly, determination! This is an essential response because patients need to commit to the treatment. Without the patient making their mind up to engage and move through the process, the treatment might be delayed. So, Invisalign patients share a gritty determination.

In its wake follows disbelief. This is on the part of family and friends. It goes something like this: "No, not really! You are having orthodontics? When did you start? But I couldn't tell!" The surprise and interest encountered by Invisalign patients is almost as rewarding as the sight of their teeth gradually realigning.

Two orthodontic patients described how they summoned the determination they needed to finish on the agreed date.

Heather Sharland had a job which involved doing presentations in front of large audiences and she is also a magistrate. She was very clear she did not want braces. "A friend in Switzerland said she had had Invisalign. When she described what it involved, it sounded excellent. I thought, let's have a go."

She was in her late 50s when she embarked on treatment. She takes up the story: "My teeth had always irritated me. The top front teeth were crossed over and my bottom teeth looked as if they had just been thrown into my mouth randomly. I had been to an orthodontist as a child and they had taken teeth out and I was told they would sort themselves out, but they didn't."

"My family were not supportive. They said: 'those teeth are never going to be straight, I don't know what you are doing.' I suppose I did have some doubts myself



and wondered where are all those teeth going to go and how they were going to fit together."

But her orthodontist gave her confidence. "Once I had made the decision I was determined. I told myself: 'Come hell or high water, I am going to improve my teeth.' I think you have to be determined, you cannot be watery about it. Because I was very determined, I stuck rigidly to wearing the Invisalign trays 20 hours a day."

She added: "I have a perfect set of straight teeth. I am absolutely delighted, I really can't believe it. People are really quite interested that I have had orthodontics, and say they had not noticed. My mother, who is 85, is really surprised."

Penny Bell is aged 64 and was also unhappy about crooked bottom teeth. She is a very smiley person who works with people in an image-conscious environment. "I talked to my dentist and he sent me to see an orthodontist. He gave me choices. There was no way I would walk around with metal braces and coloured bands. He told me about Invisalign and that seemed brilliant. I had upper and lower treatment so that my bite was aligned."

She continued: "I had to be pretty determined. If you slip up for a day then you lose a day. You cannot cheat or you lose the whole point. The thing is that all the trays are laid out for you so it is progressive. It's a discipline and you fall into it. There were a couple of days when I was driving to work and remembered I had left the trays and then I spent the whole day feeling miserable."

Mostly, however, Penny enjoyed the experience and the sense that she was embarking on change so discreetly. "I only told one close friend at work about the treatment and then one day I had disappeared into the corner of the room to slip out my trays so I thought I should explain to the colleague who happened to be in the room what I was doing. She was flabbergasted. She had had no idea."

She added: "Another good thing is that you only need to go back to the orthodontist every 10 weeks or so. Really, you are in control and the orthodontist just checks to make sure everything is going as it should. I am very happy with what I have had done. My orthodontist is wonderful, calm and matter of fact. Invisalign worked for me and I would recommend it to anyone."

ADULTS CAN HAVE STRAIGHT TEETH TOO!

IT IS IMPORTANT
TO REALISE THAT
UNDERGOING
ORTHODONTIC
TREATMENT IS
NOT EXCLUSIVE
TO CHILDREN OR
TEENAGERS.

A large number of the patients at Octagon Orthodontics are adults who have come to the decision of having braces later in life. Often there is a special occasion in the near future or treatment has been prescribed to resolve dental problems, which involves the use of braces.

Martin Dominguez explains his reasons for getting fixed braces as an adult, "I had pretty poor dental care as a child and no real care was taken to make my teeth look pleasing."

"I had one tooth which was impacted and stopped others coming through and I have a misshapen jaw line and a bone outgrowth, so my bite was very strange!

It was not until my daughter had braces that I considered them a viable option for helping me."

A fixed brace is an orthodontic appliance which cannot be removed from the mouth by the patient. They are one of the most effective ways of straightening teeth and remain a popular choice amongst adult patients, due to their speed and reliability. Some people also prefer them because of the reduced inconvenience compared with having a removable appliance.

Attractive, translucent or tooth coloured, aesthetic fixed brackets appeal to adult patients in view of their less obtrusive appearance. These are made from a ceramic (see right) material and differ from plastic (polycarbonate) brackets in terms of the superior durability, colour stability, strength and overall performance throughout the treatment.

Fixed braces can be made "totally white" by utilising ceramic brackets, white or tooth coloured arch wires and non-staining ligature wires. This means that your appliance is virtually not visible!

Like the vast majority of our adult patients, Martin has no regrets about undergoing treatment, "The aesthetic results are great! I had the full mouth done, the 'Full Monty'! I had some very interesting conversations with people who were intrigued but as a result they went and got their teeth sorted too!"





Mary Clements in her 60's also had fixed braces; she states "My teeth were a problem - my bite wasn't correct and I had a 'clicky' jaw. I went to a dentist to talk about my terrible teeth and he said I was too old to have treatment, even though I was only just out of my teens!"

"Eventually, in my 50's, I started seeing a different dentist and she asked me why I didn't have orthodontic treatment? I went to see Dr Ilori and he said he could help me and it felt really positive. Actually, wearing the braces did not bother me at all!"

At Octagon Orthodontics we specialise in delivering beautiful smiles to adults and children using aesthetic, modern and invisible braces. All you have to do is book a consultation appointment and your journey of self-improvement will start straight away!



DATING DILEMMAS

A SURVIVAL GUIDE TO BRACES AND DATING

Dating can be nerve racking enough without throwing braces into the mix. Questions like 'Have they noticed yet?' and 'Will they care?' are bound to enter the head of anybody in this situation

In all likelihood your braces will either go unnoticed, or the person sitting at the other side of the table will be full of admiration and respect for your decision to undergo treatment.

However, that is not to say that you can't help your date run a bit more smoothly by avoiding embarrassing situations, which may inevitably begin with your choice of food! Here is our ultimate survival guide to dating with braces:

- 1** Don't try to hide your braces by covering your mouth with your hand, you'll only bring more attention to yourself!
- 2** Don't spend the whole date talking about teeth (yours or theirs!).
- 3** Remember that they are there because they are attracted to you, with or without braces (unless of course they have a brace fetish!).
- 4** Avoid foods such as spaghetti and spinach, you don't want a smile full of food!
- 5** Don't leave them the number of your orthodontist instead of your own!
- 6** Relax and enjoy yourself!

INVISIBLE BRACES FOR EVERYONE

TO FIX ALL SMILE PROBLEMS

 invisalign®



“The invisible, removable brace system with no metal bands or wires”

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“Specifically designed braces for teenagers, with special treatment features”

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**Octagon
Orthodontics**
SMILES FOR EVERYONE

BOOK YOUR APPOINTMENT TODAY!

I DO NOT WANT BRACES BUT I DO WANT STRAIGHT TEETH!

FILM BEAUTICIAN JENNY LOVETT DESCRIBES HOW SHE FOUND THE PERFECT SMILE SOLUTION

If you work in the world of film, as I do, your days are spent surrounded by actors who spend inordinate amounts of time enhancing every aspect of their body. They stretch, flex, groom, paint, brush, shave, you name it, if it makes them look better, they do it. It's an industry given.

My job is doing the make-up and hair to prepare actors for their roles, which means I am part of this on-going beautification, although sometimes I have to make the young look older and the good-looking look dastardly or even make women look like men and vice versa. I am well versed in the tricks of the trade.

Every day, I am surrounded by mirrors. They are essential to what I do. The drawback is, even though I am concentrating on my actors, there is no getting away from my own reflection. Since I was a child, I had not been happy with my teeth. As my 50s progressed, I became aware of my teeth moving, especially my lower teeth becoming more crowded.

Eventually, I had had enough. I went to my dentist to get help. I confess I thought that she could take one lower tooth out and the rest would shift into place. In hindsight, I can't believe I thought this might work! She sent me to see an orthodontic specialist.

I was given choices: metal braces or invisible trays. There was no way I would walk around with metal braces and coloured bands. He told me about Invisalign, a system of trays or aligners which look like mouthguards and which

you change every few weeks as your teeth gradually shift into new positions. That seemed brilliant. I said, let's go for it.

My intention had been to get treatment for the lower teeth only. But after being advised that upper and lower must be moved together, to achieve a perfect bite. I wore upper and lower trays and at the end of treatment, my dentist replaced a crown on my front tooth with a veneer, which looks completely natural.

What's interesting is that people know I look different, but they don't know why. I can see it in their eyes. Originally, I only told my family and one close colleague at work. After a few months, I told a colleague. When I showed her the trays I had just taken out of my mouth, she was flabbergasted. She had no idea.

I am very happy with what I have had done. My orthodontist helped me believe I could have the teeth I wanted and to feel happy about looking in all those mirrors which surround me day in and day out. I would definitely recommend Invisalign.



INVISALIGN TREATMENT USES A SERIES OF CUSTOM-MADE, NEARLY INVISIBLE, REMOVABLE ALIGNERS TO MOVE YOUR TEETH IN A GRADUAL STEP BY STEP PROCESS

I could have the teeth I wanted and to feel happy about looking in all those mirrors which surround me day in and day out

BEWARE THE INSTANT MAKEOVER!

A WARNING FROM
CAROLINE HOLLAND

The TV programme **Extreme Makeover** has revolutionised dentistry in the UK. It wasn't until we saw just what a difference straight, white teeth made to the participants that we had both the evidence and the inspiration. Thousands of TV viewers thought: "That could be me." They weren't thinking about the new clothes or the make-up, it was the teeth they wanted.

Now dentists all over the country are marketing themselves as providers of complete dental transformations and the British public knows they are both attainable and, with the help of a finance scheme, affordable. The Extreme Makeover has definitely done dentists and their patients a service. Goodness knows us Brits needed to change our outlook!

But, and here's the caveat: the instant makeover is not always in the best interests of your teeth, or indeed your bite. The result may be a set of sparkling pearly whites, but how long will they last? This is the question you need to ask before you commit to the quick-fix solution.

The cornerstone of the makeover is the veneer. They are usually made of porcelain and are made to fit over the surface of your teeth. Carefully made veneers can hide gaps or make an uneven and ivory-coloured smile look straight and sparkling white. The veneer is to teeth what false nails are to your hands. Some dentists call them instant orthodontics, but that is a misnomer. The fundamental difference is that in preparing your mouth for veneers, the dentist removes the upper surface of the teeth. That's a procedure which cannot be reversed.

the instant
makeover is not
always in the best
interests of your
teeth, or indeed
your bite

The other drawbacks include questionable longevity and variable function. The veneers will not last for a lifetime. When they have to be replaced, your teeth must be prepared again, losing more of the surface. More importantly, veneers make no difference to the way your teeth meet and if there's a problem with your bite before the treatment, it will certainly remain a problem.

So, while veneers are a good option for someone whose teeth are damaged or who wants a rapid makeover, if you value what nature gave you and your teeth need realigning, then orthodontics is the only answer.



Brighten your Smile

with the ultimate new
systems and technologies in

TOOTH WHITENING

We can make you look and feel your best
Starting at just £80

Before tooth whitening



After tooth whitening



Home whitening kit (£280)

Brighter	White	Whiter	Whitest!
Consultation and Air polish	Fit trays	Wearing trays 2-6 Hours a day	
30 mins	1 week later	Until desired colour is achieved	
£280		Top up gel is available for £99	



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THE SMILE FIXERS

DENTAL VENEERS
MIGHT OFFER
A QUICK-FIX
HOLLYWOOD
SMILE BUT
BRACES ARE THE
SAFEST AND MOST
TECHNOLOGICALLY
ADVANCED WAY OF
IMPROVING YOUR
TEETH WITHOUT
ALTERING THEIR
HEALTHINESS

You might be conscious of stained, chipped, crooked and worn teeth or you might have been unfortunate enough to have accumulated a mouth full of old unsightly fillings – no matter which boat you are in your ultimate quest would be to achieve a brilliant set of white straight teeth.

Oral health is defined by the World Health Organisation as “a standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being”. It is important not to damage your teeth in the quest for straight and white.

Orthodontics is the speciality of dentistry which is concerned with the management of irregularities and abnormalities of the teeth, jaws and face. A specialist orthodontist is a qualified dentist who has had the requisite extensive additional training, therefore possesses the expertise to provide the most effective, efficient and safest way to give you your dream smile. In the UK many adults were denied opportunities to have their teeth straightened simply because of a lack of availability of orthodontics when they were children. Over the past few years orthodontic specialists have set up five star facilities in certain parts of the UK, improving the availability of their services to a wide range of the population - both children and adults.

However good the effect, veneers are not natural

Dr Peter Ilori, Octagon Orthodontics

Some dentists have promoted the placement of artificial materials over the surface of the teeth as an ‘instant solution’ for crooked teeth but there are drawbacks to this approach. In certain cases, if your teeth point inwards, a thicker veneer might have to be fitted to make them appear straight which might result in a less natural appearance.

In many cases veneers require the use of a dental drill to remove the surface of the teeth for a proper fit. Where the crowding of your teeth exceeds a few millimetres, excessive amounts of enamel might need to be removed – this is considered inappropriate by most conservative dentists. Orthodontics or braces, on the other hand, work by applying continuous forces to the teeth to change their position incrementally.

There is another good reason why many of us are now favouring orthodontics

over veneers. “However good the effect, veneers are not natural,” says Dr Peter Ilori, of Octagon Orthodontics in High Wycombe. “British people don’t want a synthetic smile. With orthodontics, you get straight teeth that are aesthetically pleasing but they look natural and are 100% your own.” This quest for a natural look partly explains why more than 75% of orthodontists have reported an increase in adult patients over the past few years.

So what is responsible for this increase? Certainly, pictures of good-looking celebrities wearing braces have helped remove the stigma attached to orthodontics, but technological advances have boosted the figures, too. “Braces are more comfortable to wear, more discreet and more effective than ever. With time, we can straighten any teeth,” says Dr Ilori. “Orthodontics applies a three-dimensional force, so we can push teeth forwards and backwards, but we can also push them up and down. If there is general overcrowding and crooked teeth some teeth will be pushed back, some re-angled, and some pushed forwards or up and down until they are straight,” adds Dr Ilori. By pushing teeth back into the bone, orthodontics can reduce the effect of receding gums, too. Putting a downward force on short upper teeth can make them look longer by pulling them out of the bone.

‘Tombstone’ teeth which are large and protruding, can be pushed back and reduced in size by ‘interdental stripping’ – removing about 0.15mm of the enamel. A ‘narrow’ smile – one that shows gaps in the side of the mouth when you grin – can be widened by increasing the size of the roof of the mouth (the arch) by applying the force to push teeth outwards. Commonly known as smile widening.

In more severe cases, orthodontics can be combined with surgery to realign a protruding upper or lower jaw or correct ‘gummy smiles’. Often, however, problems can be treated with clear plastic removable braces called Invisalign, a thin mould that sits over the teeth like a mouth guard. It is aesthetically more pleasing and it can also be removed when the wearer wants to eat or clean their teeth.

Many Invisalign wearers are actors, TV presenters and models, who do not want anybody to know that they are having orthodontic work. Mild to moderate cases of misalignment can usually be fixed in 6 to 12 months, but more severe cases can require up to two years of treatment, with regular check-ups on a four to six week basis.

An unexpected side effect for many patients undergoing orthodontic treatment is weight loss! Many people lose weight because braces force you to eat more slowly. We wouldn’t want you to have braces for this reason alone!

A GENERAL GUIDE TO CONTEMPORARY ORTHODONTIC BRACES



CONVENTIONAL FIXED METAL BRACES

CONSIST OF A BRACKET GLUED TO THE CENTRE OF EACH TOOTH AND CONNECTED BY A FINE WIRE. THE WIRE DETERMINES THE DIRECTION IN WHICH THE FORCE IS APPLIED. YOU CAN NOW OPT FOR CLEAR OR TOOTH-COLOURED CERAMIC BRACKETS AND WIRES. EXPECT SOON TO SEE BRACES WITH CLEAR WIRES CREATED FROM FIBREGLASS. ALTERNATIVELY, YOU CAN OPT FOR THE BLING APPROACH, WITH GOLD-PLATED BRACES, OR CHOOSE ONE IN YOUR FAVOURITE COLOUR.



INVISALIGN IS A CLEAR PLASTIC REMOVABLE MOULD THAT FITS OVER THE TEETH.



LINGUAL ORTHODONTICS ARE BRACES THAT ARE ATTACHED TO THE INSIDE OF THE TEETH.

THE HYBRID APPROACH: IT IS POSSIBLE TO COMBINE THE ABOVE METHODS, THAT IS, FIT A CONVENTIONAL FIXED BRACE FOR THE BACK AND LOWER TEETH AND INVISALIGN® FOR THE UPPER FRONT TEETH.

CONSULTATIONS CAN BE BOOKED WITH ANY OF OUR ORTHODONTIC SPECIALISTS AT OCTAGON ORTHODONTICS
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VENEERS (PORCELAIN AND COMPOSITE)

A veneer is like a false fingernail, it is used to cover the tooth surface in order to mask any defects in colour, shape or size. They are not recommended as an alternative to orthodontic treatment because they only serve to mask problems and are considered to be invasive. The longevity of a veneer is around 10 years and you would need to replace them due to deterioration of the material. To place a veneer on a tooth the dentist might have to drill the tooth surface to reduce its overall thickness, however this is not necessary in every case. Special care is taken to match the colour and translucency of your other teeth for the most natural result.

There are two main types of veneers, porcelain and composite. Porcelain veneers are wafer thin pieces of ceramic material that are stuck to the front side of the teeth. Their placement usually involves some amount of tooth reduction.

Composite veneers are made from a resin material that is directly applied in layers to the tooth surface and then hardened with a high intensity light. A common use of a composite veneer is to correct chipping, however persistent tooth chipping may be because of a bad bite, in which case you should have orthodontic treatment.



1 CONSULTATION AND ASSESSMENT.



2 SPECIAL CARE IS TAKEN SO THE VENEER MATCHES THE COLOUR AND TRANSLUCENCY OF YOUR OTHER TEETH. SOME PREPARATION TO THE TOOTH SURFACE MAY BE REQUIRED.



WHAT ABOUT ADVANCED OR COSMETIC DENTISTRY?

CROWNS AND BRIDGES

A crown is also known as a cap, and is used to cover the entire tooth back, front and sides. Crowns are also used to improve the appearance of natural teeth that are broken, damaged or discoloured.

Your dentist will prepare or reduce the tooth on all sides to create a slightly tapered shape and the crown is then glued to this prepared surface.

Bridges are used when one or more teeth are missing or damaged. They are also helpful to balance the bite and prevent movement of adjacent teeth. A bridge is a false tooth or set of teeth, which can be supported by neighbouring teeth. This is achieved by attaching the caps to the teeth on either side of the space, thereby bridging them together. The teeth supporting the bridge might also require some drilling.

Materials used to construct crowns or bridges include porcelain, a metal/porcelain hybrid or gold. Movement of teeth into correct positions by orthodontic braces is sometimes required for the successful construction of a crown or bridge.



1 THE TWO ADJACENT TEETH OF THE GAP ARE PREPARED, AS THEY WILL HOLD THE BRIDGE IN PLACE.



2 THE 'WINGS' OF THE BRIDGE ARE ALSO PREPARED. A STRONG COMPOSITE RESIN CEMENT IS USED TO BOND THE WINGS TO THE BACK OF THE TEETH.



3 THE WINGS OF THE BRIDGE ARE NOT VISIBLE FROM THE FRONT.

PERIODONTAL TREATMENT

Teeth are attached to the jaw bone by some spring-like tissues called periodontal ligaments. When these ligaments or the bone become damaged by bacteria and inflammatory diseases (periodontitis), the teeth become loose and the gums weaken and drop down (gum recession). The accumulation of plaque and hardened food (calculus) further irritates the supporting structures of the teeth, causing the situation to become worse, eventually resulting in the loss of several teeth. The dentist or periodontist will arrest the progression of the disease and work in conjunction with the orthodontist to stabilise/rearrange the teeth.



PERIODONTAL DISEASES CAN CAUSE INFLAMED, BLEEDING, SENSITIVE GUMS. IN MORE SEVERE CASES IT CAN LEAD TO GUM RECESSON, BONE AND TOOTH LOSS.

BITE ADJUSTMENT

Bite adjustment is technically known as 'occlusal equilibration'. When you bite, speak or put your teeth together, ideally the teeth should not clash, bang or rub against each other because unnatural contacts between teeth can cause accelerated tooth wear, fracture, pain or sensitivity. An analysis of your bite can reveal if these normal contacts exist and adjustments can be made to these contact points, in order to achieve a more harmonious balance.

A limited amount of reshaping of the teeth is sometimes required to improve the overall appearance but it is not advisable to get your teeth filed down as this can lead to irreversible tooth damage.

IMPLANTS

Dental implants are titanium screws which can be inserted into the jaw bone under local anaesthetic. Before the tooth replacement can be incorporated the jaw bone has to grow onto the dental implant, so that the implant is firmly anchored permanently. The healing process takes from six to twelve weeks, depending on the situation. The four stages involved in the process are:



1 CONSULTATION AND ASSESSMENT.



2 THE IMPLANT IS SCREWED INTO THE JAW BONE AND ALLOWED TIME TO FULLY BOND WITH THE BONE.



3 ONCE THE IMPLANT HAS HEALED AND IS SECURE, THE IMPLANT PEG IS INSERTED TO HOLD THE CROWN.

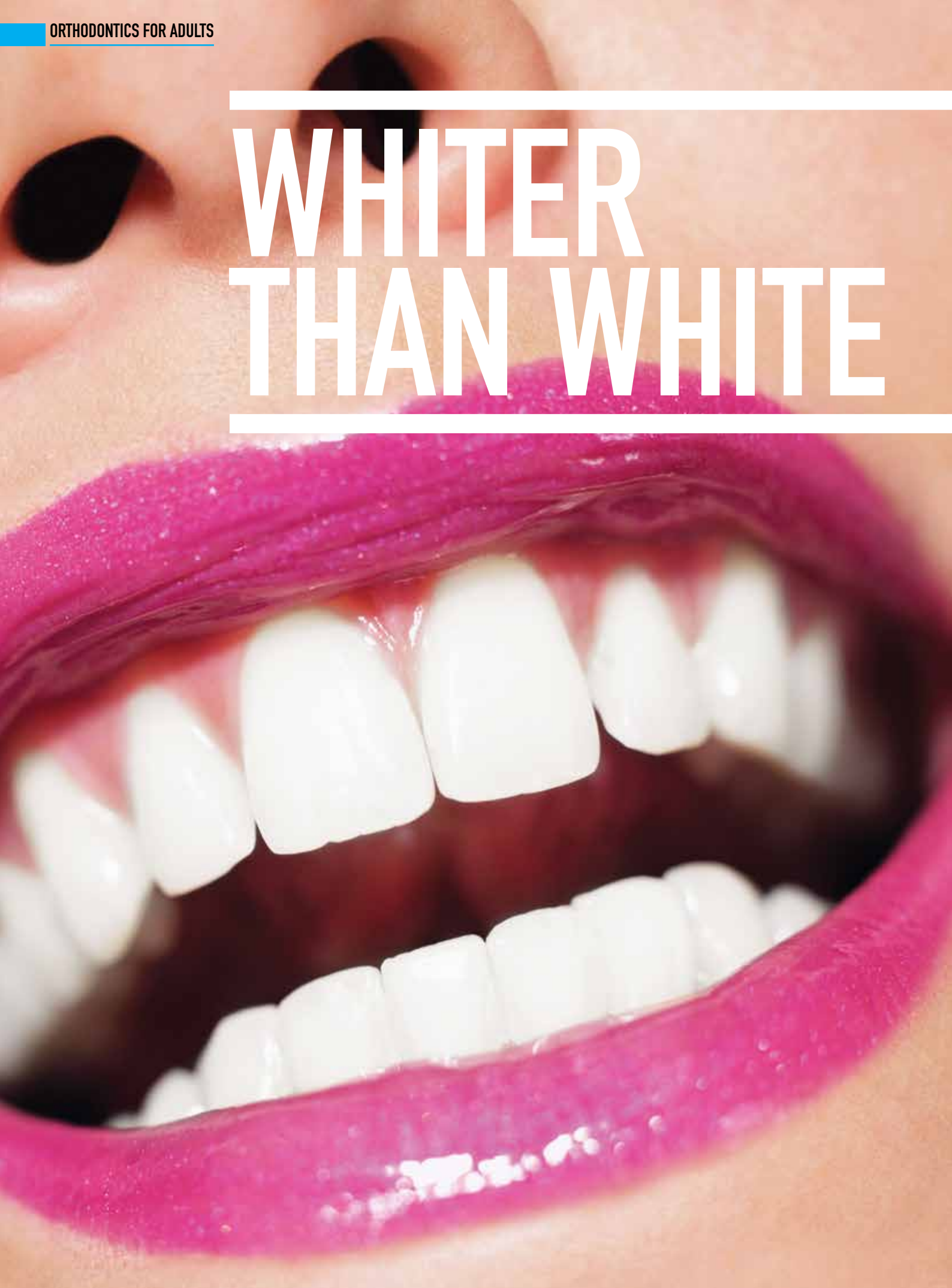


4 THE NEW CROWN IS SECURED ONTO THE IMPLANT.



5 IMPLANTS REQUIRE REGULAR CHECKUPS AND GOOD ORAL HYGIENE, JUST LIKE NORMAL TEETH.

WHITER THAN WHITE



White teeth project a sharp, clean, inviting and sexy image

Tooth whitening is a treatment that is popular in these image conscious times. White teeth project a sharp, clean, inviting and sexy image and are a bold signature of social confidence. In the business world it would be bad form to arrive at an interview or meeting brandishing a tobacco or coffee stained set of teeth.

With the advent of better dentistry, fluoride containing toothpastes and an increased hygiene awareness, people are more likely to keep their teeth until they are 100 years old! Many of us are looking for ways to improve the appearance of our smiles as well as portraying a healthy, younger image – tooth whitening is essentially an anti-ageing treatment.

There is no point having a set of brilliantly white teeth that are crooked (case in point - Dracula was never all that attractive in spite of his bright white fangs). An ideal situation is that you straighten and whiten your teeth for the most potent effect. A consultation with a qualified registered dental practitioner (not beautician) will determine whether you are suitable for tooth whitening. Here are some answers to some regularly asked questions.

WHAT IS TOOTH WHITENING?

Tooth whitening is a method of lightening the colour of your teeth without the need to remove any surface tooth material. Very few people have “pearly white” teeth but the whitening process can change the shade of your teeth significantly enough to give a good contrast against your skin complexion.

DO I NEED TOOTH WHITENING?

The surfaces of your teeth gradually stain over the years through the consumption of foods which may contain certain natural or artificial dyes, smoking, poor tooth brushing technique and drinks such as tea, coffee, red wine, fizzy drinks etc. In some cases the porosity of the enamel is quite high making the teeth more likely to absorb stains. If you are unfortunate enough to have suffered from enamel erosion or wear your teeth will take on a darker appearance. In any case we all require a degree of stain removal and tooth whitening to improve the overall radiance of our smiles.

Existing discoloured fillings, crowns, bridges, veneers and dentures will not lighten with this procedure. Tooth whitening is not recommended if you are pregnant, breast feeding or allergic to any components in the whitening material.

WHAT DOES TOOTH WHITENING INVOLVE?

During the consultation process you will be given advice on the best approach to achieving your goals. There are two different methods available which can be used individually or in combination with one another. Home whitening involves the use of carbamide or hydrogen peroxide gel which is applied to the teeth through

custom-made trays (like gum shields). The trays should be worn for 2-5 hours per day over a period of 2-3 weeks for effective whitening.

Laser power whitening or in-surgery whitening utilises a more potent gel applied directly to the surface of the teeth which is activated by a special (laser) light. The procedure is repeated up to three times to obtain maximum tooth lightening. This method can give a dramatic colour improvement at the first visit although a follow up visit may be required for stubborn stains. The laser power whitening appointment takes about one hour.

HOW LONG DO MY TEETH STAY WHITE?

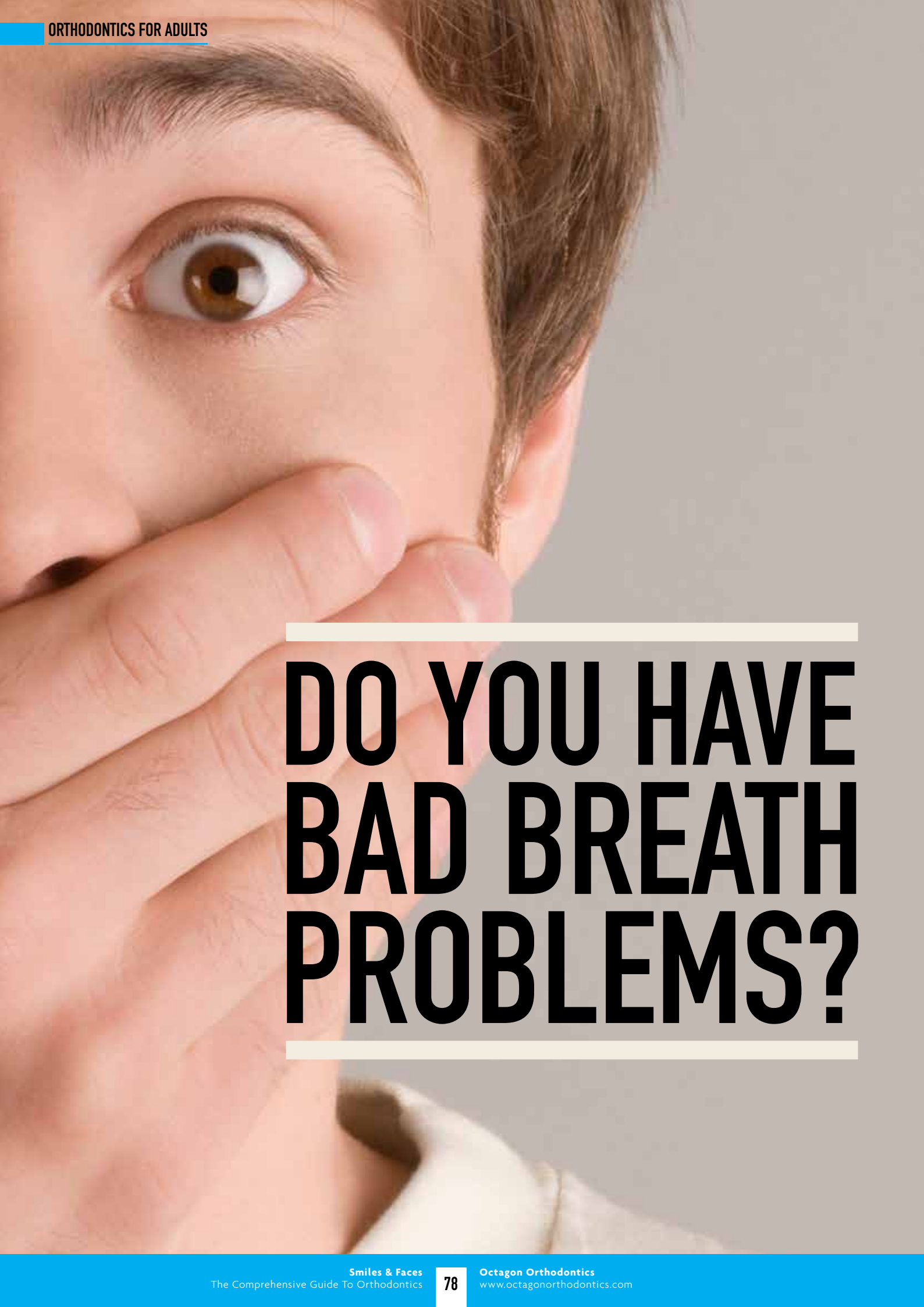
The lightened effect can last two to three years depending on whether you smoke and how often you ingest products that stain your teeth such as tea, coffee, etc. The key is avoidance of staining foods and drinks.

ARE THERE ANY SIDE EFFECTS?

Occasionally during or after the treatment there might be some tooth sensitivity. If the gel spills onto the gums little white spots might be seen but these disappear within a few hours. At the consultation appointment it is important for you to mention if you have ever suffered from sensitive teeth so that the appropriate steps can be taken to avoid any further sensitivity.

DOES TOOTH WHITENING ALWAYS WORK?

Heavy staining from tetracycline, fluorosis and discoloured teeth due to weakened enamel (hypoplasia) are very difficult to lighten. Dead teeth (where the nerves have been removed) discolour internally and will not lighten with surface whitening. However if these dead teeth have been root filled by your dentist they can be whitened.



DO YOU HAVE BAD BREATH PROBLEMS?

FRESH BREATH CLINIC

There is much more to the perfect pout than just fantastic teeth. Your lips and tongue are equally important in ensuring complete oral health. We use them to do the things we enjoy most such as speaking, eating and smiling, so it is important to know how to take care of them!

Bad breath is an antisocial and unwanted problem not for those who have it but for those who are on the receiving end of it. It can be caused by medical conditions such as stomach problems or even prescribed medication, most of the time it's due to poor oral hygiene or what we ate at lunch or dinner.

It can be very difficult to detect your own bad breath. The reason for this is because the oral cavity (the first space in the mouth) is connected to our nose by an opening which lies in the back of our mouth. Our noses filter out and ignore background odours therefore filtering out and ignoring the quality of our own breath. This is why it is quite possible for a person to have bad breath and yet not be aware of it themselves.

COMMON CAUSES OF BAD BREATH

SPICES

Certain spices produce compounds which eventually contribute to smelly breath and sweat.

GARLIC AND ONIONS

They create volatile sulphide compounds which give off a rotten-egg odour.

COFFEE

It contains acids that decrease oxygenation of the mouth, which, in turn, increases bacteria production.

SMOKING

Smoking deteriorates the gums causing a disease called periodontitis which causes very bad breath. Also the smoke itself smells bad so when you inhale it in your body your mouth holds the smell giving you bad breath.

ALCOHOL

Alcohol dries the mouth decreasing saliva allowing bacteria to spread in your mouth.

DAIRY AND MILK PRODUCTS

Protein is a source for bad breath bacteria but also it thickens nasal mucous making it harder to clear away.

SUGAR

Bacteria feed off sugar in your mouth and produce strong acids leading to tooth decay resulting in a build up of food debris and bad odour.

FIZZY DRINKS

The carbon dioxide in fizzy drinks is acidic and strong enough to damage the surface layers of teeth causing tooth decay and a foul smell in the oral cavity.

POOR ORAL HYGIENE

Poor tooth brushing technique, irregular tooth brushing and dental neglect will allow bacteria to fester in your mouth causing malodour.

MEDICATIONS AND MEDICAL CONDITIONS

If you think your medication or a medical condition (e.g. diabetes) could be causing your bad breath contact your doctor or dentist for an examination.

MOUTH BREATHING

Some people breathe continuously through their mouths causing dryness and a unique poor smell which can be attributed to a substance called mercaptans.

HOW TO KEEP YOUR BREATH FRESH...



THE TONGUE IS THE MOST LIKELY CULPRIT OF BAD BREATH DUE TO SUBSTANCES CALLED MERCAPTANS, WHICH CAN BE FOUND IN FOODS SUCH AS GARLIC, ONIONS AND BEER. UNFORTUNATELY THEY HAVE THE DISTINCTIVE SMELL OF ROTTEN CABBAGE, BUT REGULAR CLEANING OF THE TONGUE WILL HELP TO KEEP THIS UNDER CONTROL.

AS WELL AS BRUSHING YOUR TEETH, YOU NEED TO ENSURE THAT YOU ALSO CLEAN YOUR TONGUE THOROUGHLY AND OFTEN. THIS CAN BE DONE WITH A REGULAR TOOTHBRUSH OR A TONGUE SCRAPER.

IN THE MAJORITY OF CASES BAD BREATH ORIGINATES FROM THE REAR OF THE TONGUE, AND CLEANING THIS AREA WITH AN ERGONOMICALLY DESIGNED TONGUE CLEANER CAN USUALLY PREVENT THIS.

USING A MOUTHWASH IS AN IMPORTANT PART OF MAINTAINING ORAL HYGIENE, AND IF YOU SUFFER FROM BAD BREATH IT MAY BE ADVISABLE TO USE A PRESCRIBED MOUTHWASH TO REDUCE THE BACTERIA RESPONSIBLE.

ORTHOD FOR CHILD TE

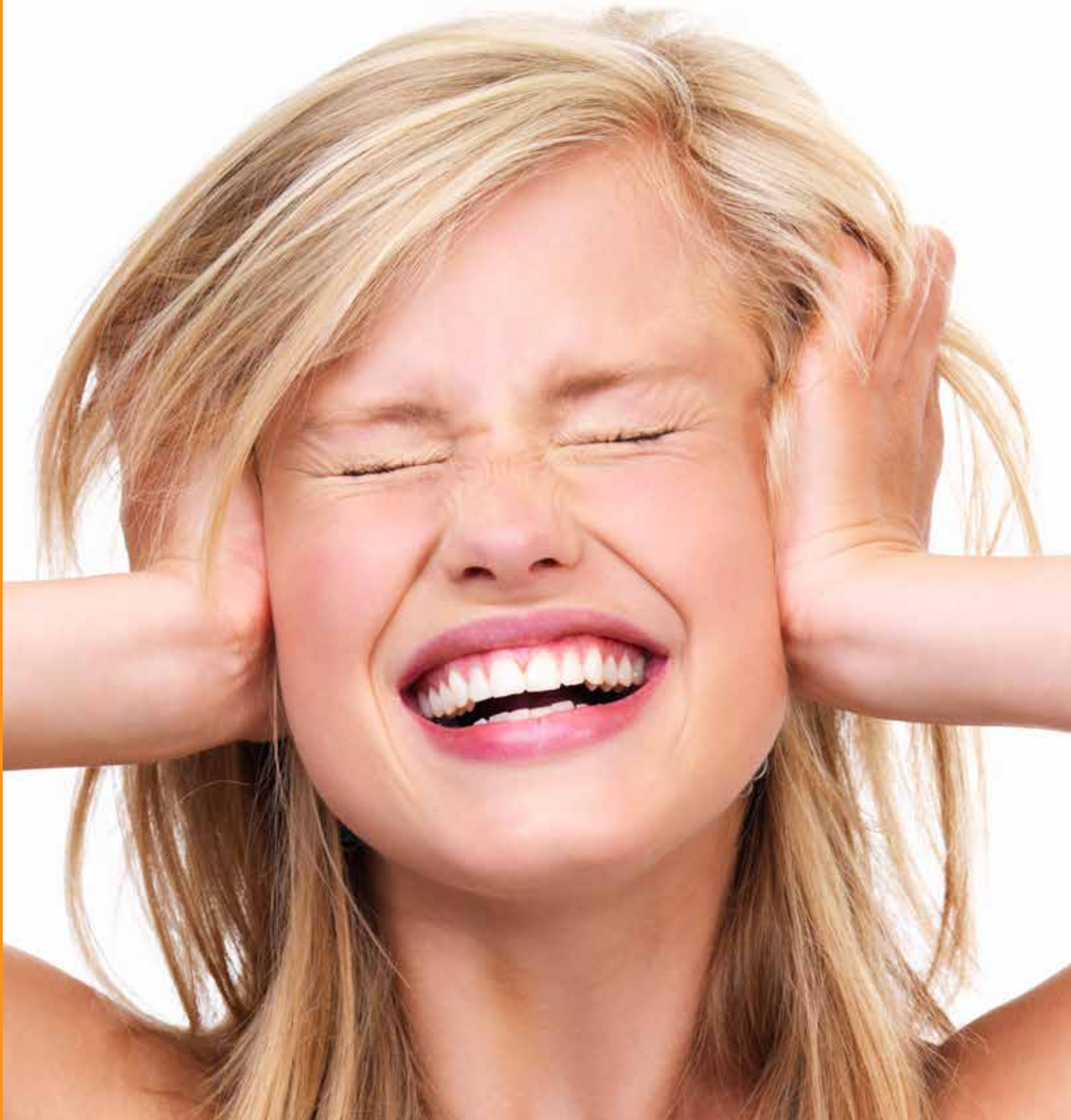
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ODONTICS DREN AND EENAGERS

81

TEEN ANGST



5 STRAIGHT ANSWERS TO 5 COMMON QUESTIONS

When I was a teenager braces seemed like something that only people with teeth like Dracula needed to wear.

They seemed ugly and uncomfortable, not to mention the time it would take for my teeth to move. Everyone else was having them, so ironically I was the odd one out, but I still didn't see the point. Then when I turned 21, I looked in the mirror one day and realised I'd made a big mistake.

Braces are common, especially for teenagers. In fact, in Thailand it's fashionable to wear braces, whether you need them or not! A lot of celebrities such as Tom Cruise and Estelle have worn braces, and Cindy Crawford even wore them in a Pepsi ad once.

It's the teenagers who haven't had orthodontic treatment that appear to be in the minority. Today people are more open to making the most of their appearance, with 'look good, feel good' being an increasingly common mantra. Possibly, one of the most important parts of looking and feeling good is having an attractive smile. After all your smile says a lot about you - a happy and healthy smile exudes confidence and self-esteem.

The idea of having orthodontic treatment as a teenager can still be daunting; it probably feels like you have enough going on in your life without adding braces to the mix, but it's definitely worth it. Firstly, you don't need to worry about being the only one with braces, as you will find that the majority of your friends will also undergo orthodontic treatment at some point. Secondly, advances in technology have resulted

in them being almost invisible, and the average treatment time is only between 18 months to 2 years - this is a small price to pay for a lifetime of gorgeous smiles!

There are many reasons for having treatment whilst still a teen such as it being the optimal age for achieving excellent results, which saves your teeth from worsening as you get older. Possible consequences of postponing treatment could be having braces as an adult or maybe even corrective surgery. Also, the sooner you have braces, the sooner you can reap the benefits of an attractive smile, which will make you feel better about the way you look, as well as increasing your confidence. However, orthodontic treatment is not just about a great smile, it has health benefits too, such as preventing the problems which are caused by crooked teeth. These include tooth decay and gum problems which can contribute to losing your teeth at an early age. Crooked teeth may also cause bad breath as plaque builds up in the areas which are hard to clean.

At times you may feel like your parents are forcing you to have braces, or they keep giving you grief about taking care of them. When this happens, remind yourself that the braces are for your benefit; therefore it is important that you do your best to look after them. The most important thing to remember is that braces won't ruin your life, in fact, eventually they will make it 10 times better. So don't make the mistake I did and put off having them. Once they're on you will wonder what all the fuss was about!

1) WILL MY FRIENDS LAUGH AT ME?

It would be unusual to be laughed at or get bullied for wearing braces, most people today are aware of what they are and what their purpose is. It is also important to remember that orthodontic braces are a medical treatment and laughing at someone with braces is comparable to laughing at someone who has broken their leg and is wearing a plaster cast. If you are being bullied, then make sure that you inform a parent or responsible adult.

2) WILL IT STOP ME GETTING A BOYFRIEND OR GIRLFRIEND?

No! It will make no difference in this area of your life whatsoever. Having braces actually shows that you care about your appearance and people usually find this to be an attractive quality. Braces are so common nowadays that you may find your girlfriend or boyfriend also wears a brace.

3) CAN I STILL KISS WITH BRACES ON?

Yes and don't worry, they won't lock together!

4) WILL I HAVE TO CHANGE MY EATING HABITS?

Yes. If you were a diabetic, you wouldn't eat sweets because they could have an adverse effect on your health. For the same reasons as a brace-wearer you will have to ensure you avoid foods that can damage your teeth or braces. It is important to note that if you suffer from an eating disorder such as anorexia or bulimia, you will not be able to have braces until you have overcome these conditions.

5) IS CLEANING MY TEETH GOING TO BE DIFFICULT?

It will require a concerted effort to brush your teeth properly after every meal, as you will need to make sure you follow your orthodontist's advice to the letter. Doing this is in your own best interests as it prevents food getting stuck in your braces and also means that when your brace is removed your teeth are not horribly stained.



WHEN SHOULD CHILDREN SEE AN ORTHODONTIST?

While orthodontic treatment can improve smiles at any age, there may be an optimal time for individual patients to begin treatment in order to achieve maximum improvement in a minimum amount of time.



The American Association of Orthodontists recommends that a child's first visit to an orthodontist takes place no later than age seven if an orthodontic problem is detected. Depending on the type of problem, this first visit could take place as early as age four to six.

Sometimes, malocclusions are present behind seemingly acceptable smiles. And while treatment may not be started until years later, early examination allows the orthodontist to detect and evaluate problems and plan appropriate treatment at the optimum time. In some cases, early treatment may be initiated to prevent more serious problems from developing. This early intervention may make treatment at a later age shorter and less complicated.

PARENTS' INFORMATION

THE RIGHT TIME FOR AN ORTHODONTIC CHECK-UP: NO LATER THAN AGE 7

Even though most people associate orthodontics with pre-teens and teens, there are good reasons why your child should get an orthodontic evaluation much sooner.

WHY YOUR CHILD SHOULD GET AN ORTHODONTIC CHECK-UP NO LATER THAN AGE 7

1

Orthodontists can spot subtle problems with jaw growth and emerging teeth while some baby teeth are still present.

2

While your child's teeth may appear to be straight, there could be a problem that only an orthodontist can detect.

3

The check-up may reveal that your child's bite is fine. Or the orthodontist may identify a developing problem but recommend monitoring the child's growth and development. Then, if indicated, begin treatment at the appropriate time for the child. In other cases, the orthodontist might find a problem that can benefit from early treatment.

4

Early treatment may prevent more serious problems from developing and may make treatment at a later age shorter and less complicated.

5

In some cases, the orthodontist may be able to achieve results that may not be possible once the face and jaws have finished growing. Early treatment may give your orthodontist the chance to:

Guide jaw growth

Lower the risk of trauma to protruded front teeth

Correct harmful oral habits

Through an orthodontic evaluation at an early age, you will be giving your child the best opportunity for a healthier and more beautiful smile. Because patients differ in both physiological development and treatment needs, the orthodontist's goal is to provide each patient with the most appropriate treatment at the most appropriate time.

SOME EARLY WARNING SIGNS THAT MAY INDICATE YOUR CHILD SHOULD SEE AN ORTHODONTIST:

- Crowded or misplaced teeth
- Protrusion (overjet)
- Deep bite (overbite)
- Early or late loss of baby teeth
- Thumb and finger sucking
- Speech difficulty
- Difficulty in chewing or biting
- Grinding or clenching of teeth
- Jaws that shift or make sounds
- Missing teeth
- Signs of enamel wear

HOW TO HELP YOUR CHILD WITH THEIR ORTHODONTIC TREATMENT:

- Make sure they brush their teeth a minimum of 4 times a day especially after every meal.
- Ensure they take a toothbrush and some toothpaste to school so that they can clean their teeth after lunch.
- Make sure they don't eat sweets or drink fizzy drinks. Encourage healthier, tooth friendly alternatives such as fresh fruit and water.
- If your child is sporty, protect their teeth and braces with a mouth-guard.
- Help keep your child's removable braces safe when they're not wearing them by purchasing a brace case.
- Call the orthodontic clinic straight away for advice on lost or broken braces.
- Once braces are fitted, purchase a brace cleaning kit.

Sourced from www.braces.org
The American Association of Orthodontists

KIDS AND ORTHODONTICS



It is not unusual for children to receive orthodontic care at a very young age because their growth can be taken advantage of in order to make the recommended treatment more successful.

Some problems are best dealt with earlier because if left untreated they can result in very complex, prolonged treatment or even corrective surgery.

Your orthodontist will design a unique treatment plan for each and every child which will be determined from a clinical, photographic and x-ray examination. Following the diagnosis of your child's specific problems, a bespoke treatment plan will be designed which may include one of two approaches:

TWO-PHASE TREATMENT

SINGLE-PHASE TREATMENT

When two separate time periods are required to create a better environment for your child's permanent teeth the approach is called two-phase treatment. The first phase is performed whilst your child has most of the primary or "baby" teeth. The second phase will occur when most or all of the permanent or "adult" teeth have grown into the mouth. Typical appliances used during two-phase treatment include removable braces, expansion devices to widen the jaws, retaining or holding appliances and fixed braces to manipulate the positions of the teeth.

The aims of the first phase would be to avoid predictable problems and to solve any diagnosed conditions at an early age. Some of the devices used in the first-phase help guide the eruption of teeth or influence growth of the jaw bones. Your child is therefore able to bite or chew more efficiently and the teeth will more readily stay where the orthodontist has moved them. On completion of the first-phase there is a period of maintenance or retention which allows the teeth to settle. During this time your child will still be required to attend some appointments to monitor progress.

When your child's permanent teeth have all appeared, your orthodontist will judge whether they have grown into the correct positions and if not, a second phase of treatment will be recommended. It is likely that your orthodontist will recommend this second-phase of orthodontic appliances or braces to refine the results of the first-phase.

Single-phase treatment is recommended when your orthodontist has determined that there are enough permanent teeth present for your child to have comprehensive orthodontic treatment performed over a single time period. This will usually involve wearing braces or ancillary appliances, followed by retention devices. Retainers have to be worn for a long period of time to keep the teeth in the corrected positions.



The length of treatment of either two or single-phase treatment will depend on several factors, including the severity of the problems and the age of the patient. No matter which format is followed, treatment success is influenced significantly by cooperation between the parent, child and the orthodontist.

BELOW IS ADVICE ON HOW TO ENSURE YOUR CHILD'S TREATMENT IS SUCCESSFUL:

- ➔ Follow the instructions given to you for the specific appliance being worn
- ➔ Keep the appliance, teeth and gums clean, by brushing and flossing as prescribed
- ➔ Avoid foods and drinks that may damage the appliance and your teeth
- ➔ Maintain a healthy diet
- ➔ Keep all your scheduled appointments with the orthodontist
- ➔ Visit your dentist at least every six months to maintain your child's dental health

Sourced from:

'Two-phase orthodontic treatment: the appropriate treatment at the appropriate time', The American Association of Orthodontists

HERE IS A LIST OF TYPICAL BRACES THAT MIGHT BE USED IN THE TREATMENT OF CHILDREN:



REMOVABLE APPLIANCES

These can be used to push individual teeth into correct positions or to widen/expand the jaws.



FUNCTIONAL APPLIANCES

These are special braces which can help control and manipulate the growth of the jaws. Certain types of functional braces can be fixed into the mouth.



FIXED BRACES

When glued to the teeth each bracket can correct the positions of individual or groups of teeth. Special fixed appliances, called rapid palatal expanders, can be used to expand or widen the roof of the mouth to create space for crowded teeth or to improve the bite.



HEADGEAR

These are used to move the upper teeth backwards and can sometimes be useful to slow down the growth of the upper jaw. A variation, called a facemask, can be used to pull the upper jaw and teeth forward.



RETAINERS

These can be removable or fixed, and their main purpose is to hold the teeth in place to prevent any movement.

CHILDREN'S DENTISTRY

Kid's dentistry, also known as paediatric dentistry, is the speciality of dentistry involving oral care for children from birth through to adolescence.

This discipline focuses on growth and development, causes and prevention of disease, child psychology and management and all aspects of the highly-specialised paediatric restorative techniques and modalities.

It is essential for dental professionals to establish trust and confidence with their child patients. These dental specialists must use different communication styles than those used with adult patients in order to engage the child when teaching preventative dental habits and do so in a way that makes dental visits more enjoyable. It is important for dentists to teach children about preventing tooth decay as this can lead to impaired school performance and poor social relationships. A dentist should give advice about how to make teeth strong, the importance of healthy eating habits and other ways to prevent disease from occurring.

It is recommended that a dental visit should occur within six months after the presence of the first tooth or by a child's first birthday. It is important to establish a regular dentist for a child. This is because early oral examination aids in the detection of the early stages of tooth decay. Early detection is essential to maintain oral health, modify aberrant habits and treat them as simply as possible.

Parents should also be given advice on preventative home care including brushing, flossing and fluorides and information on finger and thumb sucking habits. Dentists should also cover ways of preventing injuries to the mouth and teeth,

give information on diet, counselling and growth and development to ensure all children have the opportunity to establish healthy teeth.

NO FILLINGS PLEASE, I'M ONLY A KID!

The importance of cleaning my teeth was drummed in to me at a very young age. No matter how much I moaned and fidgeted (which I did, every single time) my mother always made sure I'd cleaned my teeth thoroughly - and thank goodness she did! I was the lucky one, some of my friends needed their first fillings at 10 years old, and nowadays we hear of children as young as 7 requiring fillings and astoundingly children who require them in their baby teeth. So how has it come to this?

The mass production of processed fast foods, huge selection of sweets and fizzy energy drinks available has definitely had an impact. Our children can so readily find these tooth rotting foods it can often be difficult to stop them, do we ban pocket money altogether? Maybe we need to focus on cleaning the teeth as much as we focus on moaning that they shouldn't eat so many sugary foods.

As my own mother painstakingly sat down every morning and every night with not just me but my two other siblings, who were as equally displeased at having their teeth meticulously cleaned, we need to do the same with our children. When we grow older it becomes second nature, so start their routine from the first tooth, they'll thank you when they grow up.





TOP TIPS FOR CLEANING YOUR CHILDREN'S TEETH

- ✓ Make sure they brush their teeth twice a day after breakfast and dinner.
- ✓ Supervise them when they're brushing, even when they're old enough to do it themselves pop your head round the door to make sure they are doing a good enough job!
- ✓ Brush for at least two minutes using circular movements concentrating on each tooth – try counting the teeth to them as they brush.
- ✓ Buy a fun toothbrush. You'll find lots of gimmicky brushes with their favourite action hero or Barbie on – make it fun!
- ✓ Fluoride – ensure you use a low fluoride paste when they are very young and increase the fluoride content as they get older.
- ✓ Children's toothpaste doesn't have to be mint flavoured they may prefer a tropical or strawberry flavour.
- ✓ Use a fluoride mouthwash to strengthen the enamel on their teeth.



WHAT TO DO WHEN A 'SPORTS ACCIDENT' OCCURS!

Many accidents can be prevented but sports injuries are not uncommon.

It is important to know what to do if you are at the scene, when someone is unfortunate to have been hit in the mouth, face or head and needs basic first aid.



**PROTECT YOUR
SMILE!**

When injuries do occur, these tips can assist you in handling the situation. Always seek a higher standard of care in an emergency.

BROKEN TEETH

- ✓ Clean the injured area and apply ice.
- ✓ Save the tip of the tooth (for possible reattachment).
- ✓ Call your dentist immediately and get an urgent appointment.



KNOCKED OUT TEETH

- ✓ Try to find the tooth, hold it by the crown (the wide part, not the pointed end/root).
- ✓ Rinse the tooth but avoid rubbing it or touching the root.
- ✓ Put the tooth back in its socket; cover with gauze or tissue and ask the victim to bite down to stabilise it.
- ✓ Or if you cannot put it back into its socket, store the tooth in cold milk or salt water.
- ✗ Do not let the tooth dry out. A tooth can usually be saved if cared for properly and re-implanted within a couple of hours.
- ✓ Call your dentist immediately and get an urgent appointment.

CUTS INSIDE OF THE MOUTH

- ✓ Gently rinse the mouth with cold water.
- ✓ Bite on some gauze, a clean cloth or tissue and apply pressure to the wound.
- ✓ Go to the closest hospital accident & emergency department for immediate treatment.

FACIAL CUTS

- ✓ Cover the wound with a clean dressing and apply pressure.
- ✗ Dressing may become saturated; do not remove it.
- ✓ Apply more dressing and pressure.
- ✓ Go to the closest hospital accident & emergency department for immediate treatment.

BROKEN NOSE

- ✓ Gently pack the nose with gauze or tissue.
- ✓ Apply ice.
- ✗ Do not blow nose.



JAW INJURY

- ✓ The U-shaped lower jaw often suffers multiple breaks. An upper jaw fracture may cause visible distortion of the face.

IF TEETH FIT TOGETHER PROPERLY WHEN THE MOUTH IS CLOSED:

- ✓ Apply ice to control swelling and take ibuprofen or a similar remedy to control pain.
- ✓ Restrict diet to soft foods and if no improvement occurs within 24 hours, seek dental care.

IF TEETH DO NOT FIT TOGETHER PROPERLY WHEN THE MOUTH IS CLOSED:

- ✓ Immediately seek emergency care.
- ✓ Gently align the jaws.
- ✓ Immobilize the jaw; wrap a cloth bandage under the chin and secure it over the head.
- ✓ Apply ice to control swelling.
- ✓ Go to the closest hospital accident & emergency department for immediate treatment.

HEAD AND NECK INJURY

- ✗ Do not let the injured person be moved unless done by professionals or if in danger.
- ✓ Immobilize the head by placing rolled towels on either side.
- ✗ Avoid risk of shock by keeping the injured person warm.
- ✓ If unconscious, clear the person's mouth and hold their tongue forward to maintain an open airway.
- ✓ Seek emergency care and go to the closest hospital accident & emergency department for immediate treatment.

This information is derived from press releases of The American Academy of Pediatric Dentistry (AAPD), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the American Association of Orthodontists (AAO).

WITH A CUSTOM MADE SPORTS GUARD
PROFESSIONAL OR AMATEUR SPORTS PERSONS, WHO PLAY SPORTS WHERE THERE'S RISK OF TOOTH DAMAGE, MUST ALWAYS WEAR A SPORTS-GUARD!

CUSTOM MADE SPORTS GUARDS ARE AVAILABLE FOR ALL PATIENTS! WITH OR WITHOUT FIXED BRACES CALL 01495 513797 FOR DETAILS

ORTHOD



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DONTIC BRACES



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HOW BRACES CAN MOVE TEETH



IN order to move teeth into proper alignment and improve facial balance and harmony, three essential elements are needed:

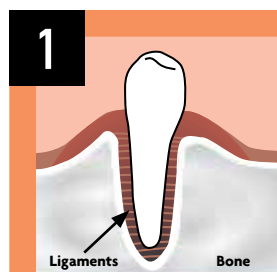
- 1) HEALTHY ROOTS AND BONE
- 2) STEADY, GENTLE PRESSURE
- 3) TIME

To accomplish proper alignment, the orthodontist attaches braces to the patient's teeth. Braces consist of brackets and wires. The wires apply light pressure to each tooth, while the brackets are the handles that transmit the force to the tooth. During the treatment, the orthodontist will periodically make adjustments to maintain the directional pressure required to continue the movement of the teeth.

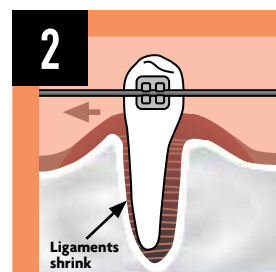
Orthodontics uses a system of directional forces to achieve tooth movement and bite correction.

HOW TEETH ARE MOVED WITH BRACES

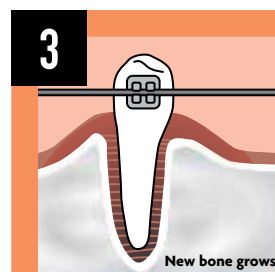
When pressure is put on a tooth the bone around that tooth responds by changing shape. The existing bone around the tooth dissolves and new fresh bone grows in its place to provide support for the moving tooth.



At the beginning of tooth movement teeth move in response to the degree of force or pressure applied by the orthodontic brace. The direction of movement can be 3-dimensional and is determined by the orthodontist.



The pressure or force causes the supporting ligaments to dissolve as the tooth moves forward whilst the ligaments on the other side stretch as the tooth moves away.



Where the ligaments have stretched, new bone fills the space and provides support for the tooth in its new position.

IS IT NECESSARY TO HAVE TEETH REMOVED?

WHY TAKE TEETH OUT?

Many patients who attend an orthodontic practice have poorly aligned teeth as a result of crowding. When there is not enough room for all the teeth to erupt into their correct position, the teeth often arrive in the wrong place or at the wrong angle.

To correct crowding problems and improve appearance, the removal of specific teeth will facilitate alignment (straightening of the remaining teeth). The severity and location of the crowding will determine which teeth will need to be removed.

Extractions can also help camouflage certain conditions such as incorrect jaw positions or undesirable profiles. A typical example is if the upper jaw is much further forward than the

lower, or vice versa. Taking teeth out in a protruding upper jaw will allow the upper front teeth to be pulled back into a much better position so that they can match the lower jaw. It is important to note that extractions are not the answer for all protrusion problems. Every case is different and will need to be individually assessed.

If some teeth are in an unusual position (ectopic or impacted), selected extractions might yield the space to move the teeth to where they should be.

Very rarely, if the teeth are in a poor condition due to extensive decay or gum disease, extractions could be prescribed to preserve the other healthy teeth in the mouth.

ARE THERE ANY PROBLEMS ASSOCIATED WITH HAVING TEETH EXTRACTED?

All cases are carefully and individually planned to provide the best possible results for a patient. Removing teeth and creating a space can prolong overall treatment time as teeth have to move a greater distance to align correctly. Inappropriate extraction of teeth can lead to collapse of the facial profile, causing a flat face or collapsed lips.

Some people believe that extractions could lead to a more stable dentition and make it less likely your teeth will move again, or relapse when treatment is completed, this is not true! Relapse can occur whether extractions are part of your treatment or not.

CURRENT THINKING

Professional opinions with regard to extracting teeth in orthodontics have changed considerably in recent times. 20 years ago, extractions were more commonplace. The modern specialist orthodontist is keen to avoid extractions and will employ the latest technology to deliver the best possible results. A philosophy called therapeutic non-extraction has been adopted by the profession - orthodontic treatment may be started without taking teeth out and extractions will only be suggested if alignment or a proper bite cannot be established without doing so.

ARE EXTRACTIONS THE ONLY ANSWER?

Space can be gained by methods other than tooth removal. Jaws can be expanded to enable the teeth to fit in better and teeth can also be rearranged to allow a more suitable or ergonomic fit. Headgear, tooth reshaping techniques, bone screws, implants and other orthodontic stabilisation devices can be used as alternatives to extractions.

Please discuss any concerns you might have about extractions with your orthodontist at your consultation appointment.

BEFORE TREATMENT



NINE MONTHS INTO THE TREATMENT



AFTER TREATMENT



No teeth were removed in this case

PLAY THAT FUNKY MUSIC



WIND INSTRUMENTS AND BRACES

IF you play an instrument, in particular a wind instrument, you may be worried about what happens if you have to wear braces – don't be! Firstly, if you are prescribed a removable brace you simply take it out when playing, whereas if you have fixed braces it will only take a short while to adapt your playing style.

The effect of pressing the wind instrument against the lips or teeth could generate some pressure; this should not be enough to deter you from playing or practicing as usual. If you do experience discomfort from the lips rubbing on the brace or vice versa, you can gain relief from using soft wax or special silicone materials. These are supplied by your orthodontist and are used to cover your fixed braces.

It is however important to remember that once orthodontic treatment is complete there will also be a period of re-adjustment to playing without an appliance.

- ➔ The more a patient practices the quicker he or she will adjust.
- ➔ Often woodwind players tend to adjust much faster than brass players.
- ➔ Your music teacher should be patient enough to allow you to adapt and where possible suggest changes to the instrument mouthpiece which will make playing easier.

ORTHODONTIC ENGINEERING TOOLS OF THE TRADE

REMOVABLE APPLIANCES

A removable appliance is made from a plastic plate with wires coming from the sides which grip the teeth to keep the brace in place. It has a limited number of uses, mainly because it is restricted to moving single teeth and widening either the upper or lower arches. It is important to understand that though your parents might have had one of these in their day, it isn't a precision appliance and cannot be used for complicated or fine tooth movements.

WHEN SHOULD I WEAR MY APPLIANCE?

For a removable appliance to be effective, it must be worn all the time except when eating, playing sports and cleaning the brace. In the initial period after one of these is fitted it might feel strange because the plastic plates tend to occupy a bit of space in your mouth, but you will soon get used to it. The mouth also tends to produce more saliva than usual because the



brain interprets the presence of the appliance as food; this tends to go after one or two days. If you experience any irritation of the cheek, gum or tongue, the orthodontist can adjust the appliance to make it more comfortable.

WHERE SHOULD I STORE MY BRACE WHEN I'M NOT WEARING IT?

These appliances need to be kept in a safe place when not being worn because they are easily lost. The best place to keep it is in a brace case which will prevent it from getting broken or thrown away.

HOW SHOULD I CLEAN MY APPLIANCE?

In the same way as you keep your teeth clean, you should also clean your brace, by following the instructions provided by your orthodontist and reading the instructions overleaf.

WHEN DO I COME BACK TO GET IT CHECKED?

You will have regular appointments for adjustments and monitoring of this appliance. If the brace becomes loose or breaks, you would be required to contact your orthodontist as soon as possible. There may be charges for replacement appliances.

INVISALIGN FULL TREATMENT



Invisalign is a removable brace system that uses a series of custom-moulded aligners to move your teeth. The great thing about Invisalign is that the aligners are transparent and invisible (no metal bands or wires), therefore nobody is going to realise that you are undergoing treatment – unless you tell them!

Invisalign can be used to treat the vast majority of common problems for adults and children. Using advanced 3-D computer imaging technology to project tooth movement, Invisalign allows you to visualise your treatment from start to finish through animated visuals, which can be viewed online.

Whether your smile needs minor improvements or more extensive adjustments, Invisalign can certainly help. It is successful in treating crowded or widely spaced teeth. It can also relieve more complex issues, including overbites, overjets, under bites and even cross bites. In fact, your orthodontist can use Invisalign clear aligners in all or part of many treatment plans.

Every two weeks you will have to replace the old aligner for a new one which will continue to guide your teeth in the necessary direction. Each new aligner may give an initial feeling of minor discomfort for a couple of days - this sensation is typically described as a feeling of pressure and is a sign that Invisalign is working.

The aligners gradually reposition your teeth over the period of treatment – the length of which is determined by the complexity of the case and what you and your orthodontist have agreed to achieve. You will need to go in periodically for a few orthodontic appointments in order to check your treatment progress

and make sure your teeth are responding to the aligners.

Invisalign aligners must be worn all day, except when brushing, flossing or eating. Fortunately, because you can remove your aligners to eat and drink you can eat all your favourite foods. After each meal, however, you must make sure that you brush your teeth prior to re-inserting your aligners to maintain good hygiene.

Irrespective of the simplicity of your case, your treatment is best handled by an orthodontic specialist, who is trained to diagnose and solve any problems which may arise during your treatment.



Invisalign uses a series of clear removable aligners to straighten your teeth without wires or brackets.



“ Invisalign aligners are transparent and invisible ”

INVISALIGN FOR TEENAGERS



TEENAGERS TOO CAN BENEFIT FROM INVISALIGN TREATMENT

Invisalign offers an aesthetic, more flexible way to give teenagers the confidence of a great smile, unlike traditional braces. Teenagers can continue to enjoy life without the restrictions that traditional fixed braces have. Invisalign aligners are removable, comfortable, and nearly invisible, which means that there is no irritation or self-consciousness that is usually associated with metal brackets and wires.

One of the great advantages of Invisalign aligners is that they are removable, which means that teenagers can continue brushing and flossing their teeth normally and ultimately, this can lead to better overall dental health in the future.

OPTIONS AVAILABLE FOR TEENAGERS

Depending on the stage of teeth development, Invisalign has a number of treatment options that are available for teenagers.

Some teenagers will be able to have the same Invisalign treatment as adult patients.

Younger teenagers or those patients who have not got all of their adult teeth erupted yet, can be treated with Invisalign Teen. Invisalign Teen is specifically designed for teenagers. Your doctor will determine which Invisalign treatment best suits your individual needs.

WHY CHOOSE INVISALIGN TEEN?

Leading orthodontists have worked closely with teenagers and parents in order to develop Invisalign Teen. Understanding teenage active lifestyles and unique

treatment needs of teenagers has been paramount.

The same Invisalign technology is used to make Invisalign Teen aligners as is used for Invisalign aligners for adults, by moving teeth gradually without any fixed metal or wires.

A FEW SPECIAL FEATURES HAVE BEEN ADDED TO ACCOMMODATE THE TEEN LIFESTYLE:

- ➔ Blue wear-indicators at the rear of the aligners that fade from blue to clear will help the doctor and parents identify if the patient has been wearing their aligners for the sufficient length of time.
- ➔ In order to compensate for the eruption of canines, second premolars and second molars, special features have been created.
- ➔ If any aligners are lost or misplaced, Invisalign Teen can provide up to six free replacements.
- ➔ Talk to your doctor to find out more about Invisalign for teenagers. Your doctor will be able to suggest the best treatment option for you and discuss the process in getting started with you.



Invisalign Teen works the same as Invisalign Full using transparent custom-moulded aligners to move the teeth



Blue wear-indicators

help the doctor and parents identify if the patient has been wearing their aligners

INVISALIGN LITE



Invisalign Lite braces work in much the same way as traditional Invisalign braces, however the treatment is designed for less complex cases and treatment time is usually much shorter.

Patients are usually given a maximum of 14 aligners, with treatment often being completed within six months.

→ **Question:** Have you used braces previously and your teeth have come out of alignment slightly?

→ **Question:** Do you have minor crowding or small spaces between your teeth?

→ **Question:** Have you noticed that your teeth have been drifting gradually out of position?

✓ **Solution:** You could probably benefit from Invisalign Lite!

Invisalign Lite is a lower-cost and typically faster treatment than the full Invisalign. It is intended for mild or less severe malocclusions (misalignment of teeth), usually using no more than 14 initial aligners. As well as being used for simple orthodontic cases, it can also be used as a precursor to cosmetic dentistry treatments such as veneers, bridges or crowns.

Invisalign Lite is simple and can be used to solve orthodontic treatment on one or both arches. The beauty of Invisalign Lite is that it gives patients quick, affordable, high quality treatment, but to qualify for Invisalign Lite you must meet certain pre-determined clinical criteria.

Invisalign Lite braces are not suitable for everyone. They are generally recommended for patients who have minor orthodontic problems, including:

- Slight overcrowding
- Tiny gaps between the teeth
- Badly positioned teeth
- Poor alignment between the upper and lower teeth



Invisalign Lite is designed for less complex cases

INVISALIGN i7



Invisalign i7 includes the ClinCheck treatment plan and SmartForce features as the rest of the Invisalign range, but is specifically designed to achieve minor tooth movements.

It is the aesthetic and convenient treatment for patients with minor crowding, spacing or orthodontic relapse.

- ✓ Invisalign i7 provides up to seven stages of aligners per arch.
- ✓ Keeps it simple for patients by treating only from first premolar to first premolar without the desire for major correction.
- ✓ Invisalign i7 uses the same clear aligners as all Invisalign treatment options, making it virtually invisible.
- ✓ Includes a ClinCheck treatment plan and SmartForce features, such as Optimised Attachments and Power Ridge features, designed for more predictable results.
- ✓ Results in as few as three months.
- ✓ Option for the clinician to submit a partial treatment to improve your smile, even if you cannot achieve ideal alignment with seven aligners.

✓ Option to switch to Invisalign Lite, Full or Teen prior to ClinCheck acceptance.

✓ An automated refinement of aligners can be purchased, if required, to achieve the final position defined in the original approved ClinCheck treatment plan.*



Automated Refinement gives you the option to order additional aligners to move teeth closer to the originally approved final position. Aligners for Automated Refinements are automatically produced and shipped without the need for the approval of a ClinCheck treatment plan.

Achieve minor tooth movements for patients with minor crowding, spacing or orthodontic relapse



KEEP ON SMILING

vivera[®] retainers



Like Invisalign, Vivera retainers are custom made especially for each individual patient. You are provided with three sets and they are made using:

- ✓ Most advanced technology
- ✓ 3D digital imaging
- ✓ Clear thermoplastic material
- ✓ Advanced fabrication technology

The combination of all of this technology enables the Vivera retainers to not only be strong and almost invisible, but also to have a precise fit.

THE PROCESS

The Invisalign treatment journey from beginning to end

Once your doctor determines that Invisalign is right for your orthodontic needs, a set of impressions will be taken and a detailed treatment plan will be developed for you. Once the treatment plan and ClinCheck have been approved by you and your doctor, the bespoke, virtually invisible aligners can be ordered for you to start wearing.



Here is the simple step by step process that you and your doctor will go through in order to achieve your brand new smile

STEP 1

INITIAL CONSULTATION

- ➔ Your doctor will discuss your concerns with you, examine your teeth and take clinical records such as photographs and any necessary x-rays or investigations.
- ➔ The orthodontic problems that you present with will need to be balanced against the dental and orthodontic solutions available to you.
- ➔ Your doctor will discuss with you which treatment options are best for you.
- ➔ If Invisalign is a suitable option, a treatment plan will be designed for you with the agreed specific goals in mind.



STEP 2

MONEY TALK

- You will be given a quote for your treatment as well as detailed information on the different payment options available to you. One of our treatment co-ordinators will be able to assist you to decide on the most suitable payment method.



STEP 3

IMPRESSIONS OR
SCANNING OF YOUR TEETH

INTRA-ORAL SCANNER

- Impressions of your teeth will be taken and sent directly to the Invisalign laboratories for processing. An alternative to impressions could be an intra-oral scan of the teeth (serial computerised images of your teeth).



INTRA-ORAL SCANNING



IMPRESSIONS



IMPRESSIONS

STEP 4

TREATMENT PLANNING

- Invisalign will use your impressions or intra-oral scan to create a digital version of your teeth; so that your doctor can work with a 3D computerised animation (The ClinCheck).
- Your doctor will then plan your tooth movements throughout your whole treatment using the digital animation.
- The 3D animations will allow you to see a virtual representation of your teeth before you start treatment, how they are going to move during your treatment and what your smile should look like when your treatment is complete.



STEP 5

WEARING YOUR ALIGNERS

- ➔ Once you and your doctor have agreed to the treatment plan, bespoke aligners are then custom-made for you.
- ➔ You have to wear each aligner for approximately two weeks at a time (subject to the instructions given by your orthodontist), before you change to the next aligner in the series.
- ➔ The total number of aligners for each individual will vary.
- ➔ Aligners should be worn all of the time - day and night, except when eating, brushing or flossing teeth.
- ➔ The optimum wear time is usually 22 hours per day.
- ➔ In order to complete your treatment in the timeline determined by your Invisalign ClinCheck and your doctor, you must follow your wear time instructions by your orthodontist.
- ➔ Invisalign treatment can involve any number of aligners for both the upper and lower teeth and your orthodontist will determine how long your treatment will be.



THE ALIGNERS MUST BE WORN FOR A MINIMUM OF 22 HOURS EACH DAY AND CHANGED TO THE NEXT SEQUENTIAL ALIGNER WITHIN THE SERIES EVERY 2 WEEKS THROUGHOUT THE TREATMENT.



STEP 6

ATTACHMENT FITTING
AND INTERPROXIMAL
REDUCTION (IPR)

- ➔ If your Invisalign treatment involves attachments or Interproximal reduction your orthodontist might choose to do it at the beginning or at specific times during your treatment.
- ➔ Not all treatments necessarily require attachments to be placed and your orthodontist will confirm if this is the case at either your first fitting appointment or upon approval of your Invisalign ClinCheck animations.
- ➔ Prescribed Interproximal reduction is usually carried out at specific points before you can wear certain aligners. Your orthodontist will know exactly when, how much is required and will inform you of the timetable for doing this.



STEP 7

REVIEW APPOINTMENTS

- You will have regular appointments which could vary between 4-12 week intervals. During these appointments, your doctor will monitor your progress, give you advice, carry out any interventions or issue you with your next progressive series of aligners.
- Interproximal reduction may need to be carried out at certain review appointments before you move onto specific aligners.
- You will notice gradual movements throughout each stage of your treatment, until eventually your teeth are repositioned for an even and healthy smile.



STEP 8 A

OR

STEP 8 B

MID COURSE CORRECTION ALIGNERS (MCC)

- If clinically necessary, impressions or a scan and photographs will be taken for a series of mid-course correction aligners to be made for you.
- Mid-course corrections are sometimes required if initial aligners are not fitting correctly or the treatment goals have changed.
- By having mid-course correction aligners your treatment length will be extended.
- Mid-course correction is only appropriate to certain Invisalign treatments and can only be ordered by your doctor.

REFINEMENT ALIGNERS

- If clinically necessary, impressions or a scan and photographs will be taken for a series of refinement aligners to be made for you.
- Refinement aligners are sometimes required if any final adjustments need to be made to the teeth (for example: minor tooth movements or closing of any gaps).
- By having refinement aligners your treatment length will be extended.
- The type of Invisalign treatment you are having will determine how many sessions of refinements you can have.

STEP 9

RETENTION

- Once you have completed all of your treatment, you will need to protect your new smile with retainers.
- Your orthodontist will prescribe the most suitable retention device for you based on your clinical needs.
- Retainers will keep your teeth in their new position so you can enjoy a long lasting smile.



CASE PRESENTATIONS

INVISALIGN



CASE 1

AGE AT START OF TREATMENT:

56 years old

PROBLEM:

- ✗ Crowded upper and lower arches

SOLUTION:

- ✓ Upper & lower Invisalign therapy

NUMBER OF ALIGNERS:

- ✓ Upper: 10
- ✓ Lower: 11

RETAINER:

- ✓ Upper & lower bonded (fixed) retainers
- ✓ Upper & lower Hawley (removable) retainers for night time

TREATMENT DURATION:

8 months





CASE 2

AGE AT START OF TREATMENT:

16 years old

PROBLEM:

- ✦ Space in-between teeth

SOLUTION:

- ✓ Upper & lower Invisalign Teen therapy

NUMBER OF ALIGNERS:

- ✓ Upper: 12
- ✓ Lower: 10

RETAINER:

- ✓ Upper & lower bonded (fixed) retainers
- ✓ Upper & lower Hawley (removable) retainers for night time

TREATMENT DURATION:

6 months

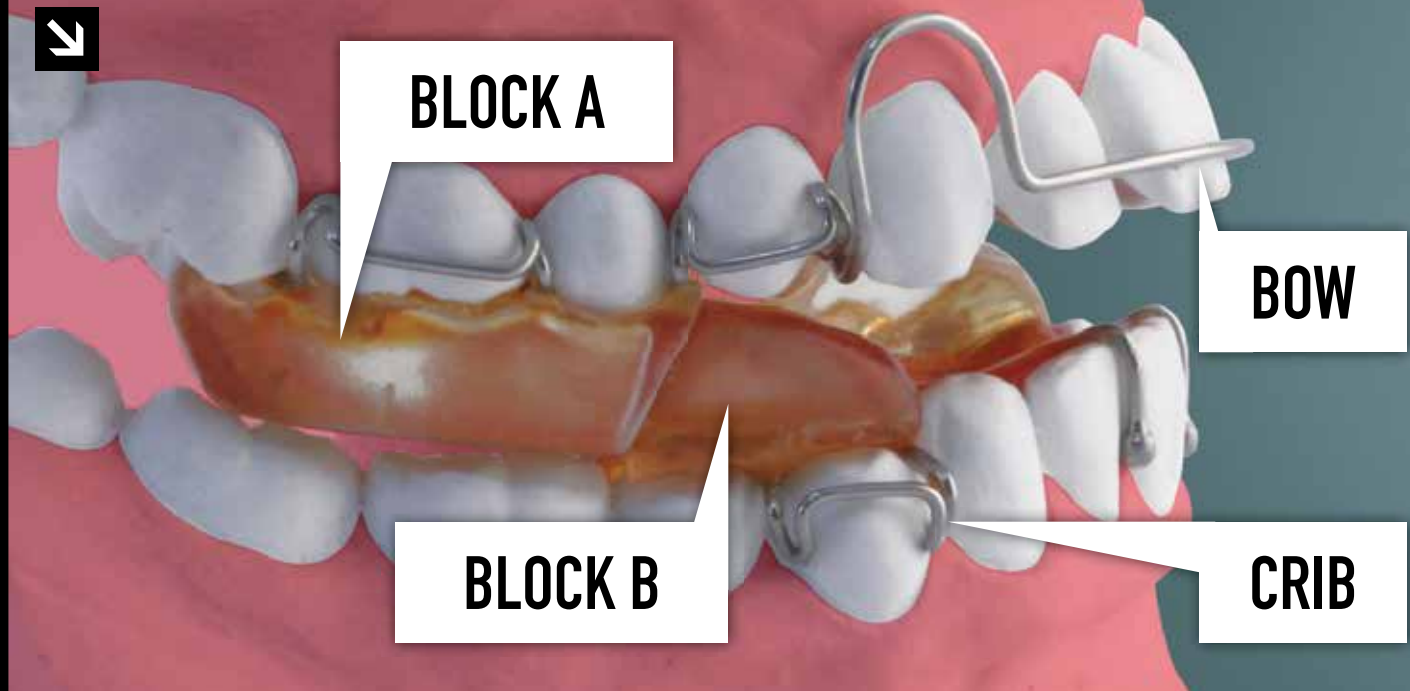


FUNCTIONAL APPLIANCES

One of the most common orthodontic problems is a discrepancy that occurs if the lower jaw is set back relative to the upper, giving the appearance of goofy or protruding upper teeth.

With these cases the treatment objective would be to encourage the lower jaw to catch up in growth and a functional appliance may help this happen. Functional appliances are devices used to correct bad bites and they are mainly used in growing patients. They are so-called because you can 'function' when they are in your mouth. These appliances exploit the muscle actions used when speaking, eating and swallowing to produce forces that move the teeth and align the jaws. They are also known as orthopedic appliances or orthopedic correctors. Common brands include Herbst fixed appliances and Twin-block removable appliances.

TWIN BLOCK APPLIANCE

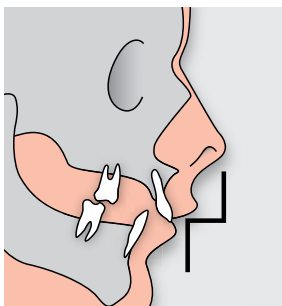


The Twin-block is a removable, functional appliance which derives its name from the split nature of the device in which you have an upper block and a lower block which fit together like twins. When you

bite, the blocks fit together in a certain way that encourages your jaws to grow into the correct biting position. Much like other removable appliances, when initially fitted there is an adaptation period of up to

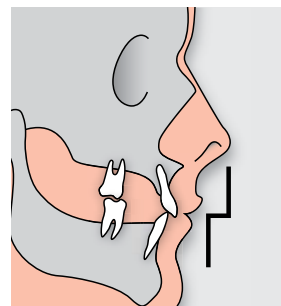
three days where your mouth may produce more saliva. To make sure you have a short adaptation period, you will need to wear the appliance for the minimum number of hours specified by your orthodontist.

EFFECT OF FUNCTIONAL APPLIANCES ON THE PROFILE



BEFORE:

The lower jaw is smaller than the upper causing an adverse profile where the top appears to stick out as shown in the silhouette.



AFTER:

The jaws have been brought into alignment by wearing functional braces which has corrected the profile creating a much straighter silhouette.

SSHH!!
DON'T TELL
ANYONE I'VE HAD
A FUNCTIONAL!

IT DOESN'T REALLY
MATTER BECAUSE 3
OF MY FRIENDS ALSO
HAD THE SAME

I'M GLAD I WORE
MY FUNCTIONAL...
PEOPLE CAN'T
STOP SAYING HOW
GREAT I LOOK

CASE PRESENTATIONS

FUNCTIONAL APPLIANCES



NO KIDDING

DR PETER ILORI'S HIGHLIGHT CASE

A CHILD'S JOURNEY WITH BRACES

BY CORAL HUMBER

Coral Humber was just like any other 12 year old, she went to school, socialised with her friends at weekends, and she also needed braces.

Dr Peter Ilori began her treatment with a type of brace known as a twin block. A twin block is a functional, removable appliance that is used to correct the bite of a patient, and derives its name from the split nature of the device. It is made up of an upper block and a lower block which fit together like twins, and these work in

synchrony to encourage the jaws to grow into the correct biting position.

Twin blocks are one of the fastest and most effective methods to correct receding jaws, goofy teeth or excess overjet. When first fitted there is an adaptation period of about three days, when your mouth will produce more saliva. The best way to get used to your brace is to follow the same advice that Coral did and wear the brace for a minimum of 22 hours a day. It may take some perseverance at first, but the brace will soon become unnoticeable and more comfortable.



CASE 2

AGE AT START OF TREATMENT:

13 years old

PROBLEM:

- ✗ Increased overjet
- ✗ Deep bite
- ✗ Impacted lower canine

SOLUTION:

- ✓ Twinblock appliances to correct overjet
- ✓ Upper & lower ceramic fixed braces

RETAINER:

- ✓ Upper & lower Essix (transparent and removable) retainers for day time
- ✓ Upper & lower Hawley (removable) retainers for night time

TREATMENT DURATION:

16 months



BEFORE TREATMENT



AFTER TREATMENT



Coral's mum explains "My daughter's jaw was set so far back and she had a big gap at the front. Her bottom teeth were digging into the roof of her mouth."

"The first time she walked out of the surgery with the braces on, she found it challenging but she persevered." Coral said "I must wear them, I am going to do it!"

For the brace to work correctly the blocks on your brace have to meet together properly at all times – walking around with your mouth open and the blocks not in contact is not a great idea! The way in which this appliance works and also how quickly it works relies solely on your commitment to the treatment plan specified by the orthodontist.



After the twin blocks had achieved the desired effect Coral then went on to have a fixed brace, commonly known amongst teenagers as 'train tracks'. "When the tracks were put on the teeth moved so quickly!" says Coral's mum.

Coral's total treatment time was 15 months and she hasn't looked back since, "She has the most amazing smile now. I cannot thank him enough!"



TWIN-BLOCK



CERAMIC FIXED BRACES



BEFORE TREATMENT



BEFORE TREATMENT



BEFORE TREATMENT



AFTER TREATMENT



AFTER TREATMENT



AFTER TREATMENT



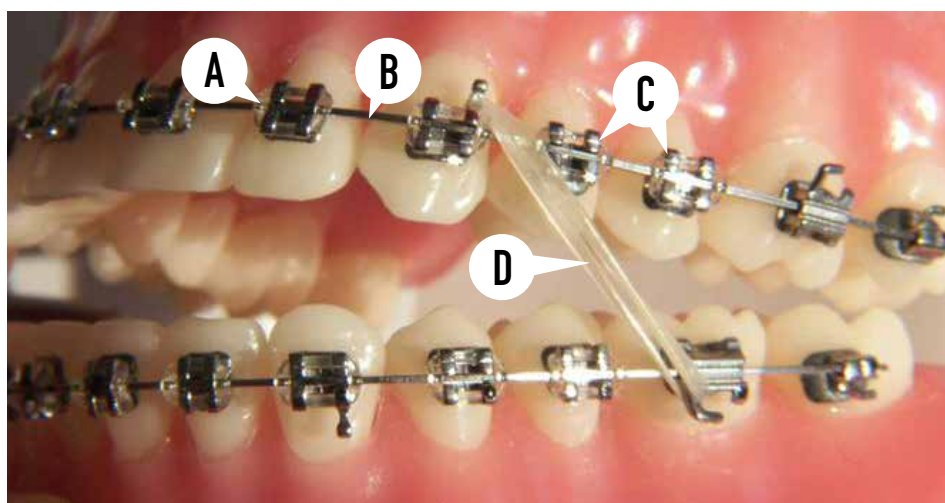
FIXED APPLIANCES



A fixed brace is an orthodontic appliance which cannot be removed from the mouth by the patient. Amongst teenagers, fixed braces are commonly known as “train tracks” which can be used to treat children and adults alike.

Fixed braces are one of the most effective ways of straightening teeth. They can be used in combination with removable or functional braces and while a fair number of patients benefit from more than one type of brace, most will have fixed braces.

It is important to familiarise yourself with the different components that make up your fixed brace.



A Ligature or module

A ligature is a tiny wire and a module is a tiny elastic, both of which can be used to hold the archwire in place on each bracket.

B Archwire

These act as a guide or track, along which the teeth are to be moved. They are changed throughout the treatment. Each archwire change brings us closer to an ideal tooth position.

C Brackets

These are small square shapes which are cemented directly onto each tooth. The arch wire is then placed through the bracket. we use three types of brackets metal, gold and ceramic.

D Elastic Hooks & Rubber Bands

Not every patient needs to wear elastics. These are small rubber bands which are attached to hooks on your brackets to cause a continuous, gentle force to help individual tooth movement or to align one arch to the next. If you are required to use them please note that they are speeding up the day you get your braces off so it is in your best interests to wear them. Teeth have never failed to move when elastics are worn consistently as directed by the orthodontist.

➔ Metal Band (not shown)

These are thin bands or rings of metal, carefully fitted to the tooth and then cemented in place. They have either a tube or hook attached so that the wire can be held in place.

➔ Separators (not shown)

To make it more comfortable for you, before placing part of your fixed brace, we may need to make space between your back teeth to allow the bands to go into place. Slowly over a few days, separators gently move certain teeth slightly apart to allow us to accurately place bands on your next appointment. This can cause temporary soreness that will go away in a few days. Rinsing with warm salt water can help relieve the soreness. It is important to call the practice for advice if you lose one, or more of the separators.

TYPES OF FIXED APPLIANCES

METAL BRACKETS WITH COLOURS

Stainless steel metal brackets are easily recognised and are widely used in the treatment of patients in all age groups. Their robustness makes them suitable for most courses of treatment. The designers have been making them smaller and decreasing the profile of these metal brackets, sometimes with beneficial results. They include higher treatment efficiency, decreased friction, decreased appliance breakage (due to increased bond strength) and superior fit or seating. These metal brackets can be customised with coloured ligatures or modules to provide individuality and make them more aesthetically pleasing.

GOLD BRACKETS

Others might be more attracted by the aesthetic appeal of the Gold appliance systems which can be complemented with gold wires. These provide the patient with an alternative to the traditional stainless steel look.

CERAMIC BRACKETS

Attractive, translucent or tooth coloured, aesthetic fixed brackets appeal to patients in view of their less obtrusive appearance. These are made from a ceramic material and differ from plastic (polycarbonate) brackets in terms of the superior durability, colour stability, strength and overall performance throughout the treatment. Not all tooth coloured brackets are ceramic, if you are having problems with breakages and discolouration, you most likely have been fitted with an inferior plastic bracket.

Fixed braces can be made "totally white" by utilising ceramic brackets, white or tooth coloured arch wires and non-staining ligature wires. This means that your appliance is virtually invisible!

SELF LIGATING BRACKETS

These are fixed braces which function without ligatures and modules. These braces are designed to help the teeth move more efficiently and may result in fewer adjustment visits. The absence of modules and ligatures eliminates the hassle of staining.

One orthodontist shares his thoughts on Self-Ligating Systems:

"I am treating more and more cases with self-ligating systems and I am more excited about what I can achieve for my patients than ever before in 25 years of providing orthodontic care. I've noticed an increase in the number of non-extraction opportunities, my patients' gums look healthier and I've had numerous comments that breathing problems are reduced.

Using the reduced friction and light forces of self-ligating systems allows me to move teeth in a "biologically-compatible" way. I believe the body works with this treatment instead of opposing it. Orthodontic expertise combined with self-ligation has the potential to transform faces and smiles like never before!"



1) 3M Victory metal brackets
Image courtesy of 3M Unitek

2) 3M Victory Gold brackets
Image courtesy of 3M Unitek

3) 3M Clarity brackets "Ceramic"
Image courtesy of 3M Unitek

4) Damon D3MX brackets "Self ligating"
Image courtesy of Ormco Corporation

5) 3M Victory Smartclip brackets "Self ligating"
Image courtesy of 3M Unitek



➤ 1) Metal brackets



➤ 2) Gold brackets



➤ 3) Ceramic brackets



➤ ➤ 4-5) Damon Self ligating brackets



CASE PRESENTATIONS

FIXED APPLIANCES



CASE 1

FIXED METAL

AGE AT START OF TREATMENT:

12 years old

PROBLEM:

- ✗ Severe crowding of the upper and lower arches

SOLUTION:

- ✓ Upper and lower metal fixed braces with no extractions

RETAINER:

- ✓ Upper & lower bonded (fixed) retainers
- ✓ Upper & lower Hawley (removable) retainers or night time

TREATMENT DURATION:

15 months





CASE 2

FIXED CERAMIC

AGE AT START OF TREATMENT:

26 years old

PROBLEM:

- ✖ Severe crowding of the upper and lower arches
- ✖ Incorrect bite
- ✖ Increased overjet

SOLUTION:

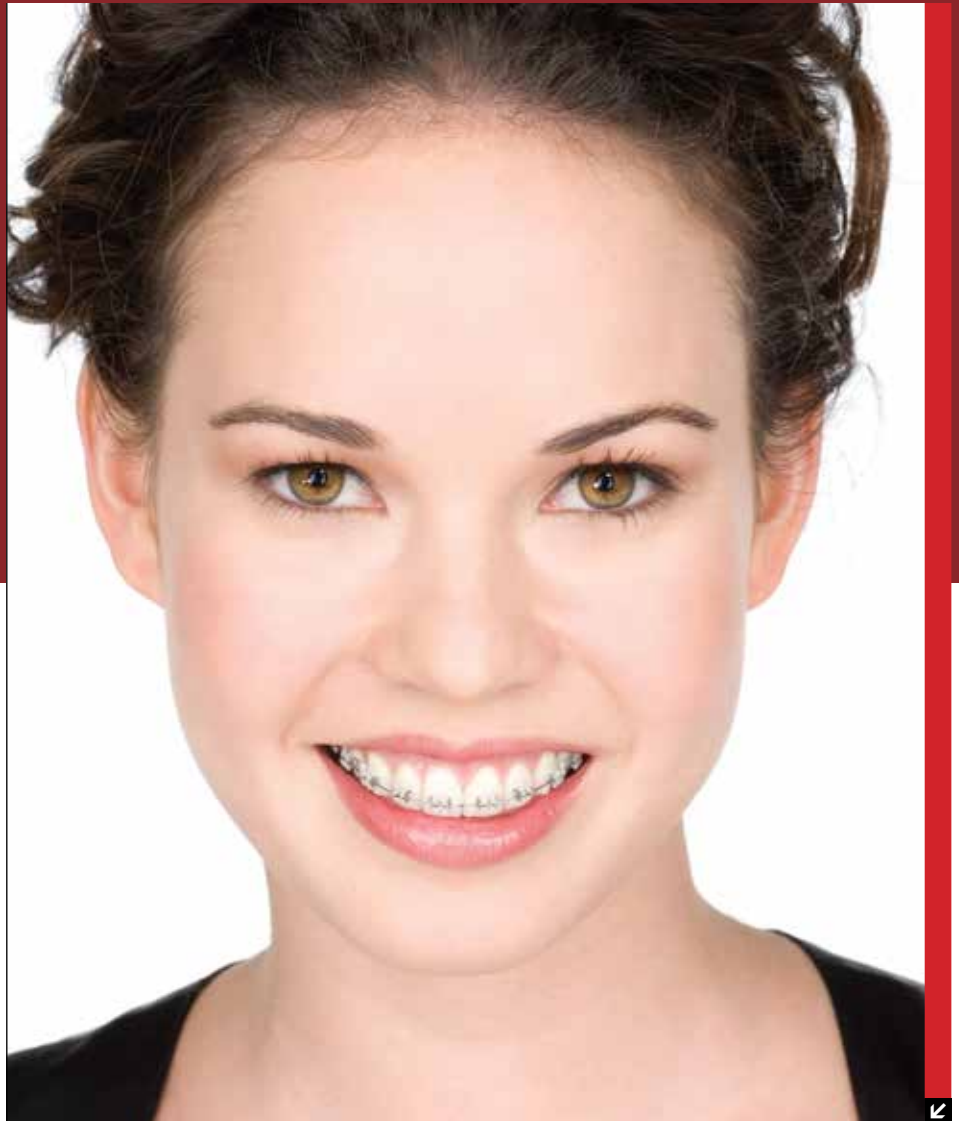
- ✔ Extraction of two upper premolars
- ✔ Upper and lower ceramic fixed braces
- ✔ Lower lingual arch

RETAINER:

- ✔ Upper & lower bonded (fixed) retainers
- ✔ Upper & lower Hawley (removable) retainers for night time

TREATMENT DURATION:

30 months



FIXED BRACES AND SOME FAQs

W While there are different brands of fixed braces, they work in the same way and common issues crop up. Read on to find out the answers to some commonly asked questions which arise for patients in fixed braces.

Most of these problems are not detrimental to treatment and any discomfort can be alleviated at home by using the information below. If you are in pain or discomfort, then every effort will be made to schedule an appointment for you to see the orthodontist.



PROTRUDING WIRE

Occasionally, the end of a wire will work itself out of place and irritate the 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 supplied in your cleaning pack. In a situation where the wire is causing extreme pain and you are not able to see the orthodontist soon, you may, as a last resort, cut the wire using a sharp pair of nail scissors or clippers. To reduce the possibility of swallowing the snapped piece of wire, use a folded tissue or gauze around the area. Relief wax may still be necessary to provide comfort to the irritated area.



IRRITATION OF LIPS OR CHEEKS

Sometimes new braces can be irritating to the mouth, especially when eating. A small amount of non-medicinal relief wax makes an excellent buffer between brace and mouth which you can find in your cleaning pack. 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. Eating will then become more comfortable (avoid hot drinks as this will melt the wax). If the wax is accidentally ingested, it's not a problem as the wax is harmless.



LOOSE BRACKETS, WIRES OR BANDS

If the braces have come loose in any way, the orthodontist should be called to determine appropriate next steps. Brackets are the parts 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 hard or crunchy foods have been eaten. If the loose bracket has rotated on the wire and is sticking out and you cannot immediately reach the orthodontist, you can do a temporary fix to ease discomfort and prevent further damage. This must only be done as a last resort. 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.



FOOD CAUGHT BETWEEN TEETH

This is not an emergency, but can be a little uncomfortable. It is easily fixed with dental floss. Try tying a small knot in the middle of the floss to help remove the food, or use your interspace (small headed) brush or toothpick 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 comes loose, simply remove it with tweezers. If the wire ligature is sticking out into the lip but is not loose, it can be bent back down with a cotton bud or pencil eraser to eliminate the irritation. When one ligature pops off or breaks, others may follow. Examine all ligatures adjacent to the missing ligature. Please notify your orthodontist to check whether the ligature needs to be replaced.

MOUTH SORES

Some patients are susceptible to episodes of mouth sores. While braces do not cause them, they may be 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. Prompt relief may be achieved by applying a small amount of topical anaesthetic (such as oral Relief gel) directly to the ulcerated surface using a cotton swab. Re-apply this when needed or as directed by the instructions on the product.

DISCOMFORT

It is quite normal to experience discomfort for a day or two after braces or retainers are fitted or adjusted. The discomfort can make eating uncomfortable – this is both normal and temporary. Keep to eating soft foods during this time and use a mild analgesic such as Ibuprofen or paracetamol for the first few days if discomfort is experienced.

ORAL HEALTH AND BRACES

Now that you are wearing your fixed brace, it is essential that you maintain a high standard of oral hygiene throughout your treatment.

TOOTHBRUSHES & INTERSPACE TOOTHBRUSHES

During your orthodontic treatment you must brush your braces and teeth at least a minimum of four times a day - after every meal and morning and night. Use two different types of toothbrush to do this, a regular toothbrush and an interspace toothbrush (small headed brush).



Use the regular toothbrush firstly to remove all the food and plaque for 3-5 minutes. Use short, fast and firm forwards and backwards motions and make sure you brush above and below your brace to clean your gum lines. Then use the interspace toothbrush (small headed brush) to get through all the areas missed by the large headed toothbrush. You do this by firmly brushing so that the bristles spread out in-between the wires, brackets and gum margins. Be sure no food or plaque is left on the braces or teeth as this will cause permanent damage.

It is important to remember to take a toothbrush and interspace brush with you

when you go out of your home so that you can always clean your teeth after every meal. A travel toothbrush and a travel interspace toothbrush will make this easier for you.

DISCLOSING TABLETS

To ensure you are cleaning your teeth well we recommend the use of disclosing tablets. The tablets highlight where plaque has developed on the teeth and around the gum line. Using the tablets to show the plaque will allow you to concentrate on brushing the specific areas to reduce the damaging plaque build up.



HOW TO USE DISCLOSING TABLETS:

- 1** Place a disclosing tablet in your mouth.
- 2** Chew thoroughly with just saliva, spread it all over tooth and gum surfaces with your tongue, until your mouth has been completely covered with disclosing dye.
- 3** Spit out the saliva.
- 4** Rinse your mouth out with water.
- 5** Areas of plaque will be stained by the dye and will show you where you are missing and not brushing properly.
- 6** Brush your teeth until the dye has been removed, then concentrate on those areas the next time you brush.
- 7** We recommend you do this once a week.

DENTAL MIRROR

Use the dental mirror to familiarise yourself with the different parts of your brace and regularly check it so that you are aware

if something comes loose or breaks. You can also use the dental mirror to check for any food or plaque that may be stuck behind or around the teeth which was missed when brushing. It is also useful for checking for plaque on your back teeth when you use the disclosing tablets.

FLUORIDE MOUTHWASH

Fluoride mouthwash provided in the pack must be used at least once a day, morning or evening after brushing, or more often if you prefer.

FLOSS AND THREADERS



It is important to regularly floss your teeth to maintain healthy gum lines, threaders will allow you to continue to do this throughout your treatment. They are flexible so that you can thread floss through them then move around the wires on the brace allowing you to push the floss between the teeth to clean as normal.

WAX

To prevent the brace from rubbing against the inside of your lips and mouth you may need to apply wax. You do this by pulling off a pea-sized amount of wax, rolling it into a soft ball and then moulding it around the bracket that is rubbing. The wax becomes the barrier between your brace and the sore area and stops it rubbing allowing the mouth to heal. Don't worry if you swallow the wax as it is harmless and be aware that if you have a hot drink when wearing wax it will probably melt!

EATING HABITS DURING TREATMENT

DURING TREATMENT YOU MUST AVOID EATING:

➔ **HARD FOODS**

which can do damage by bending wires and pulling loose cement under the bands or breaking the brackets and tubes which are stuck on the teeth. (Foods such as nuts, caramel and popcorn.)

➔ **STICKY FOODS**

which can damage appliances by bending wires and pulling cement loose. (Foods such as toffee or bubble gum.)

➔ **FOODS HIGH IN SUGAR CONTENT**

because sugar will feed the bacteria that cause plaque and as braces make it harder to keep your teeth clean the plaque will be harder to remove and could really damage you teeth. If you do eat anything sugary you must brush your teeth immediately. If it is not possible to brush then always rinse your mouth with clear water or mouthwash after eating very sweet foods. (Foods such as sweets, chocolate and fizzy drinks.)



! WARNING

DURING TREATMENT DO NOT EAT OR DRINK:

- ✗ Popcorn
- ✗ Fizzy drinks
- ✗ Nuts
- ✗ Hard baguettes and pizza crusts
- ✗ Lemons (pure lemon juice can hurt your tooth enamel)
- ✗ Crisps
- ✗ Sweets and chocolate
- ✗ Caramel and toffee
- ✗ Bubble gum and chewing gum
- ✗ Biscuits and cakes
- ✗ Corn on the cob

! WARNING

DURING TREATMENT YOU MUST DEFINITELY AVOID:

- ✗ Ice crunching
- ✗ Nail biting
- ✗ Chewing pens

! WITH CAUTION

DURING TREATMENT YOU MAY BE ABLE TO EAT:

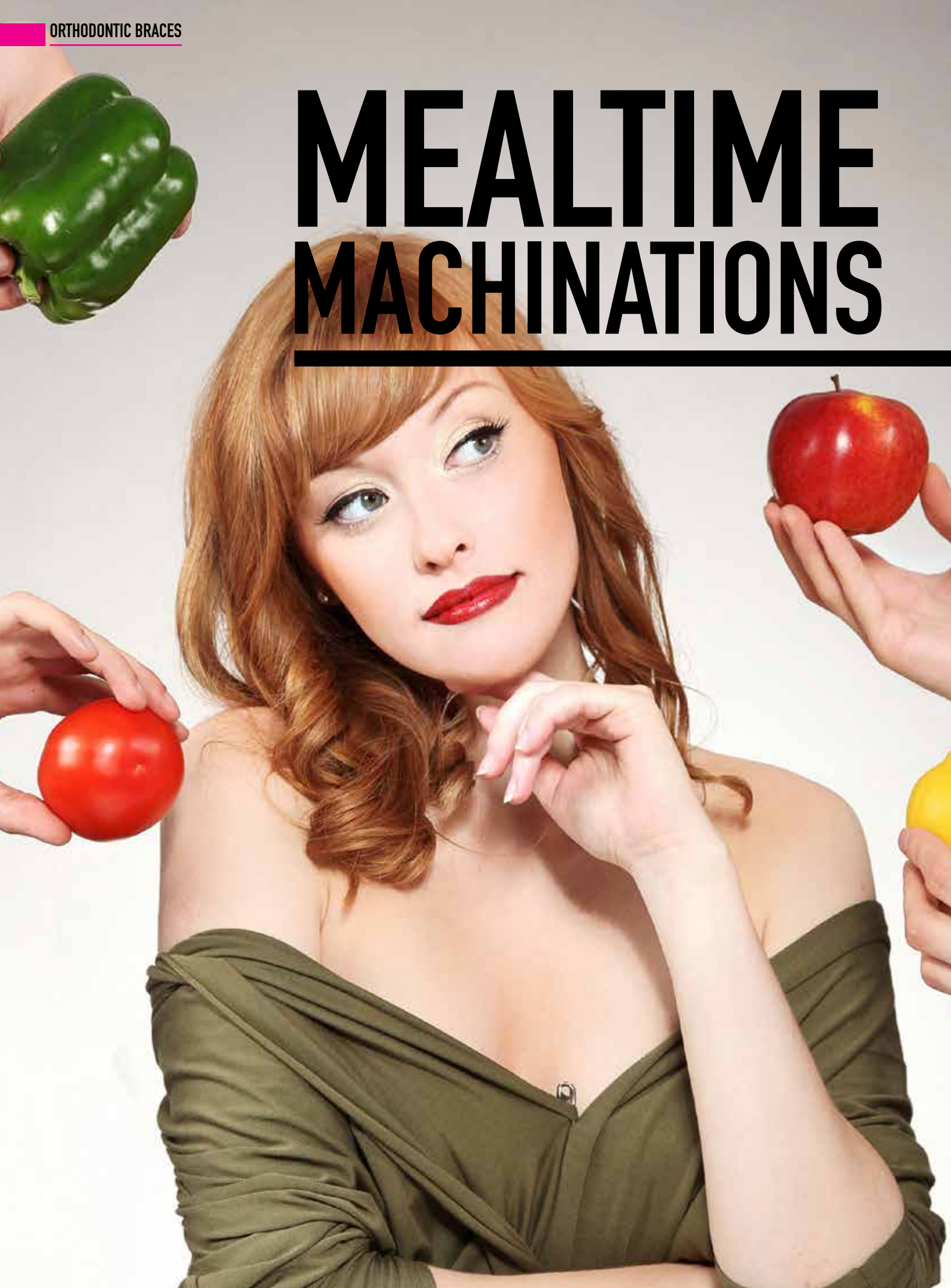
- ✓ **Carrot sticks** If you slice into carrot curls that are thin or cook them
- ✓ **Apples and Pears** Cut into wedges, don't try to bite into the whole fruit



DURING TREATMENT
WE RECOMMEND SOFT
FOODS LIKE:

- ✓ Rice
- ✓ Pasta
- ✓ Soup
- ✓ Banana's

MEALTIME MACHINATIONS





Diet divides the world's population in innumerable ways – by religion, by culture, by climate, by ethics, by disease, by just about every imaginable category there is. If you need convincing of the role that diet has in defining us, consider the following: diabetics count carbohydrates, olive oil is a staple for Mediterranean countries, vegans avoid any animal products and pork is forbidden by some religious groups.

But I have news. There is another recognisable category and we are brace-wearers. I confess that as a brace-wearer myself, soft foods really turn me on. Soups, smoothies, yoghurts, excite me, mashes, mushes and purees delight me.

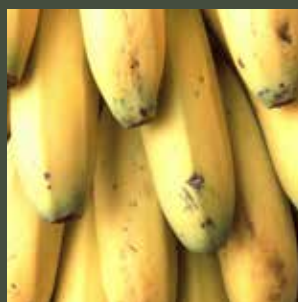
Books have already been written called, among others, *The Braces Cookbook* and *The Tender Teeth Cookbook*. What's more, a website (www.archwired.com) has been set up dedicated to braces. It was created by a patient, Lynn, who searched for advice for adult brace-wearers and drew a blank. Her site provides all sorts of information as well as a forum where adults can share advice and experiences.

Lynn's site has a helpful area dedicated to the topic of soft foods and you can search by ingredient or by recipe. It soon becomes clear that crunchy and chewy foods are the enemy. But from personal experience, I would say they are not the only enemies; messy, sloppy foods or anything with spinach are also to be avoided when eating publicly (Popeye must have avoided orthodontics!). As the French writer La Rochefoucauld said: "To eat is a necessity, but to eat intelligently is an art." In the case of orthodontic patients, if your favourite food is spinach or spaghetti bolognese, eating intelligently can often mean eating alone!

But back to more practical matters - advice on diet from orthodontic specialists will focus on the welfare of the braces and you will be warned against toffees, popcorn, gum and hard foods such as crunchy apples or carrots, nuts and crusty bread. But there is also the health of your teeth to consider and remember, however careful you are about brushing and mouth-rinsing, braces will make it harder to keep your mouth clean. Not only must your oral hygiene be good, but you must watch what you eat.

Add into these useful guidelines the restrictions that wearing braces imposes, and you may find that you are eating both more healthily and less. When you thank your orthodontist for your transformed smile, consider whether you should also thank those braces for a new lighter and healthier you!

HERE ARE A FEW TIPS ON HELPFUL INGREDIENTS FOR FUTURE SHOPPING LISTS:



★ Go for low acid (pH greater than 4.5) options, such as bananas, mangoes, melons, soups, pasta, milk, dairy foods, vegetables, meat, poultry, seafood and eggs.

→ Bear in mind that any recipe you choose must make it easy to bite and chew so any vegetables should be chopped small or cooked or pureed.



* Starchy foods can stick to your teeth and do harm so try and keep snacks like crisps to a minimum. Why not choose wraps, tortilla or pitta to replace conventional breads and consider dishes such as risotto or lasagna for minimum chewing and crunching?

→ When it comes to breakfast, porridge is a fantastic proposition, so much easier than muesli which combines crunchiness with chewiness.



✿ As you know, drinks and foods with high acid content have the most potential for harm. Some of these may appear quite health-giving, such as fruits and their juices, fruit tea and balsamic vinegar but the acids they contain temporarily soften tooth enamel and can lead to a condition called acid erosion. Be wary of carbonated drinks or over-consumption of anything with a lot of vinegar, such as salad dressings or pickles.

★ If you don't already keep sweet foods and drinks to a minimum, you most certainly should when you have braces on.



A NUMBER OF BASIC PRINCIPLES SHOULD GOVERN WHAT WE CONSUME, WHETHER WEARING BRACES OR NOT. THESE ARE:

◆ Drink plenty of water

→ Eat five portions of fruit and vegetables a day

→ Avoid processed foods with hidden fats and sugars

→ Limit snacks between meals (Saliva, which is your body's natural defence against tooth decay, needs time to wash away acids that form after eating and drinking)



ANCHORAGE

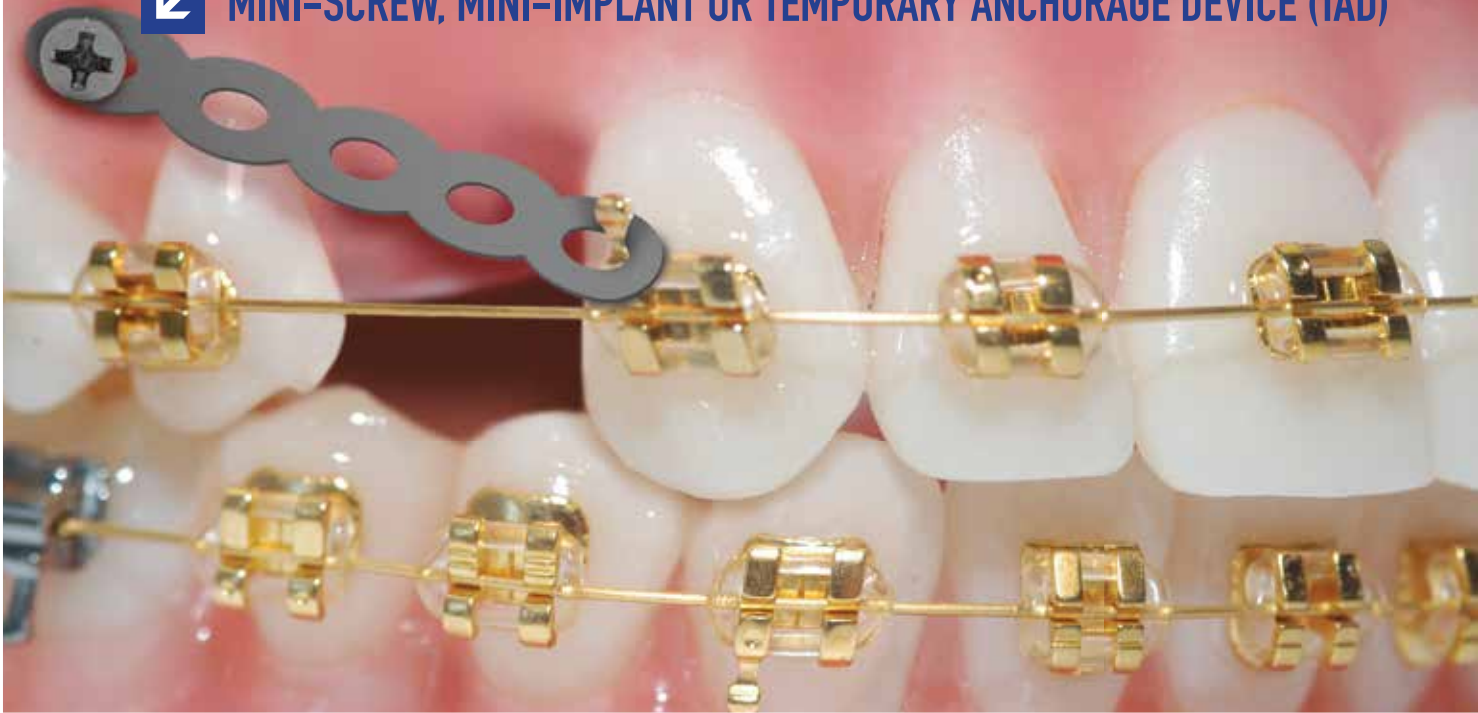
WHAT YOU NEED TO KNOW ABOUT ORTHODONTIC MINI-SCREWS, MINI-IMPLANTS OR TEMPORARY ANCHORAGE DEVICES (TADS)

When my orthodontist mentioned the need for a mini-screw, I wondered what on earth he meant! He explained what it was and reassured me that there was nothing to worry about. Here is a summary of my own experiences, which might help to serve as your personal guide to mini-screws.

An orthodontic mini-screw is also referred to as a micro-screw, mini-implant or temporary anchorage device (TAD). These are essentially small metal screws, which are inserted between the teeth and used as solid or stable fixings to move other teeth during orthodontic treatment. They are necessary because your own teeth do not always provide sufficient support, if the orthodontist needs to pull, drag or move teeth from one position to another.



MINI-SCREW, MINI-IMPLANT OR TEMPORARY ANCHORAGE DEVICE (TAD)



THIS IS WHAT HAPPENED WHEN MY ORTHODONTIST INSERTED MY MINI-SCREWS:

- My orthodontist took some special radiographs and showed me where the screws would be inserted.
- I was asked to rinse my mouth with an anti-bacterial mouthwash.
- A local anaesthetic was used to numb my gums.
- When the anaesthetic had taken full effect, my orthodontist gently inserted the mini-screws through the gum, into the bone, between and above the teeth.
- I experienced a sensation of pressure (but no pain) while the screws were inserted.
- The procedure was over in a few minutes.
- Rubber chain or springs were attached from the heads of the mini-screws and stretched to the braces on the teeth which needed to move back.
- I was given some care instructions and told to use a mild analgesic for the next two days.
- An appointment was arranged for the next few weeks for the adjustment of my braces.

CARE ADVICE I WAS GIVEN FOR MY MINI-SCREWS:

- ✓ Use an anti-bacterial mouthwash to rinse twice daily for the first 5 days
- ✓ Regularly brush, gently, around the mini-screws using a fluoride toothpaste and a small headed toothbrush
- ✓ Not to use an electric toothbrush around the mini-screw
- ✓ Not to fiddle with the mini-screws using my fingers or tongue
- ✓ To contact my orthodontist if the brace became detached from the mini-screws.

These mini-screws remained in place for several months, whilst my teeth were moved into better positions. Once my orthodontist was satisfied that the desired movements were complete, he simply removed the screws (without any anaesthetic and it didn't hurt!). He advised me that the gum and bone surrounding the mini-screw would heal entirely within a few days.

WHAT ARE THE ALTERNATIVES TO MINI-SCREWS?

My orthodontist explained that mini-screws would make my brace treatment as efficient and effective as possible. The alternatives given included wearing headgear, extracting more teeth or accepting compromises in my bite – I trusted my orthodontist's recommendation, because I wanted to achieve the best result.

Necessary
because your
own teeth do
not always
provide
sufficient
support

LINGUAL APPLIANCES



The word "lingual" originates from a Latin word meaning "tongue". Lingual appliances are used to correct misaligned teeth and bite problems, using a fixed brace that has been bonded to the tongue side of the teeth. This enables teeth to be moved into their correct position without having the braces in plain view.

Lingual appliances differ from conventional fixed braces because they are placed behind the teeth giving invisibility with no change in lip contours. In fact a lot of actors and media personalities choose to undergo treatment using lingual appliances.

➔ **Can any malocclusion be corrected with lingual orthodontics?**

Yes. Whereas some removable appliances allow only simple, minor tooth movements, a lingual appliance can correct even extreme malocclusions.

➔ **Is there an age-limit for lingual orthodontics?**

There is no age limit whatsoever, provided the teeth are fixed firmly in the bone, anyone should be eligible for a lingual appliance. A common misconception is the belief that braces are only for children and adolescents, but even if a patient is in their sixties they can be fitted with a lingual brace.

➔ **How long does treatment take with a lingual appliance, and what is the standard of the results?**

Both the treatment time and the results from a lingual appliance are the same as for a normal fixed brace.

➔ **Can children use lingual braces?**

Yes, but only after the eruption of most of the permanent teeth.

➔ **Is the only advantage of a lingual brace aesthetic or are there any medical advantages?**

There are both medical and aesthetic advantages to the lingual brace. The inner side of the teeth is much more robust and less susceptible to decalcification and decay. This means that with lingual orthodontics, permanent damage to the teeth is less likely than with a fixed brace worn on the outer side of the teeth. If white spots, traces or decalcification begin to appear on the outer side of the teeth even prior to commencing treatment then lingual orthodontics could be a better option for you.

CASE PRESENTATION

Octagon
Orthodontics
SMILES FOR EVERYONE



LINGUAL APPLIANCES



AGE AT START OF TREATMENT:

47 years old

PROBLEM:

- ✖ Crowded upper and lower arches
- ✖ Deep bite

SOLUTION:

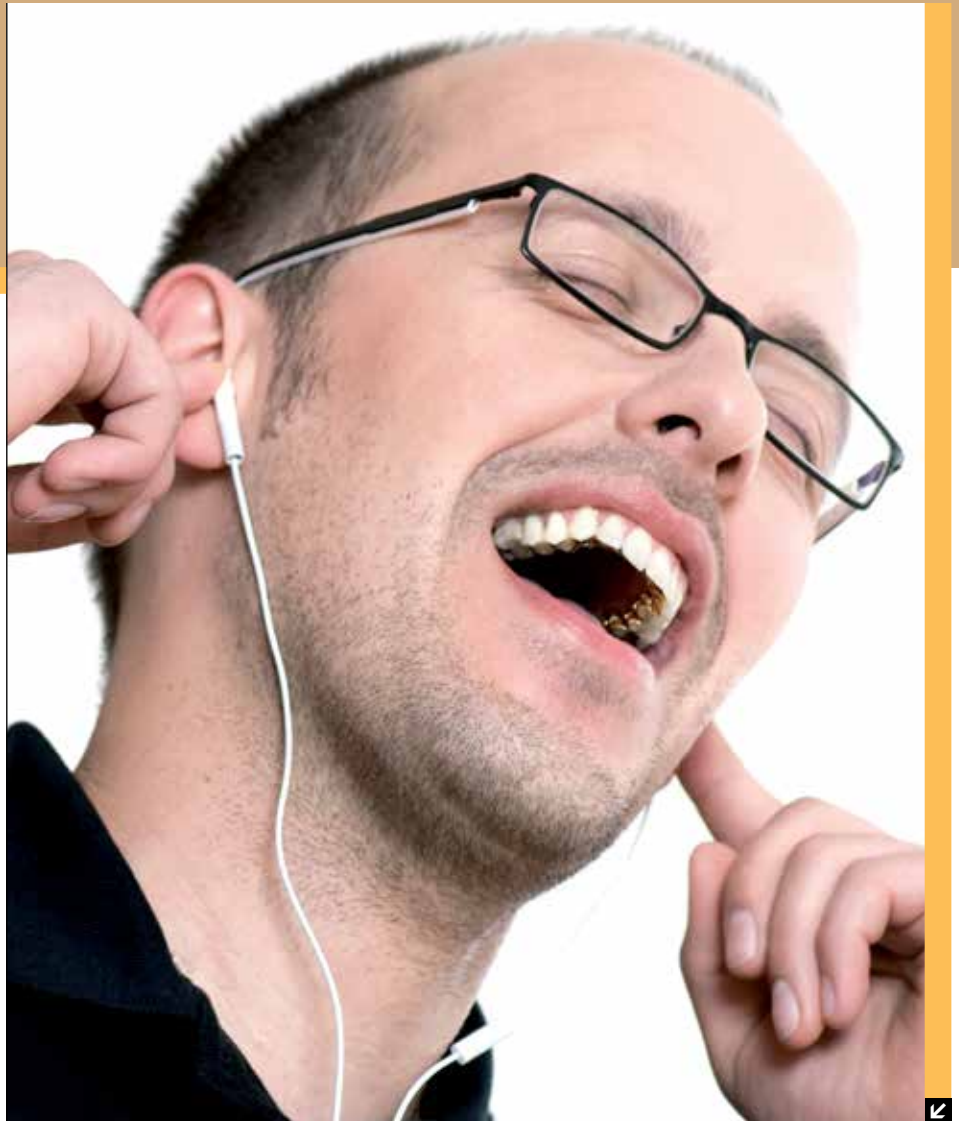
- ✔ Upper & lower lingual (behind the teeth) appliances using Incognito

RETAINER:

- ✔ Upper & lower bonded (fixed) retainers
- ✔ Upper & lower Essix (transparent and removable) retainers for night time

TREATMENT DURATION:

20 months



RETAINERS

TO make sure your new confident smile lasts for decades to come, you will have to use retainers, that way you will keep the smile that took time, skill and investment to create!

WHY IS RETENTION SO IMPORTANT?

After braces have been removed teeth have a tendency to return to their original position undoing your great new smile. To prevent this, your orthodontist may advise that you wear a retainer.

Wearing a retainer is simple, but it is actually a complex piece of

“ My smile looks fantastic! So why would I compromise it? My retainers keep it looking fantastic! ”

equipment and a significant part of your orthodontic treatment. To maintain the success of your orthodontic treatment, it is vital that you wear your retainer in the way that your orthodontist advises.

It is difficult to say how long you will need to wear your retainer – each patient is an individual case. Your orthodontist's advice about how long you will need a retainer for will be tailored to you.

There are a range of different retainers available and your orthodontist will recommend to you the type of retainer that will best keep your teeth in position.



VIVERA

REMOVABLE RETAINERS

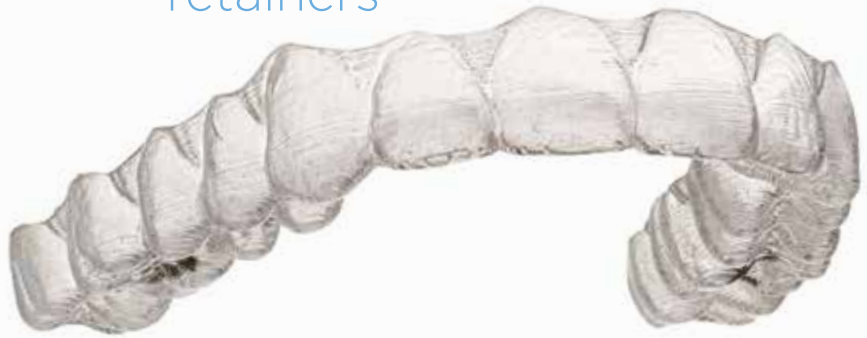
**TO KEEP
YOU SMILING
FOREVER!**

Like Invisalign, Vivera retainers are custom made especially for each individual patient. You are provided with three sets and they are made using:

- ✓ Most advanced technology
- ✓ 3D digital imaging
- ✓ Clear thermoplastic material
- ✓ Advanced fabrication technology

The combination of all of this technology enables the Vivera retainers to not only be strong and almost invisible, but also to have a precise fit.

vivera[®]
retainers



INSTRUCTIONS FOR VIVERA (TRANSPARENT) REMOVABLE RETAINERS

- | | |
|--|---|
| <ul style="list-style-type: none"> ➔ Wear these retainers EVERY NIGHT into the future if you want to keep your teeth straight. Your orthodontist might ask you to do additional hours if necessary. ➔ Do not drink hot drinks whilst wearing the retainer as this will distort it, as will any contact with hot liquid. ➔ Take them out of your mouth when eating or playing sports. ➔ When the retainers are out of your mouth, place them in a brace/retainer case for safety. ➔ Brush your teeth after eating before replacing the retainer. | <ul style="list-style-type: none"> ➔ Clean them once a day using a toothbrush, water and a clear liquid hand soap only. ➔ Do not use toothpaste to clean them, because it can make your retainers more brittle and prone to breakage. ➔ Bring your retainers for the periodic check-up appointments. ➔ Vivera retainers come in sets of three, so if you break or loose a set, you will already have a replacement to hand. ➔ There is an additional cost for any additional replacement sets. |
|--|---|



BONDED

FIXED RETAINERS

**TO KEEP
YOU SMILING
FOREVER!**

These consist of a wire bonded to the tongue-side of your teeth. They are designed to hold your teeth in a particular position for a long period of time, and the longer they remain in place the greater the guarantee that your teeth will remain straight.



INSTRUCTIONS FOR BONDED (FIXED) RETAINERS

- ➔ Bonded retainers are designed to hold the teeth in the exact position over a long period of time. The longer they remain in place the greater the guarantee that your teeth will remain straight.
- ➔ You must note and memorise the position of the thin wire behind the teeth and the special cement used to attach this wire to each tooth.
- ➔ Check the wires with a small mouth mirror every morning.
- ➔ Brush the back of your teeth and over the wires thoroughly 2-3 times a day, especially after eating sweet foods.
- ➔ Sticky sweets and hard foods can break the wire or its attachments, so be careful!
- ➔ If the wire breaks or an attachment becomes loose, telephone this clinic for an immediate appointment to have it checked. Ensure you wear your removable retainers to keep the teeth in position until your appointment.
- ➔ When wearing a Bonded retainer you need only wear your removable retainers at night.
- ➔ There is an additional cost for replacement or repair of this retainer.

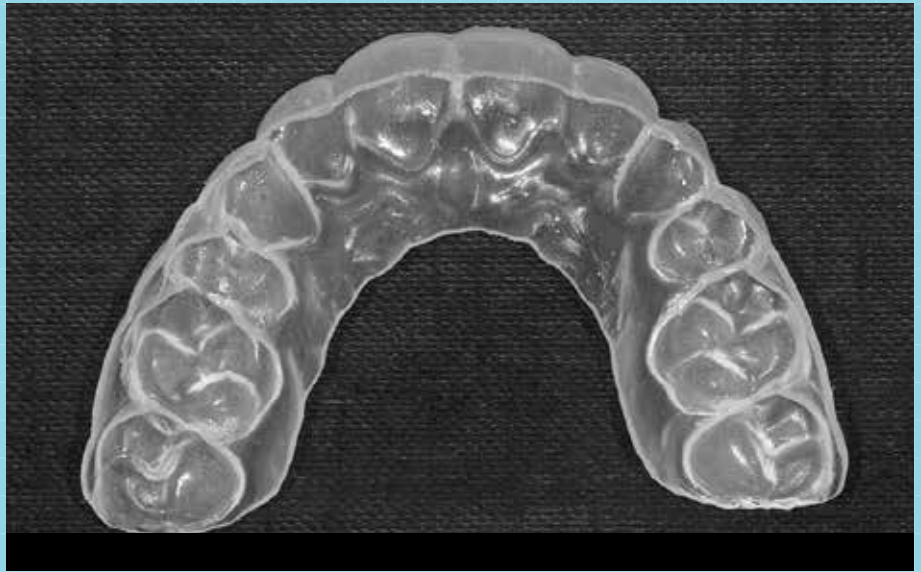


ESSIX

REMOVABLE RETAINERS

**TO KEEP
YOU SMILING
FOREVER!**

This is a clear or transparent retainer that is moulded to fit over the teeth.



INSTRUCTIONS FOR ESSIX (TRANSPARENT) REMOVABLE RETAINERS

- ➔ Wear these retainers during the day FOR 6 MONTHS whilst wearing the Hawley retainers at night OR wear at night only whilst wearing the bonded retainer.
- ➔ Do not drink hot drinks whilst wearing the retainer as this will distort it, as will any contact with hot liquid.
- ➔ Take them out of your mouth when eating or playing sports.
- ➔ When the retainers are out of your mouth, place them in a brace/retainer case for safety.
- ➔ Brush your teeth after eating before replacing the retainer.
- ➔ Clean them once a day using a toothbrush and water only. Do not use toothpaste.
- ➔ Bring your retainers for the periodic check-up appointments.
- ➔ There is an additional cost for replacement or repair of this retainer.



HAWLEY

REMOVABLE RETAINERS

TO KEEP
YOU SMILING
FOREVER!

This is the most common retainer and is made of a metal wire that surrounds the teeth, keeping them in place. The wire is rooted to a piece of specially moulded acrylic, which resides in the palate or floor of the mouth.



INSTRUCTIONS FOR HAWLEY REMOVABLE RETAINERS

- ➔ Wear your retainers EVERY NIGHT into the future if you want to keep your teeth straight.
- ➔ Take them out of your mouth when eating or playing sports.
- ➔ When the retainers are out of your mouth, place them in a brace/retainer case for safety.
- ➔ Clean them once a day using a toothbrush and toothpaste and then once a week using Retainer Brite tablets.
- ➔ Bring your retainers for the periodic check-up appointments.
- ➔ There is an additional cost for replacement or repair of this retainer.





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EVEN IF YOU DON'T HAVE BRACES!



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PREVENT: Decalcification



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surface discolouration

from
£60.00

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ENHANCE YOUR SMILE IMPROVE YOUR LIFE



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Denham
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