

INFORMATION REGARDING A SURGICAL TOOTH EXPOSURE

If you or a family member has been diagnosed with an impacted tooth or teeth, a referral to the oral surgeon is required. An impacted tooth is a tooth/teeth blocked from erupting by the bone and/or the adjacent teeth. This may be due to the tooth lying outside of the arch, or at an angulation that directs it away from its proper position in the arch. In order for this tooth/teeth to be brought into the arch, a "window" is made to expose a small portion of the tooth and at the time of the exposure, a miniature bracket with an attached wire is then bonded to the tooth to allow traction and redirection to guide the tooth/teeth into the arch.

Preparation

Once the braces are placed in our office and appropriate space provided over a period of approximately six to eight months, you will then be referred to an Oral surgeon for a consultation regarding exposure of the tooth/teeth. This exposure treatment is considered as 'outside of our office'. The oral surgeons office will charge a consultation fee as well as the surgical fee. If you have dental insurance, a portion may be covered by your insurance. The procedure for the exposure will be discussed at the consultation and an appointment for the exposure is arranged for you at the oral surgeons office. We ask that you please let our office know the date of the exposure **as soon as you leave the oral surgeons office** so we can arrange an appointment of approximately one-hour duration with Dr. McSweeney, seven to ten days after the exposure. This appointment after exposure with Dr. McSweeney is very important. A special arch wire with an appropriate offset will be custom fabricated by Dr. McSweeney to start applying traction to the exposed tooth/ teeth in order to guide the tooth/teeth into place. If the gum tissue packing is still in place at the time of the appointment, then Dr. McSweeney will remove it to allow unimpeded access to the tooth/teeth. It is of vital importance that the tooth/teeth be activated after exposure to prevent possible permanent locking of the root into the surrounding bone. In this occurs the tooth/teeth will not move and will need immediate re-exposure.

In some rare cases, after the braces are placed, and once appropriate space is provided, the impacted tooth/teeth may come in on their own and would therefore not require exposure.

On occasion a tooth may spontaneously anchor or lock-up to the surrounding bone as it is being redirected. The tooth would then require additional loosening through the office of the Oral Surgeon who exposed the tooth. Redirection of the tooth would then continue in the orthodontic office. The impacted tooth/teeth may make significant progress towards the arch and then stop. The tooth/teeth may have encountered a dense layer of bone resisting further movement. This also would require help from the oral surgeons office to allow continued movement of the tooth/teeth.

Is it worth it – yes! Of the teeth that have been treated, on average there is a 99% or higher success rate. A natural tooth will outlast an implant in most circumstances. In addition, the overall cost is often considerably less than space regaining with braces followed by an implant/implants.