

Brushing & Flossing

The best way to ensure a clean and healthy smile is brushing and flossing. Food particles can accumulate on teeth and in braces, and over time turn into plaque. The bacteria that results from this accumulation can lead to gum disease, tooth decay, and even loss of teeth. To avoid these problems, while you are in orthodontic treatment, take special care of your braces, teeth, and gums to ensure you will have the best possible result.

BRUSHING

Use a toothbrush with soft bristles and a small strip of fluoride toothpaste. When you brush your teeth, move the brush in small, circular motions to reach food particles that may be under your gum line. Hold the toothbrush at an angle and brush slowly and carefully, covering all areas between teeth, between braces, and the surface of each tooth. It will take you several minutes to thoroughly brush your teeth. Brush up on the lower teeth, down on the upper teeth, and the outside, inside, and chewing surface of your front and back teeth. Brush your tongue and the roof of your mouth before you rinse.



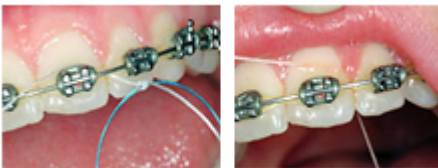
Especially during orthodontic treatment, brush your teeth four times daily to avoid the accumulation of food particles in your teeth and braces:

- In the morning after breakfast
- After lunch or right after school
- After supper
- At bedtime

You will need to replace your toothbrush more often due to your appliances. As soon as the bristles start to wear down or fray, replace your toothbrush with a new one. It may be difficult for your toothbrush to reach some areas under your archwire. Do not swallow any toothpaste; rinse your mouth thoroughly with water after you finish brushing. It is important to floss and use an antibacterial mouthwash and fluoride treatment throughout your orthodontic treatment and beyond for optimal oral hygiene.

FLOSSING

For areas between the teeth that a toothbrush can't reach, use dental floss to remove food particles and plaque. Flossing takes more time and patience when you are wearing braces, but it is important to floss your teeth every day.



Use the reusable floss threader provided by our office to floss under your archwire daily. Pull a small length of floss from the dispenser through the threader and slide it up and down along the front of each tooth. You will be able to feel when the tooth is clean and hear the squeak of the floss against your clean teeth. Use care around your archwire and do not floss too forcefully around it or put too much pressure on it. After you floss between your archwire and braces, floss between your other teeth and gums.

If you are flossing without the floss threader, pull a small length of floss from the dispenser. Wrap the ends of the floss tightly around your middle fingers. Guide the floss between all teeth to the gum line, pulling out food particles or plaque. Unwrap clean floss from around your fingers as you go, so that you have used the floss from beginning to end when you finish. Floss behind all of your back teeth.

Floss at night to make sure your teeth are clean before you go to bed. When you first begin flossing around your braces, your gums may bleed a little. If the bleeding does not go away after the first few times, inform a staff member at your next appointment.

Foods Not to Eat

AVOID EATING:

Hard Foods

Sticky Foods

Foods High in Sugar Content

FOODS THAT ARE APPEALING BUT DANGEROUS

A careful orthodontic patient can probably eat almost any food and do no damage to his or her appliance. However, these three types of food may cause trouble, as may other foods. Use common sense or, if you are in doubt, ask us about some food you enjoy eating.

HARD FOODS may do damage by bending wires, loosening cement under the bands or breaking the little brackets and tubes which are attached.

STICKY FOODS damage appliances by bending wires and pulling cement loose.

FOODS HIGH IN SUGAR CONTENT should be avoided whenever possible. If you do eat any of them, brush your teeth immediately. If it is not convenient to brush, then always rinse your mouth with clear water after eating very sweet foods such as cake or pie.

DON'T EAT

Popcorn, Nuts, Peanut Brittle (even if you're careful)

Lemons (pure lemon juice can hurt you tooth enamel)

Corn on the cob

Corn chips, crisp tacos

Taffy and caramels

Fruit fakes, gummy bears, etc.

BUBBLE GUM – a **THOUSAND** times **NO!**

Pizza crust (the other edge)

MAYBE

Carrot sticks (if you cut into carrot curls that are thin)

Apples (cut into wedges; don't bite)

Hard French bread (if you take small pieces and are very careful)

Diet drinks

Emergency Information

What to do in case of emergency

Call our office as soon as possible if you break or loosen any of your appliances. Please do not come directly to the office – by calling us, you will allow us to create a time to see you. Even if you have a regular appointment scheduled, call us immediately to notify us if you need an appliance repaired.

Loose brackets or bands

Call our office immediately for advice if a brace or wire is loosened. The brace may need to be replaced as soon as possible. You may have a situation that requires cutting a wire or sliding a bracket off a wire at night or over the weekend. If you need

to cut a wire in case of emergency, you may use fingernail clippers that have been washed and sterilized in alcohol. Please call our office the next business day so that we may schedule an appointment for you.

Wire irritations

Sometimes discomfort caused by a wire on your braces can be resolved by moving the wire away from the irritated area with a cotton swab or eraser. If the wire will not move, try covering the end of it with a small piece of cotton or a small amount of wax. If the wire is painful, you can cut it with nail clippers or scissors that have been washed and sterilized in alcohol. If you cannot resolve the wire irritation, call our office for an appointment.

Lost separators

Most patients lose a separator during their treatment. Do not worry about losing a separator, but call our office to see if it needs to be replaced.

Discomfort with Orthodontic Treatment

During the first week after your braces are in place and routine adjustments are complete, you will likely feel some pain, soreness, or discomfort. You may take acetaminophen or other non-aspirin pain relievers while you adjust to your new braces. A warm wash cloth or heating pad may reduce the soreness in your jaws.

Early Treatment

When is the best time to begin orthodontics?

Though an orthodontist can enhance a smile at any age, there is an optimal time period to begin treatment. Beginning treatment at this time ensures the greatest result and the least amount of time and expense. The American Association of Orthodontists recommends that the initial orthodontic evaluation should occur at the first sign of orthodontic problems or no later than age 7. At this early age, orthodontic treatment may not be necessary, but vigilant examination can anticipate the most advantageous time to begin treatment.

What are the benefits of early orthodontic evaluation?

Early evaluation provides both timely detection of problems and greater opportunity for more effective treatment. Prudent intervention guides growth and development, preventing serious problems later. When orthodontic intervention is not necessary, an orthodontist can carefully monitor growth and development and begin treatment when it is ideal.

Why is age 7 considered the optimal time for screening?

By the age of 7, the first adult molars erupt, establishing the back bite. During this time, an orthodontist can evaluate front-to-back and side-to-side tooth relationships. For example, the presence of erupting incisors can indicate possible overbite, open bite, crowding, or gummy smiles. Timely screening increases the chances for an incredible smile.

What are the advantages of interceptive treatment?

Some of the most direct results of interceptive treatment are:

- creating room for crowded, erupting teeth
- creating facial symmetry through influencing jaw growth
- reducing the risk of trauma to protruding front teeth
- preserving space for unerupted teeth
- reducing the need for tooth removal
- reducing treatment time with braces.

Are you a candidate for orthodontic treatment?

Orthodontics are not merely for improving the aesthetics of the smile; orthodontic treatment improves bad bites (malocclusions). Malocclusions occur as a result of tooth or jaw misalignment. Malocclusions affect the way you smile, chew, clean your teeth or feel about your smile.

Why should malocclusions be treated?

According to studies by the American Association of Orthodontists, untreated malocclusions can result in a variety of problems. Crowded teeth are more difficult to properly brush and floss, which may contribute to tooth decay and/or gum disease. Protruding teeth are more susceptible to accidental chipping. Crossbites can result in unfavorable growth and uneven tooth wear. Openbites can result in tongue-thrusting habits and speech impediments. Ultimately, orthodontics does more than make a pretty smile—it creates a healthier you.

Adult Treatment

Braces aren't just for kids anymore. Teeth alignment can be changed at any age if your gums and bone structure are healthy. We offer a variety of treatments that are designed for different age groups – including adults. A new smile can begin today.

Orthodontic treatment at later stages in life can dramatically improve your personal appearance and self-esteem. Improving the health of your teeth and gums is equally important. Crooked teeth and a bad bite can contribute to gum and bone loss, tooth decay, abnormal wear of the tooth enamel and surfaces, even headaches, and sometimes jaw joint (TMJ/TMD) pain.

Good news! The new techniques and appliances we use greatly reduce discomfort levels, decrease the frequency of visits, shorten treatment time, and may allow you to choose from several options. Your options may include metal braces, translucent braces, and even transparent aligners that can be worn at night to improve mild cases of misaligned teeth.

During the initial examination, we will be able to determine the best possible treatment for your individual needs. During this initial examination, we can outline the treatment plan, time of treatment expected, and the approximate cost.

A large percentage of our patients are adults, and they agree that it's never too late to improve their greatest asset - their smile.

Common Problems

Bite Problems

Upper Front Teeth Protrusion

The appearance and function of your teeth are impacted by this type of bite. It is characterized by the upper teeth extending too far forward or the lower teeth not extending far enough forward.



Overbite

The upper front teeth extend out over the lower front teeth, sometimes causing the lower front teeth to bite into the roof of the mouth.



Crossbite

The upper teeth sit inside the lower teeth, which may cause tooth stratification and misaligned jaw growth.



Openbite

Proper chewing is impacted by this type of bite, in which the upper and lower front teeth do not overlap. Openbite may cause a number of unwanted habits such as tongue thrusting.



Other Problems

Crowding

Crowding occurs when teeth have insufficient room to erupt from the gum. Crowding can often be corrected by expansion, and many times tooth removal can be avoided.



Spacing

Spacing problems may be caused by missing teeth, or they may only be a cosmetic or aesthetic issue.



Dental midlines not matched

This type of problem is caused when the back bite does not fit and match appropriately, which may negatively impact jaw and proper dental function.



Financial Information

It is our mission to provide you with affordable, high-quality treatment that fits your budget. We offer a variety of payment options to meet your needs. Please ask us about our interest-free in-house financing, recurring credit card payments and other payment methods. We will take the time to thoroughly explain all of the options to you so that you can make an informed decision. We try hard to accommodate all of our patients' needs.

Insurance

As a courtesy to our customers, we provide insurance claim filing at no cost. We make sure that our patients receive the maximum amount of benefit that their insurance company can offer. Many insurance policies have a pre-determined lifetime orthodontic benefit maximum that is separate from a dental benefit maximum. We review your insurance policy carefully and file your claim promptly. Please make sure to complete all insurance related questions from the new patient questionnaire so that we can accurately assess your benefits.

Please remember that orthodontic insurance is a benefit for you or your child. If, during the course of treatment, your benefits change, the financially responsible party is accountable for all charges.

Frequently Asked Questions

1. Is it required that my family dentist schedule my appointment with the orthodontist?

No, it is not. Many of our patients are referred by their family dentist, yet many other patients take the initiative to schedule an examination themselves. Dr. Cucalon and team have developed a reward program for patients that refer their friends.

2. At what age should I schedule an appointment for an orthodontic screening?

Tony Cucalon III D.D.S., M.S.

The American Association of Orthodontists recommends an orthodontic screening at age 7. By this age, several permanent teeth in most children have erupted allowing us to effectively evaluate your orthodontic condition. Not everyone requires "early braces," but an early orthodontic evaluation can answer many of your questions.

3. Will my teeth straighten out as they grow?

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

4. How do I schedule an appointment for an initial exam?

If you or your child can potentially benefit from orthodontic treatment, simply call our office or send us an e-mail. We will be happy to schedule an appointment for you. When you call to schedule your appointment, our front office staff will request some basic information from you.

5. What will happen at the initial examination appointment?

Upon arriving, each patient and parent will be seen by the staff and Dr. Cucalon, who will acclimate you to our office and prepare for the initial exam. Dr. Cucalon will then complete a brief, but thorough, exam.

6. What will I learn from the initial examination?

There are five essential questions that we will cover during the initial examination:

- Is there an orthodontic problem and if so, what is it?
- What must be done to correct the problem?
- Will any teeth need to be removed?
- How long will the treatment take to complete?
- How much will the treatment cost?

7. Will I need to have teeth extracted for braces?

Removing teeth is sometimes required to achieve the best orthodontic result. Straight teeth and a balanced facial profile are the goal of orthodontics. However, because new technology has provided advanced orthodontic procedures, removing teeth is not always necessary for orthodontic treatment. Preventing extraction of permanent teeth is one reason why some young patients have early treatment.

8. How long will it take to complete treatment?

Treatment time obviously depends on each patient's specific orthodontic problem. In general, treatment times range from 12 to 30 months. The "average" time frame a person is in braces is approximately 24 months.

9. How much will braces cost? Are financing options available? How does my insurance work?

It is impossible to give an exact cost for treatment until we have examined you. We will cover the exact cost and financial options during the initial examination. We have many financing options available to accommodate your needs, and we will review these with you. We will also review your insurance policy, and help to maximize your benefit and file your claims.

10. How often will I have appointments?

Appointments are scheduled according to each patient's needs. Most patients in braces will be seen every 5 to 10 weeks. If there are specific situations that require more frequent monitoring, we will schedule appointments accordingly.

11. Can I schedule all of my appointments after school?

Unfortunately, we cannot schedule all appointments for students during after-school hours. However, because most appointments are scheduled 5-10 weeks apart, most patients will miss a minimal amount of school due to their orthodontic treatments. We will, however, make a sincere effort to meet your scheduling needs.

12. Can I drop my child off for an appointment?

Yes. We understand your busy schedule, and we are happy to help you make the most of your time. On some occasions, we may request to speak with a parent when they return, so we ask that parents check in with the scheduling coordinator before dropping off their child.

13. Do braces hurt?

Tony Cucalon III D.D.S., M.S.

Generally, braces do not "hurt." After certain visits, teeth may be sore for a few days. In these situations, pain medications such as Advil or Tylenol will ease the discomfort. However, after most visits, patients do not feel any soreness at all! Dr. Cucalon and team often remind our patients, "It does not have to hurt to work!"

14. Can I return to school the day I receive my braces?

Yes. There is no reason to miss a day of school because on an orthodontic appointment.

15. Do you give shots?

No. Shots are not necessary in orthodontic treatment.

16. Do you use recycled braces?

Absolutely not! It is our belief that each patient should be provided with their own braces to achieve the best orthodontic result possible.

17. Can I still play sports?

Yes. We recommend a mouth guard for all sports. Since 1985, our patients have been involved in all sports including boxing and football.

18. Do I need to see my family dentist while in braces?

Absolutely! Regular checkups with your family dentist are important while in braces. Your family dentist will determine the intervals between cleaning appointments while you are in braces. Sometimes our patients are asked to see their dentist three to four times a year instead of two.

19. Are there foods I cannot eat while I have braces?

Yes. Once treatment begins, we will explain the complete instructions and provide a comprehensive list of foods to avoid. Some of those foods include: ice, hard candy, raw vegetables and all sticky foods (i.e. caramel and taffy). You can avoid most emergency appointments to repair broken or damaged braces by carefully following our instructions.

20. How often should I brush my teeth while in braces?

Patients should brush their teeth at least four times each day: after each meal and before going to bed. We will show each patient how to floss their teeth with braces, and may also provide a prescription for a special fluoride if necessary.

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21. What is an emergency appointment? How are those handled?

If your braces are causing extreme pain, or if something breaks, you should call our office. In most cases we can address these issues over the telephone. If you require an emergency appointment, we will set aside time for you. If necessary, Dr. Cucalon or a team member have met our patients during off hours to eliminate any emergency.

22. Can orthodontic correction occur while a child has baby teeth?

Yes. Some orthodontic problems are significant enough to require early intervention. However, if a patient is not yet ready for treatment, we will follow that patient's growth and development until the time is right for treatment to begin. A child with up to 12 to 14 baby teeth can be in braces. It just depends on your child's "bite."

23. What is Phase One (early) Treatment?

Phase One treatment, if necessary, is usually initiated on children between the ages of 7 and 10. Phase One treatment lasts about 12-15 months. The primary objective for Phase One treatment is to address significant problems to prevent them from becoming more severe, and to improve self-esteem and self-image. Dr. Cucalon corrects overjets, overbites, narrow jaws, expand to prevent permanent tooth extractions, develop small jaws, slow the growth of "long" jaws, stop habits and many additional orthodontic concerns that are best corrected at an early age.

24. Will my child need full braces if he/she has Phase One treatment?

It is best to assume that your child will need full braces even after Phase One treatment. The period following Phase One treatment is called the "observation period," during which growth and tooth eruption are closely monitored. Throughout this period, parents and patients will be kept informed of future treatment recommendations. Dr. Cucalon informs his patients and their families that at least 80 percent of his patients are recommended for Phase 2.

25. Will my child need an expander?

At the completion of the initial examination, we will determine whether a patient will need an expander.

26. Is it too late to have braces or Invisalign treatment if I am already an adult?

A surprising percentage of our patients are adults. In fact, 25% of all orthodontic patients are adults. Health, happiness, and self-esteem are vitally important to adults. No patient is "too old" to wear braces or Invisalign! Dr. Cucalon's practice consists of 33 percent adults.

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

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

28. Why should you choose an orthodontic specialist?

Teeth, and sometimes entire facial structures, are permanently changed by orthodontic treatment. It is important that the treatment be appropriate and properly completed. Orthodontic specialists have extensive and specialized training that enables them to provide their patients with professional, personalized treatments. At times, our referring dentists require some spaces to be increased or closed. This is so their future implants or bridges can be made ideally to improve the periodontal environment and/or to correct a malocclusion "bite."

Glossary

archwire

A wire engaged in orthodontic attachments, affixed to the crowns of two or more teeth and capable of causing or guiding tooth movement.

band (orthodontic)

A thin metal ring, usually stainless steel, which serves to secure orthodontic attachments to a tooth. The band, with orthodontic attachments welded or soldered to it, is closely adapted to fit the contours of the tooth and then cemented into place.

bracket

An orthodontic attachment that is secured to a tooth (either by bonding or banding) for the purpose of engaging an archwire. Brackets can be fabricated from metal, ceramic or plastic.

ceramic brackets

Crystalline, alumina, tooth-shade or clear synthetic sapphire brackets that are aesthetically more attractive than conventional metal attachments.

crowding

Dental malalignment caused by inadequate space for the teeth.

debanding

The removal of cemented orthodontic bands.

debonding

The removal of the brackets and the adhesive with which they were attached from your teeth

elastics (rubber bands)

Used to move teeth in prescribed directions. If needed, instructions will be given as to how to wear them and how often. This is where the patient's involvement is extremely important, as it is up to him or her to take them on and off.

gingiva

The tissue that surrounds the teeth, consisting of a fibrous tissue that is continuous with the periodontal ligament and mucosal covering.

headgear

Generic term for extraoral traction (attached around the back side of the head) for growth modification, tooth movement and anchorage. Very infrequently used in this office.

imaging

The process of acquiring representations of structures in either two or three dimensions.

lingual

Of or pertaining to the tongue. A term used to describe surfaces and directions toward the tongue.

lingual appliances

Orthodontic appliances fixed to the lingual surface of the teeth.

maxillary

Of or pertaining to the upper jaw. May be used to describe teeth, dental restorations, orthodontic appliances or facial structures.

orthodontist

A dental specialist who has completed an advanced post-doctoral course, accredited by the American Dental Association, of at least two academic years in the special area of orthodontics.

orthognathic surgery

Surgery to alter relationships of teeth and/or supporting bones, usually accomplished in conjunction with orthodontic therapy.

overbite

Vertical overlapping of upper teeth over lower teeth, usually measured perpendicular to the occlusal plane.

radiograph

A permanent image, performed digitally in our office, produced by ionizing radiation. Sometimes called an X-ray after the most common source of image-producing radiation.

retainer

Any orthodontic appliance, fixed or removable, used to maintain the position of the teeth following corrective treatment.

retention

The passive treatment period following active orthodontic correction during which retaining appliances may be used.

straight wire appliance

A variation of the edgewise appliance in which brackets are angulated to minimize multiple archwire bends. Brackets and molar tubes have specific orientation in three planes of space.