SURGICAL ORTHODONTICS

Dr. Farrar has recommended a treatment plan that includes orthognathic (jaw) surgery in conjunction with orthodontics for complete correction of your malocclusion. In most instances, this treatment approach is the only way to achieve fully functional occlusion as well as facial balance and symmetry.

ORAL & MAXILLOFACIAL SURGERY: Orthognathic surgery is performed by an oral surgeon. We work closely with specific surgeons to ensure the best coordination of your care. Please make an appointment with the surgeon we recommend to discuss this treatment option. The surgeon can better inform you of the risks and limitations as well as typical postoperative management. Typically this procedure is done on an outpatient basis much like wisdom teeth extraction. Patients will typically miss a week of school or work for recovery. Our patients report little or no pain because there is often some postoperative numbness. But not to fear, the feeling returns gradually within about six weeks, though on occasion it can last up to six months. Patients do often report swelling and sometimes bruising postoperatively. Bones plates and screws as well as rubber bands will be used to stabilize the bite as the bones heal, so there is no need for the jaws to be wired shut. Patients generally return to us six weeks after surgery eating a nearly normal diet.

INSURANCE COVERAGE: The surgical aspect of treatment is often covered by major medical insurance. However, some insurance coverages have an exclusion for orthognathic surgery written into their contract, so it is best for you to call your insurance company directly to ask them if orthognathic surgery is a covered procedure. If you change insurance companies while in treatment, there may be a waiting period before your new insurance will cover the surgery. In some cases, the new coverage may not provide the same benefit as the previous policy. Some plans are very strict and feel that if the surgery is cosmetic in nature they will not approve it even if it is not an excluded procedure. Dr. Farrar will be happy to write a letter of medical necessity, but be aware that some claim reviewers may subjectively determine that the malocclusion can be treated nonsurgically even though it may compromise esthetics.

PRESURGICAL ORTHODONTICS: We estimate that you will wear orthodontic appliances for 18-21 months prior to surgery. When the jaws are not properly aligned, the teeth will “compensate,” or find the best position to be in in order to function given their less than ideal base position. The purpose of the pre-surgical phase of orthodontics is to "decompensate" the teeth and thus position them in (as closely as possible) to their ideal positions relative to the jaws. Remember that the jaws are mal-aligned, so frequently the bite will look worse as this happens. This allows for the greatest surgical change, as the jaws are then brought into ideal relationship through orthognathic surgery. This will give the most ideal dental occlusion after the surgery is completed.

COORDINATION OF CARE: Before surgery is scheduled, it is necessary that treatment has progressed to the final full-size steel arch wires for both arches. As we approach this stage in treatment, we will begin to discuss treatment times and suggest that you call the oral surgeon to schedule your surgery. At that point their office will file for your insurance and schedule your surgery. You cannot have the surgery until you have progressed to this point; however, once we get to that point, you do not have to have the surgery immediately. As soon as you have a definite surgery date, please let our office know. We will see you approximately one week prior to surgery to make pre-surgical records (photographs and x-rays) and to add surgical elastic hooks to your braces.
POST SURGICAL ORTHODONTICS: Approximately six weeks after surgery you will return to our office for post surgical records and to begin the finishing post surgical stage of treatment. Our treatment goals in this phase of treatment are to finalize both the occlusion and the esthetic tooth positions. This can take 6-15 months depending on how much decompensation could be achieved prior to surgery.

**THIS DECISION MUST BE MADE BEFORE STARTING TREATMENT!** We cannot emphasize strongly enough the importance of following through with surgery once we have embarked on this plan of treatment, as a surgical orthodontic treatment is directly opposite to a non-surgical treatment. To change from one treatment plan to another would in no way give an acceptable or equal result.

Our most sincere desire is to provide an ideal skeletal and dental result for each of our patients for the rest of their lives. The combination of orthodontics with orthognathic provides the opportunity for an ideal skeletal and dental result.

I have read and understand the above information.

☐ I have thoughtfully considered my treatment options and have chosen to proceed with orthodontics without the recommended orthognathic surgery. I understand the limits of a nonsurgical approach and that my occlusal and/or esthetic results as well as the stability of my result may be compromised by this decision. I release Dr. Marie Farrar and Smile Studio from any responsibility for any and all long term consequences of not being able to achieve an ideal result.

☐ I have thoughtfully considered my treatment options and have chosen to proceed with a combined surgical-orthodontic approach. If I do not complete the surgical aspect of treatment, I understand that my occlusal and/or esthetic results as well as the stability of my result will be compromised. I release Dr. Marie Farrar and Smile Studio from any responsibility for any and all long term consequences of not being able to achieve an ideal result if I do not follow through with the surgical approach to treatment.

Patient___________________________    DOB__________________________

Signed__________________________________________  Date___________________________