“Orthodontic Recovery of Iatrogenic Cases”

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What I will present will be...

- Reasons for the growth of Iatrogenics
- Checklist of how to deal with these patients
- Clinical cases from my private practice
- Customized informed consent

“There are no absolute truths, only hypotheses which have not yet been disproven”

Karl Popper
Iatrogenic

“This refers to something caused unintentionally by treatment” - Behrends, 1996 - AJODO
What would you do in this case after 6 years of treatment?
How to treat this patient after 7 years and 4 months of treatment?
What are the limitations?

7 years of treatment
Here are some limitations
I, (_______________________________), authorize, the specialist in orthodontics Dr. “Gustavo Barreto”, to perform orthodontic treatment on me to TRY to correct the position of my teeth, recognizing the risk of losing various permanent teeth, due to severe shortening of the roots of my teeth and the severe bone loss.

I’m aware of the possibilities of dental loss as well as the possibility of the teeth not being in the right position. I also know that my treatment is complex and could be interrupted at any time and could involve surgical procedures to improve the relationship and position of the dental arches.

Signature

Dr. Saturnino Ramalho
3 years of treatment

4 years of treatment
Result after surgery first orthognathic approach

What can we do?
How to receive this patient?

9 years of treatment
Planning these tough cases with virtual setup
Study of 100 orthodontic patients

4 groups:

- Iatrogenics
- Possible iatrogenics
- Relapses
- Nontreated cases
Iatrogenic: 28%
Possible Iatrogenic: 12%
Non treated cases: 40%
Relapse: 20%
NATION

Boy Sues His Orthodontist After Having Braces On for 11 Years

After being a brace-face for 11 years, an Oregon teen is suing his orthodontist

By Melissa Locker @woolyknickers | Aug. 29, 2012 | 45 Comments

For any kid, finding out you need braces is seriously bad news, but it’s news that parents try to temper by explaining that the orthodontics will only be on for a year or two. And think of the payoff: straight teeth! With that in mind, parents of kids with braces may want to burn this article after reading, because an Oregon teen is suing his orthodontist for leaving his braces on for eleven years.
We are going towards an era of extreme dependence on companies and cake recipes.....
Bad Orthodontic Education

Bad Management
Bad orthodontic education

The problem with oversupply of almost any workforce, however, means more competition for a smaller consumer pool. As competition increases, the possibility of transgression from appropriate ethical behavior increases. Will a young graduate, faced with a monu-

The continued shortage of quality dental educators compounds the problem. As more and more dental schools sprout up to house more and more orthodontic programs, our strained cadre of dental educators will find increasing difficulty in maintaining our educational preeminence. And who but the trusting public suffers most, since they cannot discern the quality of care they receive?
Bad Management

Organization of your practice:

➢ Number of patients
➢ Appointments - informed consent
➢ Time for Diagnosis and Planning
➢ Removal of the braces
➢ Control missed appointments
➢ Reviewing the case
➢ Final records
➢ Treatment time
Bad Management

The size of an orthodontic practice or the size of the openings at the ends of the cylinder can vary. Some orthodontic practices are large, and others are small. Some practitioners have 6 or more treatment chairs and others have 3 or 4. Both of these practice models could be in balance; i.e., the numbers of patients entering the practice could be equal to the numbers completing treatment. But the most important part of balancing your practice is to also maintain a high level of quality.

I track the numbers of patients beginning and finishing treatment in my practice. I adjust the number of patient starts to equal the number of patient completions. And to determine whether the finished treatment results are at a high level of excellence, I use the ABO Objective Grading system to monitor the quality. Twice each year, in January and July, I score the posttreatment dental casts and radiographs of 10 consecutively finished patients. I expect that 9 of 10 completed patients will score at a level that would pass the ABO examination. If I achieve this level of excellence, and my practice flow resembles a cylinder (equal numbers of starts and finishes), then my practice is well balanced with a high level of quality. If, during this biannual assessment, I ever find
# Checklist for iatrogenic cases

- Main complaint
- Good records
- Customized informed consent
- Effective treatment plan, simple and UNIQUE
Conclusion

We have to treat this kind of patient using specific approaches, with objectivity and efficiency.