



Recommendations for Orthodontics during COVID-19 pandemic

2020

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of urgent dental care for patients undergoing orthodontic treatment during the COVID-19 pandemic and is intended for use by NHS staff working in England.

Orthodontic treatment is carried out in children and adults to improve the appearance and alignment of crooked, protruding or crowded teeth, and to correct problems with the bite of the teeth. In some cases, abnormal positioning of the teeth and jaw can affect the shape of the face and orthodontic treatment is carried out in conjunction with jaw surgery to correct this.

2. General Principles

- » No orthodontic patient should attend any clinic for routine care at this time to minimise risk to patients, staff and the public.
- » Most orthodontic appliances can be left in situ for some months without detriment to the patient if the patient continues with the usual after care instructions (which include maintaining excellent oral hygiene, a low sugar diet and avoiding hard/chewy/sticky foods food that may break the appliance).
- » Aerosol generating procedures (AGP) present a higher risk of transmission of the virus and should only be undertaken to provide urgent care where no other option is available.
- » Any patient requesting urgent care should first be triaged by telephone or online video-link by an orthodontist to assess the clinical urgency, establish their COVID-19 risk, offer any interim self-care advice and make an appointment for face-to-face assessment if absolutely necessary.

3. Definition of urgent orthodontic care

In an extreme emergency, the patient should contact the practice or unit by telephone or online video-link discuss ways of resolving their problem at home. Almost all orthodontic emergencies can be managed via appropriate advice from a suitably qualified health care professional. Only acute or urgent emergencies should be offered an appointment.

The following diagnoses require urgent orthodontic care:

- » Severe pain or discomfort and/or significant intra-oral trauma from a sharp wire associated with a fixed appliance or bonded retainer where the application of wax has failed to provide relief.
- » Broken band, bracket or tube from a fixed appliance that has been lost and there is the possibility of inhalation of a foreign body.

- » Partial dislodgment of a loose orthodontic band/TPA/quad-helix/RME/lingual arch appliance that cannot be re-seated.
- » All other common orthodontic problems such as debonded brackets/tubes and broken/lost removable appliances or retainers can be managed remotely via a telephone or video consultation as outlined in the flow chart below.

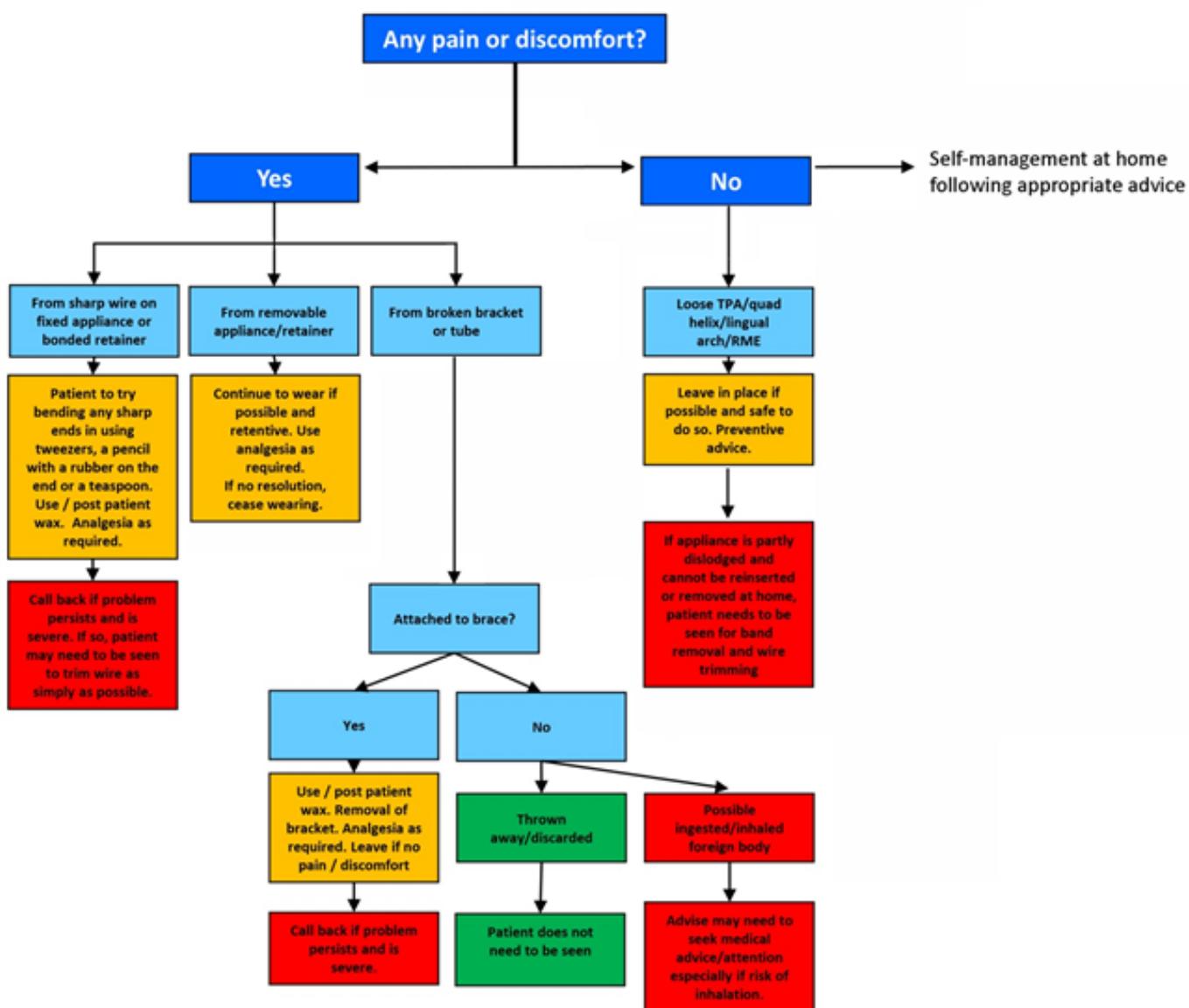
More information is available on the British Orthodontic Society website at: www.bos.org.uk including videos for patients showing how they can manage common orthodontic problems.

4. Providing treatment to patients

It is recommended that no aerosol generating procedures are undertaken in orthodontic emergency patients.

Treatment should be restricted to the trimming and adjustment of wires that are causing trauma as simply as possible with appropriate pliers (distal end cutter or wire cutters with forceps) or simple removal of any loose appliance component.

5. Flowchart for the management of orthodontic problems



The development and Production of this guideline was led by Professor M Cobourne, Professor J Sandler and Dr A DiBiase on behalf of the British Orthodontic Society and the Faculty of Dental Surgery, Royal College of Surgeons of England.