

Tooth Fairy Centre



Early Intervention Orthodontics

Parents often have questions about orthodontics, especially relating to their child starting treatment. Around the age of 6, when adult teeth begin to emerge, certain developmental issues may require attention. Common early childhood conditions that may need intervention include problems with tooth eruption, crossbites, severe overcrowding, jaw growth problems, snoring and thumb sucking.

Treatment for young children typically focuses on addressing functional problems that could negatively impact their dental health or jaw development. Taking a proactive approach can lead to the best long-term outcome and may also reduce or simplify the need for braces and/or tooth removal later on.



What is 'early intervention' orthodontics?

Early intervention orthodontics refers to beginning treatment before all the adult teeth have erupted. This is often recommended when your child shows signs of a developing malocclusion, as intervening early can reduce the severity of the problem and therefore improve the overall treatment outcome.

This type of treatment is sometimes referred to as phase 1 orthodontics, where orthodontic care is managed over two treatment stages. Phase 1 involves early intervention, while phase 2 occurs later when all the adult teeth have erupted, typically involving the more traditional use of upper and lower braces or Invisalign aligners.

Early intervention orthodontics plays a crucial role in improving jaw development, helping to create a strong foundation for the eruption of a child's permanent teeth.



What are some examples of appliances used in early intervention orthodontics or phase 1 treatment?

- Fixed rapid maxillary expander
- Removable maxillary expander
- Invisalign removable expander
- Invisalign first™
- Partial braces
- Tongue crib
- Space maintainer
- Specialised retainers
- Headgear
- Functional appliances

How long does early intervention treatment last?

The time a child will need to wear the appliance typically varies from about 9 to 18 months, depending on their individual needs.

What are some of the indications for early intervention orthodontics?

- Thumb sucking/ digit sucking or other habits
- Tongue thrusting or incorrect swallowing technique
- Buck teeth or protruded front teeth
- Crossbite or a narrow upper jaw
- Open bite where the upper and lower teeth do not meet properly
- Underbite (upper front teeth sitting behind the lower front teeth)
- Deep bite
- Irregularity or inadequate jaw growth
- Asymmetry of the jaws



What are the potential benefits of early intervention orthodontics?

- Creating adequate space for the adult teeth to avoid or minimise crowding when the adult teeth erupt.
- Harnessing growth to increase the size of the jaws, avoiding more complex treatment or even surgery later once growth has finished
- Palatal expansion can increase airway size and help improve nasal breathing, thereby potentially manage symptoms associated with sleep-disordered breathing in children
- Expansion of the dental arches can reduce the potential need for tooth extractions for tooth alignment
- Improve confidence and emotional well being
- Avoid dental trauma to protrusive upper incisors
- Manage habits to decrease negative effects on facial growth and jaw development
- Improve oral hygiene and the ability to keep the teeth clean
- Minimise the risk of tooth impaction
- Reduce the risk of facial asymmetry
- Reduce the need for braces when older or simplify future orthodontic treatment.

What is sleep disordered breathing?

When children have issues with breathing during sleep, they may not receive enough oxygen, which can prevent them from getting the restorative rest they need. Sleep-disordered breathing in children is often linked to blockages in the upper airways, and in severe cases, can result in brief, intermittent periods where a child temporarily stops breathing.

The areas most commonly affected by these blockages include the nose, mouth, lungs, and throat. When this condition occurs frequently throughout the night, it can lead to numerous sleep disruptions, impacting a child's overall health and well-being.



What are some causes of sleep disordered breathing or obstructive sleep apnoea in children?

- Enlarged tonsils/adenoids
- Blockages of the nasal airway
- Narrow upper jaw
- Retrusive upper and lower jaws

What are the symptoms of sleep disordered breathing or obstructive sleep apnoea in children?

Symptoms will present differently in each child but may include:

- Loud breathing/ mouth breathing
- Snoring
- Tooth grinding
- Headaches
- Waking at night and lethargy throughout the day
- Hyperactivity, or ADHD-like symptoms, behavioural problems
- Night terrors/sleep walking/bed wetting
- Difficulty concentrating or learning difficulties

How is obstructive sleep apnoea diagnosed in a child?

A diagnosis may require a referral to an ENT specialist or a paediatric sleep specialist for a thorough assessment. To further evaluate the condition, a sleep study might be conducted which involves monitoring your child's brain and heart function, oxygen levels, chest movement, and airflow during sleep.

What orthodontic management may be required for sleep disordered breathing in a child?

Treatment for sleep-disordered breathing in children varies based on their unique needs and the underlying cause of the issue. When the problem is related to a narrow upper jaw, treatment often involves the use of a palatal expander. This device is designed to widen the palate, which in turn increases the size of the nasal airway and enhances breathing function.

The palatal expander can be either fixed or removable, and it will be prescribed by a Specialist Orthodontist or Paediatric Specialist Invisalign provider.

The choice of expander depends on a child's specific condition and treatment plan.

What are possible complications of sleep disordered breathing or obstructive sleep apnoea in a child?

- Daytime fatigue, hyperactivity, and difficulty concentrating
- Lower-than-expected oxygen levels in the bloodstream
- Prolonged low oxygen levels can damage the vascular system
- Increased risk of poor growth and development

At what age should a child see an orthodontist or paediatric specialist Invisalign provider?

A child is never too young for an orthodontic assessment. It is often beneficial to consult with a specialist early to address any concerns about the alignment and/or development of their teeth. The Australian Society of Orthodontists recommends that a board-registered Specialist Orthodontist conduct the first assessment around the age of 6 or 7 years.

A general dentist can assist in referring for this initial appointment and providing guidance throughout the process. Early assessment can help ensure any potential issues are identified and managed promptly.

When should orthodontic treatment start?

Each child is unique, therefore observation appointments with a Specialist Orthodontist or Paediatric Invisalign provider every 6 to 12 months may help time orthodontic intervention appropriately. Early intervention orthodontics typically begins between the ages of 6 and 10, when adult teeth start to erupt and any potential issues become evident.

The timing of early intervention is carefully planned to minimise any negative effects of a child's specific malocclusion and to make the most of their growth and development. Additionally, management of habits or myofunctional treatments might be recommended by a Paediatric dentist even at a younger age to enhance breathing, speech development, oral function, and overall facial growth.





Orthodontic braces and teeth extractions

With a strong focus on children's orthodontics, we use "new orthopaedic" methods and appliances to treat crooked teeth, which can avoid the need for braces and extractions. We also offer "traditional orthodontics," including fixed braces and Invisalign, for more conventional treatments.

For children who need more complex orthodontic care, we collaborate with Specialist Orthodontists at Collins Street Orthodontics to ensure they receive the appropriate expertise and treatment.

Who can perform early intervention orthodontics?

At the Tooth Fairy Centre our team consists of highly educated dental professionals who are Specialist Orthodontists and board registered Paediatric Specialists that provide phase 1 orthodontic treatment.

Both Specialist Orthodontists and Specialist Paediatric Dentists undergo extensive training beyond their general dental degrees. After completing their initial education, they return to university for an additional three - five years of specialised training to achieve their specialist status. This rigorous training ensures they have the expertise required to deliver the highest standard of care.

We recommend scheduling a complimentary orthodontic assessment for your child at a young age to explore all available treatment options and ensure the best long-term outcomes.

If you are worried about any signs of sleep-disordered breathing in your child, we suggest arranging a myofunctional and sleep consultation with our Specialist Paediatric Dentist.



Why Choose Us?

We understand how important it is to lay the foundation for good oral hygiene and dental health habits from a young age. We always strive to make every child's dental appointments enjoyable and as comfortable as possible, so they always have a positive experience.



Team of board-registered specialists

Our board-registered Specialist Paediatric Dentists are experienced in treating children. A significant component of paediatric dentistry involves understanding child psychology and establishing trust through child-friendly communication in a reassuring environment.



7 convenient locations across Melbourne

Relax from the moment you step through the door at each of our practices conveniently located across Melbourne. Along with our accommodating trading hours you can easily make appointments where and when it suits you.



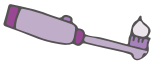
Over 30 years award winning service

We offer over 30 years of Specialist Paediatric practice and service, as well as countless awards in service excellence and customer service, so you can rest assured you're in the best hands.



Technologically advanced practice

We are committed to investing in the latest technology, and together with the economies of scale of a business of our size, has enabled us to purchase and maintain the very best technology. This attracts the best clinicians to work with us, with all of them having access to the most advanced technology available so they are equipped to provide their patients with optimal care.



Meet our Paediatric Dentists & Specialist Orthodontists

Our board-registered Specialist Paediatric Dentists are experienced in treating children with complex dental treatment needs such as developmental issues or paediatric periodontal disease. They also have expertise in caring for children with behavioural, medical or physical concerns in addition to those with a mental disability. They passed a specialised skillset to assist anxious patients, ensuring they are treated in a calm, child-friendly environment.



Dr Charmaine Hall
BDSc (Melb), DCLinDent (Melb), MRACDS (Paed)



Dr Susan Hinckfuss
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Dr Angel Babu
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