HOME

Welcome to the practice of Dr Amenah Shaikh. Located in Rondebosch East and Strand, our practice's top priority is to provide you the highest quality orthodontic care in a friendly, comfortable environment.

We recognize that every patient has different needs, and we pride ourselves in the courteous service we deliver to each person who walks through our doors. Whether you're an adult, adolescent or child, we are knowledgeable and committed to helping you achieve the smile you deserve - a healthy, beautiful one!

Orthodontic problems require specialized care. Patients who have dental and facial irregularities should see an orthodontist. Our specific qualifications in the design, application and control of corrective appliances will bring teeth, lips and jaws into proper alignment for optimal facial balance.

Our site provides important information about our practice that will help you become familiar with orthodontics. Our office is committed to providing you with the highest quality of care. We will make every effort to ensure that your first visit with us is a comfortable and informative experience.

Beautiful Smiles are a Team Effort

Your family dentist and your orthodontist work together on your behalf. When you choose an orthodontist who displays this qualification (MChD, Orthodontics), you are being treated by a professional who has completed advanced education required by the Health Professionals Council of South Africa to permit announcement as "specialist in orthodontics."

Creating healthy smiles at any age is what we do.

Our goal is to provide high quality orthodontic service in a warm and personable environment. We strive to provide our service professionally and efficiently to ensure that the orthodontic experience is gratifying to the patient, the parents and the staff.

PATIENT INFO

Your First Orthodontist Visit

Our objective is to make sure your visits with us will be pleasant and informative. Your initial appointment will consist of an examination and a discussion of potential treatment options. This important visit will address the orthodontic needs of you or your child.

Please assist us by providing the following information at the time of your first visit:

- Any x-rays (if applicable)
• A list of medications you are presently taking
• If you have medical aid/insurance, bring the necessary membership card. This will save time and allow us to help you process any claims.

Please alert the office if you have a medical condition that may be of concern (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever, etc.) or if you are on any medication (i.e. heart medications, aspirin, anticoagulant therapy, etc.)

Broken Appointments: If for some reason you cannot make it to your appointment, please contact our office at 021 696 3876. By doing so you allow another patient to use that time as well as reschedule your appointment. There is a R200.00 charge for appointments missed without prior notice. If it is after hours leave your name and number and a brief message on our answering machine and we will return your call in the morning.

Diagnostic Records & Treatment Planning

If it is determined that treatment is indicated, diagnostic records will be obtained. These records usually consist of study models, diagnostic photographs and orthodontic x-rays. Once these orthodontic records have been obtained, Dr. Shaikh will review them and determine a specific treatment plan for your orthodontic needs. Then our office will give you a call or send you an email to review your treatment plan, set up the necessary appointments to begin your orthodontic treatment and set up financial arrangements for you.

Successive Visits

Periodic visits are an important part of orthodontic treatment. Generally, we will want to see you every 4 to 8 weeks to check your progress and make adjustments to your braces. During this time, you will need to keep appointments, follow instructions, eat nutritiously and practice good oral hygiene. Also continue to visit your dentist regularly.

Once your braces are removed, retainers are utilized to hold your teeth in their new positions until your bone, gums and muscles adapt to the new teeth positions. The retention period is an important part of your overall treatment and should not be neglected!

Length of Treatment

Braces may be on between 6 months to 30 months or longer depending on the age of the patient, the severity of the problem, the patient's cooperation and the degree of movement possible.

Dental Care

Before any orthodontic treatment, your family dentist should make certain that all cavities have been treated and the health of your gums and underlying bone are free of periodontal disease.
In addition, your dentist or an oral surgeon will remove any teeth that Dr. Shaikh prescribed to correct your bite. Your family dentist should also schedule cleaning and cavity checkup visits during your orthodontic care. We would like to reinforce the need to keep your regular visits with your family dentist because we are only an aid to your family dentist and not a replacement.

Please contact our office at 021 696 3876 or email us at info@confidentsmile.co.za if you have any questions. The timing of your treatment is very important. You or your child may or may not be ready for treatment. Therefore, a consultation will allow us to better understand your needs.

**Scheduling**

Our rooms are open Monday through Friday from 11 a.m. until 6 p.m. We will schedule your appointment as promptly as possible. If you have pain or an emergency situation, every attempt will be made to see you that day.

We try our best to stay on schedule to minimize your waiting. Due to the fact Dr. Shaikh provides many types of dental services, various circumstances may lengthen the time allocated for a procedure. Emergency cases can also arise and cause delays. We appreciate your understanding and patience.

**Please call us at 021 696 3876 with any questions or to schedule an appointment.**

**Financial Information**

**Financial Options**

Financial considerations should not be an obstacle to a beautiful smile.

**Payment Options**

For your convenience, we accept cash, personal cheques and direct bank deposits. Payment is expected as per agreed contract.

**Medical aid Schemes / Insurance**

The fees charged for services rendered to those who have medical aid benefits are the usual and customary fees charged to all our patients for similar services. Your policy may base its allowances on a fixed fee schedule, which may or may not coincide with our usual fees. You should be aware that different medical aid schemes vary greatly in the types of coverage available.

We will prepare all the necessary forms/quotes for your medical aid scheme and whenever possible submit these to your medical aid scheme on your behalf. However, we remind you that your specific policy is an agreement between you and your scheme. Please keep in mind that you are responsible for your total obligation for treatment provided.
Our staff will gladly provide you with a pre-treatment estimate to submit to your scheme so that you will know what your benefits will be.

The cost of treatment depends on the severity of the patient’s problem. You will be able to discuss fees and payment options before treatment begins. We will finance your fee at zero interest. Most orthodontic treatment plans run to completion over 18 – 24 months. We structure a payment plan to suit you over 18 – 20 months at zero interest.

FEES
In an effort to keep orthodontic fees down while maintaining the highest level of professional care, we have established this financial policy:

- We charge all patients according to the National Reference Price List Tariff/Scheme rate.
- To fit your individual needs, financial arrangements can be made to extend your payments over a period from 9-20 months.
- Our treatment coordinator, Manzur, will work out a plan suited to your individual needs.
- In cases of serious delinquency, treatment may be discontinued, although we will make every effort to accommodate patients with temporary difficulties.

We deliver the finest care at the most reasonable cost to our patients. If you have questions regarding your account, please contact Manzur at 021 6963876.

ABOUT US

Dr Amenah Shaikh

EDUCATION

Matriculated with exemption at Lenasia Secondary High School (Johannesburg) 1978

B.Ch.D. (U.W.C.) June 1985

Completed Bsc. I at Durban Westville in 1980 and continued with BChD II from 1981 at UWC

Completed the degree in five and a half years

M.Sc. (U.W.C.) 1990

Completed the prescribed courses, viz., Oral Pathology and Oral Biology in 1986.
Thesis entitled "Gingival Overgrowth associated with Cyclosporin therapy in Renal Transplant patients" submitted and accepted in partial fulfilment of M.Sc. in March 1989.

Statistics - Non Degree(Occasional student) - 1993

**MChD (Orthodontics) 2000**

Dr. Shaikh is the first woman to graduate with a Specialty in Orthodontics from the University of the Western Cape, Cape Town, South Africa.

**TEACHING AND CLINICAL EXPERIENCE**

Dr Shaikh has taught and continues to teach under-graduate dental students, oral hygienists, chairside assistants and community health nurses.

Her teaching duties from 1990- June 1996 had been principally Oral Medicine and Periodontics.

The courses have been taught by means of lectures, seminars and chairside supervision of students where practical.

She has also participated in organising and delivering update courses in Oral Medicine and Periodontics and now she continues to do so in the field of Orthodontics.

Since July 1996 her teaching has been limited to Orthodontics.

Dr Shaikh has since been involved in organising and participating in continuing education courses, at the University of the Western Cape, Dental faculty as well as at Continuing education courses offered by other organisations and institutions when invited.

Presently, Dr Shaikh is employed as Associate Professor /Senior Specialist in the orthodontic department and is involved in teaching both the under graduates and postgraduate students as well as treating complex orthodontic patients.

She is also involved with treating and caring for the Cleft Lip and palate patients at the Red Cross Childrens Hospital as well as the orthognathic patients seen at the local tertiary hospitals.

Additionally, she works in her own private practice as a specialist Orthodontist where she diagnoses and treats patients who require comprehensive orthodontic treatment.
She has a special interest in treating patients who require multidisciplinary treatment, i.e., patients with more complex problems, like loss of numerous teeth, problematic tooth supporting structures, thus requiring treatment from more than one specialist (Prosthodontists, Maxillofacial surgeons, Periodontists) as well as patients with cleft lip and/or palate.

**PROFESSIONAL ASSOCIATIONS** (Past and present)

- International Association of Dental Research
- National Medical And Dental Association (NAMDA) - served on the executive
- Health Workers Association
- South African Health Workers Congress (SAHWCO) - executive member
- SAHSSO
- PPHC Network (SAHWCO representative)
- PPHC - AIDS Working group (SAHWCO representative)
- South African Medical and Dental Council
- Islamic Medical Association
- South African Dental Association
- South African Association of Orthodontists
- She is actively involved in the South African Association of Orthodontists

**Research Experience**

Dr Shaikh continues to participate in scientific meetings and forums where she has presented numerous papers of her research projects.

She has also supervised two MRC funded research projects of recent dental graduates who were the recipients of the MRC fellowship programme.

Dr Shaikh has also been actively involved at the university research committee where she had chaired the committee for three successive years.

She continues to assist undergraduate students with their research projects as supervisor for preparation and presentation at various student competitions.

Dr Shaikh has supervised Masters theses whilst she was in the department of Oral Medicine. Since her involvement in orthodontics, she continues to guide and supervise postgraduate masters’ students with their research projects.
**ORTHODONTICS**

**What is Orthodontics?**

Orthodontics is a unique specialty of dentistry that contributes to the physical and psychological development of people of all ages.

Orthodontics is the specialty branch of dentistry that focuses entirely on diagnosis, prevention, and treatment of dental and facial irregularities. The technical term for these problems is "malocclusion" which literally means "bad bite."

The practice of orthodontics requires extensive professional skill in the design, application, and control of corrective appliances (braces) to bring teeth, lips, and jaws into proper alignment and achieve facial balance.

**What is an Orthodontist?**

Teeth and sometimes faces are permanently changed by orthodontic treatment; therefore it is very important that the treatment be properly done. An orthodontist, like Dr. Shaikh, is a specialist who only treats orthodontic problems.

Dr. Shaikh has devoted four years of full-time comprehensive orthodontic training at an accredited University program in addition to five and a half years of dental school and 18 years of lecturing and training both undergraduate and postgraduate students. This advanced training included topics such as growth and development, genetics, biomechanics, and anatomy; as well as clinical skills in the design, application and control of braces and removable appliances.

**When Should Orthodontic Treatment Begin?**

An early orthodontic screening examination allows Dr. Shaikh to best determine the optimum time for treatment to begin. The American Association of Orthodontists recommends this visit for every child by the age of 7. This does not mean that all children need treatment at this age, but it does allow Dr. Shaikh to assess each individual case to determine who could benefit from early intervention. In some cases, early intervention can prevent the need for future treatment or at least reduce the complexity of future treatment, reduce the need for extractions and gain a better overall result. Please remember, however, that orthodontic treatment is not only limited to children, with about 1/4 of patients treated in orthodontic practices today being adults.

**How Does Orthodontic Treatment Work?**

Braces use steady, gentle pressure to gradually move teeth into their proper positions. The brackets that Dr. Shaikh places on your teeth, and the archwire that connects them, are the main components. Dr. Shaikh shapes the archwire to
move your teeth into your ideal bite. As the wire tries to return to its original shape, it applies pressure to actually move your teeth to their new positions.

**What is Phase I & Phase II Treatment?**

Phase I is treatment as early as age 8 or 9 years or earlier that may involve partial braces to expand space for developing adult teeth, correction of crossbites, overbites, underbites, or harmful habits. Not all children need this interceptive treatment, but a screening examination to determine this is recommended. Phase II is considered later when all the permanent teeth are in place. Phase II involves full braces, which give maximum control over the movement of teeth, whereas plates or "retainers" can only tip teeth in certain directions. The correction of rotated teeth, and any movement of teeth that involves more than simple tipping movements, are best achieved with braces.

**What about Adult Treatment?**

Orthodontic treatment can be successful at any age. The biological process involved in tooth movement is the same in both adults and children. The health of the teeth, gums, and supporting bone is very important to the success of orthodontic treatment in adults as well as children. Because an adult's bones are no longer growing, certain extreme corrections involving the facial bones cannot be accomplished with braces alone. Sometimes, adult orthodontic treatment may have to be combined with the efforts of an oral surgeon to achieve the final result.

**ALL ABOUT BRACES**

**How Long Will I Have to Wear Braces**

Treatment time with orthodontic appliances can range from one to three years. The actual time depends on the severity of the problem, the cooperation of the patient, and the growth of the patient's mouth and face. Some individuals respond faster to treatment than others, and minor problems may require less time. After the braces are removed, Dr. Shaikh recommends her patients to wear retainers to help keep the teeth in their new positions. Retainers are to be worn full time for one year, after which the amount of time worn each day can be gradually reduced until eventually worn just at night for as long as possible.

**Teeth with Braces Need Special Care**

You and your orthodontist are now a team. You both want the same thing - a beautiful smile with healthy, white, straight teeth. Your orthodontist will straighten your teeth, but you are the one who must keep them healthy and white. You know that means brushing. Now that you have braces, proper brushing will take some extra time and effort. When your braces come off, you want your teeth to look their best, so start today to be your smile's best friend. Remember - brush ... rinse ... and look until your teeth and braces are spotlessly clean!
These teeth and braces are spotlessly clean. Keep yours that way, and you will have a beautiful smile when your braces are removed.

**Don’t let these things happen to your smile!**

Plaque and trapped food have made these gums sore and swollen.

Careless brushing has left permanent marks on these teeth.

**Caring for your teeth with braces**

Brush your teeth a lot while wearing braces! Foods tend to get stuck around them, which can accelerate decay. Besides which, it feels gross!

Floss every day. In order to get the floss under your wires, use floss threaders.

Use the special fluoride prescribed by your dental hygienist/dentist every day. It will not only prevent cavities, but also help prevent decalcification around the brackets of your braces, so that when you get your braces off your smile will be **perfect**!

Eat healthy foods! A healthy diet means a healthy body, healthy teeth, and a better result for your orthodontia.

**Plaque is the Problem**

Plaque is a sticky, white substance that collects on your teeth. It is made up of bacteria, food and saliva. If plaque and trapped food are left on your teeth and around your braces, they can cause swollen gums, bad breath, marks on your teeth and cavities. Plaque also can discolour your teeth and make them look yellow. Don't let any of these
things happen to you - be your smile's best friend by brushing often and properly. Also, remember to visit your family dentist for regular checkups.

**How and When to Brush**

Use a toothbrush with a small amount of toothpaste. Use circular, vibrating motions around the gumline for about 10 seconds on each tooth.

Brush every tooth slowly. Brush the lower teeth up and the upper teeth down. Also brush your tongue and the roof of your mouth.

Brush after every meal, especially if you have eaten anything sticky or sweet. If you cannot brush right away, be sure to at least rinse well with water until you can brush. It is a good idea to carry a special travel toothbrush when away from home.

Floss nightly after brushing to remove the plaque missed by brushing.

Carefully pull waxed floss between wire and braces. Floss carefully around the braces.
Floss carefully around the gum area. Floss around each tooth.

An interproximal brush is sometimes recommended as a hygiene aid.

You should use the kind of toothbrush and toothpaste your orthodontist recommends and use them often. Brush after every meal, especially if you have eaten anything sticky or sweet. If you cannot brush right away, be sure to at least rinse well with water until you can brush. It is a good idea to carry a special travel toothbrush when away from home.

What is most important is that at least once every day you vigorously brush your teeth and braces until they are spotlessly clean. This takes extra time, so most patients do it at night before going to bed. Whatever time you choose to do this extra brushing, make absolutely sure your teeth and braces are as clean as you can get them.

At least once a day, remove every trace of plaque and trapped food from your teeth and braces using the toothbrush, toothpaste and other techniques your orthodontist recommends.

Remove every trace of plaque and trapped food from all the surfaces of your teeth fronts, backs, tops and under your wires (your oral hygienist will show you how to do this). Pay very close attention to brushing the gum line because plaque left there will make your gums sore and swollen, which will make brushing even more difficult. This also is the time you should use dental floss, special brushes, mouthwashes and fluoride mouth rinse, if recommended by your orthodontist.

After brushing you should rinse thoroughly. Swish the water all around your mouth and teeth. Then, inspect your teeth and braces carefully to make sure they are spotless. Do this by looking closely in a well-lighted mirror. This is very important because you cannot feel plaque but you can usually see it. You may have to brush and rinse two or three times before all the plaque is gone. This
may sound difficult but remember, they are your teeth and you want to have them for the rest of your life.

Keep your teeth and braces clean along the gum line, or they may become sore and swollen, which will make brushing more difficult.

Be Your Smile's Best Friend

**FOODS TO AVOID WHILE WEARING BRACES!**

Chewing Cracked Ice  
Chewing Hard Bread Crust  
Hard Pretzels  
Hard Pizza Crust  
Apples (unless peeled & cut into bite sized pieces)  
Carrots (unless cut in strips)  
Popcorn  
Nuts  
Hard and sticky Candies  
Meat on the Bone  
Celery  
Granola Bars  
Corn on the COB!  
Bubble Gum  
Toffees  
Crunchy Chips

**Remember:** Use common sense. If it is **hard, sticky** or **chewy**, you probably should **avoid** it.

**PROBLEMS**
Can You Take Care of It?
Before calling your orthodontist with a problem, ask yourself: Is this an emergency? True emergencies are rare. Spend a few moments learning more about your appliance and how to solve small problems. This will help you handle minor concerns on your own without first calling your orthodontist.

What You Can Do
Keep orthodontic wax and a pencil eraser handy. Here are some tips for handling minor problems:

- Poking wire or bracket: Roll a piece of wax into a ball and press it onto the part that's poking you.
- Broken wire: Press the wire toward your teeth with a pencil eraser.
- Small cut: To help the cut heal, rinse your mouth with a mixture of 1 teaspoon of salt and 1 cup of warm water.

A ball of wax pressed onto a wire or bracket can keep it from poking your mouth.

Call for a Special Appointment

Call your orthodontist's office during regular business hours if:

- An appliance breaks.
- A piece of the appliance is loose.
- An appliance gets lost.

Call Your Orthodontist Right Away

Call day or night if:

- A broken appliance prevents the mouth from opening or closing.
- Pain from an appliance is still felt even after taking over-the-counter pain relievers.

Call your emergency number first, then call your orthodontist, if:
• A serious face or mouth injury occurs anywhere near an appliance or it causes the appliance to break.
• A piece of the appliance is inhaled or gets in the way of breathing. This is extremely rare.

Know Your Appliance
Try to learn as much about your orthodontic appliance as you can. This will help you talk to your orthodontist about any problems you might have. Here are some of the main parts you'll find on a set of braces:

Tips to Prevent Problems
Always follow your orthodontist's instructions about proper wear and care and use common sense to prevent orthodontic problems. Keep orthodontic wax handy. And spend some time learning how to handle any problems that may come up. Here are some general tips that will help prevent problems.
- If you wear braces, don't eat foods that are hard, sticky, crunchy, or chewy. Avoid candy, gum, nuts, and corn on the cob. Cut raw carrots or apples into small pieces.
- Don't pick at or pull on braces even if it makes your teeth feel better.
- Don't flick your retainer around with your tongue.
- Wear a mouthguard when playing sports.

**EARLY TREATMENT**

**Early Treatment**

Dr. Shaikh can give you an idea of what to expect in the future and if there are any concerns, which should require early treatment.

Problems treated early include:

- Crossbites: Upper teeth fitting on the inside of lower teeth.

Severe Overbites: Upper teeth, which protrude beyond the lower teeth

Under bites: Upper front teeth that fit behind lower front teeth

Severe Crowding: Lack of space for permanent teeth to erupt into proper position
Early treatment, when necessary, allows Dr. Shaikh to guide the jaws and teeth into more favorable positions. This gives us better alignment of the jaws, and reduces the likelihood of fracturing protruded front teeth.

Children who have had early treatment generally will need to wear braces again when all of their permanent teeth are in. This second phase of treatment with full braces is generally shorter and far easier than treatment would have been is the patient had not had the benefit of early intervention. More importantly, we are able to achieve the best end result for these children.

Most children begin braces once most permanent teeth erupt. Usually ages 10-12.

RETAINERS

Now that your braces are off and you are enjoying your awesome new smile, we would like to give you some information about retainers. Retainers are very important to your orthodontic result and the first year after braces is always the most crucial.

- Until you are advised differently, wear your retainers all the time, except for playing sports and eating. Some hot-shots learn to eat with them in and rinse them off afterward. It's up to you, but...
- If you take them out, put them in your case, not in a napkin! You don't want them accidentally thrown away!
- They can get yucky very quickly if you don't keep them clean. Brush the retainers with cold water every time you brush your teeth. Soaking them in mouthwash during dinner will give you that after-dinner mint taste!
- Retainers can easily be broken if they are not in your mouth or in their case. Avoid backpacks, back pockets, tabletops and places where the family dog can attack them!
- If you do break your retainers, don't try to fix it yourself! Call us to get it repaired.
- Be careful not to "click" them in and out all the time or always be taking them out to show friends. This will cause them to get loose and not fit properly.
• Retainers don't like heat! Avoid hot water, sunlight and don't microwave them (Yes, it's been done)!
• You may talk funny or salivate more when you first get them. This is normal and will improve with practice and time. If you are a student, you may want to let your teacher know why you may sound like Daffy Duck for a couple days!
• **Remember:** Retainers are difficult to make and are expensive to replace. Take care of them and keep your recall appointments with us! With proper care, your retainers will serve you well for a very long time.

**FAQ's**

**Is it required that I be referred by my family dentist to schedule an appointment?**
No, it is not. Most of our patients are referred by their family dentist, however many patients are concerned about their health and appearance, and take the initiative to schedule themselves for an examination to have their need for orthodontic care evaluated.

**At what age should I schedule an appointment for an orthodontic screening?**
The American Association of Orthodontists recommends an orthodontic screening at age seven. By this age, the six-year molars and several permanent teeth in most children have erupted allowing the doctors to effectively evaluate most developing orthodontic problems.

**Will my child's teeth straighten out on their own as they grow?**
No, they will not. The space available for the front teeth does not increase as a child grows. In most people, after the permanent 6-year molars erupt, the space available for the front teeth actually decreases with age.
How do I schedule an appointment for an initial exam?
If you think you or your child would benefit from orthodontic treatment, simply call our office and we will be happy to schedule an appointment for you. When you call to schedule your appointment, our office staff will request some very basic information concerning you and your child.

What will happen at the initial examination appointment?
Upon arriving each patient and parent will be received by the receptionist and prepare for the initial exam. Necessary photographs and radiographs (x-rays) will be taken to allow the orthodontist to make a proper diagnosis.

A brief but thorough exam will then be completed by the orthodontist. Building a comfortable and trusting relationship with the orthodontist and staff is a significant goal of our initial exam.

What will I learn from the initial examination?
There are five important questions that will be answered 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?

In addition to these, Dr. Shaikh will take the time to answer any other questions a patient or parent may have.

Will I have to have any teeth removed for braces?
Removing teeth is sometimes needed to get the best orthodontic result. Straight teeth and a balanced facial profile are always the goal.

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. An "average" time a person is in braces is approximately 22 months.

How much will braces cost? Are financing options available? How does my medical aid work?
It is impossible to give an exact cost for treatment until the doctor has actually examined you or your child. The exact cost and financial options will be discussed at the initial examination. We have financing options available to meet most needs and we will be happy to review them with you. We also offer a discount for fees paid in full at the beginning of treatment. Proper orthodontic treatment to correct a problem is often less costly than the additional dental care required to treat the more serious problems that can develop in later years.

How often will I have appointments?
Appointments are scheduled according to each individual patient's needs. Most patients in braces will be seen every 4 to 8 weeks. If there are specific situations that require more frequent monitoring, appointments will be scheduled accordingly.

Can I have all of my appointments after school?
We reference all area school calendars, and try very hard to meet the scheduling needs of our patients. Fortunately, we most of our appointments for student patients are scheduled after school hours. Additionally, because most appointments are scheduled 4 to 8 weeks apart, very little time is compromised due to their orthodontic treatments.

Can I drop my child off for an appointment?
We are very understanding of busy schedules and working parents' desires to run errands while their child is at our office. On some occasions the doctor may want to speak with parents when they return, so we request that parents check in with the staff before dropping off their child.

**Do braces hurt?**
Generally, braces do not "hurt." After some visits, teeth may be sore for a few days. In these situations, pain medications such as Panado or Tylenol can be used to ease the discomfort. However, after most visits, patients do not feel any soreness at all! We often remind our patients, it does not have to hurt to work!

**Can I return to school the day I receive my braces?**
Yes. There is no reason to miss school because of an orthodontic appointment.

**Do you give injections?**
No. No injections are necessary in orthodontic treatment.

**Can I still play sports?**
Yes. We can recommend a mouth guard for all sports. Custom made mouth guards are available upon request.

**Do I need to see my family dentist while in braces?**
Yes! Regular checkups with your family dentist are very important while in braces. Your family dentist will determine how often you should be seen for cleaning appointments while you are in braces.

**Are there foods I cannot eat while I have braces?**
Yes. Once treatment begins, very complete instructions and a comprehensive list will be provided regarding foods to avoid. Some of those foods include: ice, hard candy, raw vegetables and all sticky foods (i.e. caramel and toffee). Many emergency appointments to repair broken or damaged braces can be avoided by carefully following instructions regarding what foods to avoid.

**How often should I brush my teeth while in braces?**
Patients should brush their teeth at least four times each day: after breakfast, lunch (or as soon as they get home from school), supper, and before going to bed. Your dental hygienist will show you how to floss your teeth with braces on, and will also advise you to use topical fluoride to help protect teeth.

**What is an emergency appointment? How are those handled?**
If something happens and your braces are causing pain or if something is broken, you should call our office. In most cases we can address these issues over the telephone. If an emergency appointment is needed, daily time is available for timely attention.

Can orthodontic correction occur while a child still has some 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.

**What is Phase One (early) Treatment?**
Phase One treatment, when needed, is usually initiated on children between the ages of seven and 10. Phase One treatment usually takes about 12 months.

There are several primary objectives for Phase One treatment.

- To address significant problems early to prevent them from becoming severe corrections later.
- To develop jaws for crowding concerns and modify jaw growth for an improved jaw relationship.
- Finally, to improve self-esteem and self-image, both very important during their formative years.

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 of time following Phase One treatment is called the "resting period," during which growth and tooth eruption are closely monitored. Throughout this period, parents and patients will be kept informed as to any future treatment recommendations.

Will my child need an expander?
At the completion of the initial examination, the doctor will determine whether a patient will need an expander or not.

Is it too late to have braces if I am already an adult?
A surprising percentage of our patients are adults. Health, happiness and self-esteem are vitally important to adults. No patient is "too old" to wear braces!

**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 so that the space where the teeth are missing can be properly restored.

**Why should you choose an orthodontic specialist?**
Teeth and sometimes entire facial structures are permanently changed by orthodontic treatment. It is very important that the treatment be appropriate and properly completed. Orthodontic specialists, like Dr. Shaikh, have extensive and specialized training that enables them to provide all types of orthodontic patients with professional and state of the art treatments.

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**We are conveniently located at . . .**

82 Third Avenue  
Rondebosch East  
Cape Town  
South Africa  
TEL: 021-696 3876  
FAX: 0866 365 879  
email: info@confidentsmile.co.za

From the M5  
Take the Kromboom road/Newland sports ground exit off the M5.  
Turn away from Table Mountain, into Kromboom road.  
Take a right turn into 3Rd Avenue  
Our office is on the right, three doors away from the corner of Kromboom road.
Common Orthodontic Corrections in Adults and Children

Classification of Teeth Overview

For a brief overview of the classification of teeth, please click on the image below. It will launch our flash educational module in a separate window that may answer some of your questions about the classifications of teeth.

Launch the presentation

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Orthodontics is the specialty of dentistry focused on the diagnosis and treatment of dental and associated facial irregularities. The results of orthodontic treatment can be dramatic — beautiful smiles, improved dental health and an enhanced quality of life for many people of all ages. Orthodontic problems, which can result from genetic and environmental factors, must be diagnosed before treatment begins. Proper diagnosis involves taking photographs, x-rays, and dental impressions, which enable our practice to make informative decisions about the form of treatment necessary.

Treatment typically lasts from 6 to 30 months, depending on age and the severity of the orthodontic problem. Outstanding results are also dependent on maximizing the coordination of care between you and our practice. We are committed to delivering the best possible service in order for you to achieve your orthodontic objectives.

Orthodontic Treatment Timing

Dr. Shaikh provides orthodontic treatment for adults, adolescents and children. We follow the guidelines established by the American Association of Orthodontists by recommending that an orthodontic evaluation take place at age 7 for all children. This early evaluation can help to determine the best time to begin any necessary treatment.

Many progressive treatments are now available for patients 7 to 11 years of age that provide significant benefits, especially when jaw irregularities are present. These treatments may also prevent certain conditions from worsening. Treating children with these types of problems during their growth stages allows our practice to achieve results that may not be possible when face and jaw bones have fully developed. This early treatment can simplify or eliminate additional treatment for the child.

Classification of Face and Teeth
Classification of Teeth

The classification of bites are broken up into three main categories: Class I, II, and III.

Classification of Teeth Overview

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Class 1:
Class I is a normal relationship between the upper teeth, lower teeth and jaws or balanced bite.

<table>
<thead>
<tr>
<th>Normal</th>
<th>Crowding</th>
<th>Spacing</th>
</tr>
</thead>
</table>

Class II:
Class II is where the lower first molar is posterior (or more towards the back of the mouth) than the upper first molar. In this abnormal relationship, the upper front teeth and jaw project further forward than the lower teeth and jaw. There is a convex appearance in profile with a receding chin and lower lip. Class II problems can be due to insufficient growth of the lower jaw, an over growth of the upper jaw or a combination of the two. In many cases, Class II problems are genetically inherited and can be aggravated by environmental factors such as finger sucking. Class II problems are treated via growth redirection to bring the upper teeth, lower teeth and jaws into harmony.

<table>
<thead>
<tr>
<th>Division 1</th>
<th>Division 2</th>
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Class III:  
Class III is where the lower first molar is anterior (or more towards the front of the mouth) than the upper first molar. In this abnormal relationship, the lower teeth and jaw project further forward than the upper teeth and jaws. There is a concave appearance in profile with a prominent chin. Class III problems are usually due to an overgrowth in the lower jaw, undergrowth of the upper jaw or a combination of the two. Like Class II problems, they can be genetically inherited.

![Skeleton](image1) ![Dental](image2)

**Classification of Face**

It is not sufficient to categorize orthodontic malocclusions on the basis of a classification of the teeth alone. The relationship with other craniofacial structures must also be taken into consideration.

**Class 1:**

**Maxillary-Mandibular Dental Protrusion — teeth:**  
This is an example of a dental malocclusion that may require the removal of teeth for correction.

**Maxillary-Mandibular Dental Retrusion — teeth:**  
This is an example of a dental malocclusion that may be treated with expansion rather than removing teeth.

**Class 2:**

**Maxillary Dental Protrusion — teeth:**  
This malocclusion may require the removal of teeth.

**Mandibular Retrognathism — jaws:**  
The lower jawbone has not grown as much as the upper jaw. This example of a Class II malocclusion demonstrates

**Maxillary Dental Protrusion — teeth & Mandibular Retrognathism — jaws:**  
These Class malocclusions are more difficult to treat due
the need for early growth guidance. to the skeletal disharmony and may require orthognathic surgery in conjunction with orthodontic treatment.

Class 3:

Mandibular Dental Protrusion — teeth: The lower teeth are too far in front of the upper teeth. This malocclusion is treated with orthodontic procedures which may require the extraction of teeth due to the dental protrusion.

Mandibular Prognathism — jaws: The lower jaw bone has outgrown the upper jaw. This malocclusion is more difficult to treat due to the skeletal disharmony and may require orthognathic surgery in conjunction with orthodontic treatment.

Impacted and Missing Teeth

*Impacted teeth*

*Classification of Teeth Overview*

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Impactions can be caused by improper positioning of the developing tooth bud. This can cause the tooth to fail to erupt into the mouth. Impactions can also be caused by early loss of primary teeth or crowding of teeth. Wisdom teeth are the most commonly impacted teeth. Canines and premolars can also be impacted.

This problem should be corrected because it can:
• cause damage to the root structure of adjacent teeth
• interfere with the sinus cavity
• leave unwanted spaces
• lead to improper functioning of the teeth
• cause premature wear of the teeth
• cause asymmetric alignment of the teeth

**How can impacted teeth be orthodontically corrected?**

Usually the impacted tooth is exposed over the course of a few months and brought into the correct position of the mouth. Correction of impacted teeth may involve a minor surgical procedure performed by an oral surgeon working closely with our practice. This will allow us to then guide eruption of the impacted tooth into proper position.

**Missing teeth**

Missing teeth is the absence of a tooth or teeth that should normally be present. This can be caused by trauma or lack of development.

**This problem should be corrected because it can:**

• cause improper functioning of teeth
• cause premature wear of teeth
• cause asymmetric alignment of the teeth
• make your smile less attractive

**How can missing teeth be orthodontically corrected?**

Depending upon the situation, the space can be closed with braces or opened for tooth replacement. A bridge or dental implant are restorative options if a space is created.
Crowding and Spacing Teeth

Crowding of the Teeth

Classification of Teeth Overview

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Crowding is the lack of space for all the teeth to fit normally within the jaws. The teeth may be twisted or displaced. Crowding occurs when there is disharmony in the tooth to jaw size relationship or when the teeth are larger than the available space. Crowding can be caused by improper eruption of teeth and early or late loss of primary teeth. To discuss crowding and the spacing of teeth, please feel free to contact us to schedule an appointment.

Crowding should be corrected because it can:

- prevent proper cleaning of all the surfaces of your teeth
- cause dental decay
- increase the chances of gum disease
- prevent proper functioning of teeth
- make your smile less attractive
How can crowding be orthodontically corrected?

Extra space can be created by expansion of the arches or extraction of teeth. Once space is created, braces will eliminate crowding and align the teeth. Correction of crowding can help prevent dental decay and periodontal disease by improving the ability to remove plaque from the teeth.

Spacing of the Teeth

Spacing (the opposite of crowding), is an excess of space for your teeth which results in gaps between your teeth. This generally occurs when the teeth are smaller than the available space. Spacing can also be caused by protrusive teeth, missing teeth, impacted teeth or abnormal tissue attachments to the gums.

Spacing should be corrected because it can:

- result in gum problems due to the lack of protection by the teeth
- prevent proper functioning of the teeth
- make your smile less attractive

How can spacing of the teeth be orthodontically corrected?

The spaces can be closed by moving the teeth together and properly aligning them within the arch.

Orthodontic Disorders

Classification of Teeth Overview

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**Crossbite**

Crossbite can occur in the front and/or the sides of the mouth: One or more upper teeth bite on the inside of the lower teeth. This can occur with a single tooth or multiple teeth. Early correction of crossbite is recommended.

**Crossbite should be corrected because it can:**

- cause premature wear of the teeth
- cause gum disease including bone loss
- cause asymmetrical development of the jaws
- cause dysfunctional chewing patterns
- make your smile less attractive

How can a crossbite be orthodontically corrected?

If there is a single tooth crossbite, the tooth can be moved with braces into the correct position. In some cases, a retainer can be utilized. With multiple teeth in crossbite, the arch needs to be expanded with braces or other intra-oral appliances.

**Openbite**

Openbite is an insufficient vertical overlap of the teeth. It is caused by oral habits such as tongue thrust, digit sucking or when the jaws don't grow evenly. Timing of treatment is critical to the overall success of the therapy.
How can an openbite be orthodontically corrected?

Openbite can be corrected through growth modification of the jaws using braces, extrusion of the anterior teeth and in some cases surgical correction of the jaws. Also breaking oral habits, such as digit sucking, will facilitate the correction of an openbite.

![Before and after images of openbite correction](image)

**Overbite**

Overbite occurs when the upper front teeth protrude over the lower front teeth. Generally there is no contact between the upper and lower front teeth. Often you cannot see the lower incisors. Overbite is due to a disproportionate amount of eruption of front teeth or over development of the bone that supports the teeth and a front to back discrepancy in the growth of the upper or lower jaw (Class II Relationship). Overbite is also known as a deep bite.

**Class II Overbite**

Overbite should be corrected because it can:

- cause improper functioning of your front teeth
- result in the lower front teeth biting into the gum tissue of the upper palate leading to tissue problems
- unusual wear of the lower front teeth
- cause jaw or joint problems
- make your smile less attractive

![Before and after images of overbite correction](image)
How can an overbite be orthodontically corrected?

Overbite can be corrected through moving the front teeth up and/or bringing the back teeth together, which will "open" the bite so the teeth are properly aligned and the deep bite is eliminated.

Overjet

Class II Overjet

Overjet is also known as protrusion. In this case, the lower teeth are too far behind the upper front teeth. This can be caused by an improper alignment of the molars (Class II Relationship), a skeletal imbalance of the upper and lower jaw; flared upper incisors, missing lower teeth or a combination of all the above. In addition, oral habits such as thumb sucking, finger sucking or tongue thrusting can exacerbate the condition.

Overjet should be corrected because it can:

- prevent proper functioning of the front teeth
- lead to premature wear
- make your smile less attractive

How can overjet be orthodontically corrected?
Overjet can be corrected through growth modification using a functional appliance and/or elastics to reduce the skeletal imbalance or extraction of teeth.

**Underbite**

**Class III Underbite**

The lower teeth protrude past the front teeth. An underbite is usually caused by undergrowth of the upper jaw, overgrowth of the lower jaw, or a combination of the two (Class III Relationship). Underbite can also be caused by flared upper incisors, missing lower teeth or a combination of all the above. Early correction of underbite is recommended.

**Underbite should be corrected because it can:**

- prevent proper functioning of the front teeth or molars which can lead to premature wear of the teeth
- cause chewing or eating problems
- cause jaw or joint problems
- make your smile less attractive

**How can an underbite be orthodontically corrected?**

Underbite can be corrected through growth modification of the jaws, extraction of teeth and in some cases, surgical correction of the jaws.
Braces

How do braces straighten crooked teeth?

Braces use constant, gentle pressure, which over time, move teeth into their proper positions. Your braces are at work every moment of your orthodontic treatment. The two main components of your braces are: the brackets that are placed on your teeth and the main archwire that connects them. The bracket is a piece of shaped metal or ceramic that we affix to each tooth. The archwire is bent to reflect your "ideal" bite. In other words, it reflects the way we want you to look after treatment. To discuss getting braces in the, please feel free to contact us to schedule an appointment.

Types of Braces Overview

For a brief narrated overview of the different types of braces, please click on the image below. It will launch our flash educational Module in a separate window that may answer some of your questions about different types of braces.

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The wire threads through the brackets and, as the wire tries to return to its original shape, it applies pressure to move your teeth. Picture your tooth resting in your jaw bone. With pressure on one side from the archwire, the bone on the other side gives way. The tooth moves. New bone grows in behind.

Attached to your braces, elastics (rubber bands) exert the proper force that creates the right amount of pressure to move teeth. In order for this force to remain constant, elastics must be worn all the time and changed every day.

Different Types of Braces

Metal braces are the most popular with kids and teenagers. They love using different colors of ligature ties. These braces are much smaller than ever before.
Self-ligating metal brackets reduce friction between brackets and wires by eliminating use of ligature ties. Thus, it can reduce total treatment time.

Translucent clear ceramic braces are the most popular with adults. You have to be very close to someone to be able to see them. Yet, because they are a ceramic material, they are more fragile.

**Removable Appliances**

Removable appliances, unlike conventional braces, are used to retain teeth in their corrected positions and in some cases, to influence growth of the jaws in order to effect changes in facial structure. In addition, they are often used before and in conjunction with fixed appliances.

Removable appliances are not utilized to treat all orthodontic problems. It takes skill, and experience to recognize conditions that will respond favorably to removable appliances. Timing of such therapy also is very important.

Since removable appliances can easily be taken out by the patient, there may be a tendency not to wear them as we have prescribed. This means your teeth, jaws and muscles may move back toward their original positions.

Removable appliances require care. Although you may notice an effect on eating and speaking along with an increase in the flow of saliva, you will eventually adjust to the appliance.
Retainers

Once the active period is completed, your braces are removed. The next step is called retention. Retainers are utilized to hold your teeth in their new positions until your bone, gums, and muscles adapt to the new teeth positions. You must wear your retainer as instructed, otherwise your teeth may move toward their original positions and the benefit of wearing your braces will be lost.

Dr. Shaikh will determine how long you need to wear your retainer. Time varies with each patient. Some people may need retainers for an extended period of time in order to eliminate shifting of the teeth. In some cases, permanent retention may be necessary. The retention period is an important part of your overall treatment and should not be neglected!

Remember, wear them in your mouth, not in your pocket. Retainers work when you follow our instructions.

**Clean your retainers! After meals, clean all parts of the retainer with a brush.**

Handle your retainers with care. Retainers are easy to lose. If you take your retainers out, always place them in your retainer case for safety.