

Orthodontics in covid-19 pandemic: changed routine of practice¹Dr. Gaurav Ahuja, MDS, Orthodontics, Reader, Yamuna Institute of Dental Sciences and Research, Badholi²Dr. Akshay M Waingankar, MDS, Orthodontics, Government Dental Centre, Delhi Cantt, New Delhi³Dr. Ankit Sikri, MDS, Orthodontics, Reader, National Dental College and Hospital, Derabassi⁴Dr. Mitasha Sachdeva, MDS, Orthodontics, Senior Lecturer – National Dental College and Hospital, Derabassi⁵Dr Shilpi S Garg, Senior Lecturer, BJS Dental College and Hospital, Ludhiana**Corresponding Author:** Dr. Gaurav Ahuja, MDS, Orthodontics, Reader, Yamuna Institute of Dental Sciences and Research, Badholi**Citation of this Article:** Dr. Gaurav Ahuja, Dr. Akshay M Waingankar, Dr. Ankit Sikri, Dr. Mitasha Sachdeva, Dr Shilpi S Garg, “Orthodontics in covid-19 pandemic: changed routine of practice”, IJDSIR- June - 2021, Vol. – 4, Issue - 3, P. No. 01 – 03.**Copyright:** © 2021, Dr. Gaurav Ahuja, et al. This is an open access journal and article distributed under the terms of the creative commons attribution noncommercial License. Which allows others to remix, tweak, and build upon the work non commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.**Type of Publication:** Review Article**Conflicts of Interest:** Nil**Abstract**

First, In India, provincial dental regulatory authorities have ordered, in response to the current COVID-19 pandemic, a mandatory suspension of all non-emergency dental therapies, including orthodontic treatment. While we acknowledge the need to close orthodontic practices during this time, what constitutes an orthodontic emergency has not been specified in the shutdown notice emails. As many orthodontists are struggling to balance their own safety with their commitment to their patients, more concise guidance is needed for handling orthodontic emergencies using circumstance-specific protocols

Keywords: Covid – 19, PPe, Orthodontics.**Introduction**

We applaud Dr. Jerrold for his timely and critically important report on the challenges encountered by orthodontic practitioners in the era of the coronavirus

disease 2019 (COVID19).¹ While we agree with the concerns and recommendations raised in the report, we would like to supplement it with several areas of imminent concern that require our immediate attention.

First, In India, provincial dental regulatory authorities have ordered, in response to the current COVID-19 pandemic, a mandatory suspension of all non-emergency dental therapies, including orthodontic treatment. While we acknowledge the need to close orthodontic practices during this time, what constitutes an orthodontic emergency has not been specified in the shutdown notice emails. As many orthodontists are struggling to balance their own safety with their commitment to their patients, more concise guidance is needed for handling orthodontic emergencies using circumstance-specific protocols.²

In general, orthodontic emergencies can arise from the following scenarios: Loose intraoral fixed appliances,

either fully retrievable by the patient or parent or partially loose requiring orthodontic intervention; fixed intra-oral appliance impinging on the palate or gingival tissue; broken, ill-fitting, or missing removable appliances, aligners or retainers; a missing or broken bracket; pocky wire; and broken or loose-ended fixed retainer. In addition, there are many scenarios for which an orthodontist may not be able to leave a patient unattended for a period greater than 10-12 weeks. Examples include patients with a reverse-curve NiTi wire or patients having treatment to retrieve an impacted tooth. Public memos about these orthodontic emergencies prepared by provincial (or state) dental regulatory authorities and geared toward patients would be beneficial in communicating a uniform message to our patients.

Orthodontists would then have the ability to share this public memo on social media platforms and websites, which can serve to educate the public and allow orthodontists to defend their position during this challenging time. Moreover, the uniformity of the message would also serve to build the profession's trust amongst the general public.

Second, apart from the orthodontic emergency schemas, a clear guideline for COVID-19 testing and types of personal protective equipment (PPE) is needed in orthodontic practice. Although limited within orthodontic practice, treatment procedures using hand drills do increase the risk of virus transmission.² These procedures include cleaning residual adhesive and cements during deband appointments, insertion or removal of clear aligners attachments, removing bite turbos, and modifying a fixed orthodontic appliance inside the mouth (e.g., Hyrax expanders). Many orthodontists currently do not have the PPE needed to handle orthodontic emergencies, and they also do not have priority to get tested for COVID-19. As such, regulatory authorities are required to

help orthodontists order the appropriate PPE and give COVID-19 testing in orthodontists equal importance as that of other medical practitioners so that we can keep our staff and patients safe.

Third, virtual orthodontic care and consultations require regulating. As the COVID-19 pandemic worsens, many orthodontists across the country are heading towards implementing virtualised orthodontic consultations and treatment approaches that remove the need for in-person meetings with patients. Orthodontists are contacting patients remotely using different platforms such as Zoom, Invisalign Team, etc; some of which are not HIPPA (Health Insurance Portability and Accountability Act) compliant. As this is a relatively new method of dental care delivery, clear rules and guidelines should be established regarding its use, to protect both patients and orthodontists equally. Given that dental professionals are currently carrying out these virtual consultations without guidelines, it is concerning that the rapid move towards virtual-based interactions may lower standards of orthodontic care. Here are few important concerns that need to be considered immediately when contacting patients remotely:

Obtaining informed consent and proper documentation

Offering patients the option to connect via e-mail if they do not feel comfortable carrying out virtual consults, or to connect via audio only should they decline using visual aids.

Choosing the appropriate time to contact patients (e.g., during business hours), and from an "Unknown Number" or "Private Number" to protect the privacy of the orthodontists.

Disclosing financial information via email as proof. Discussing orthodontic contracts verbally without written proof may lead to miscommunication and misunderstanding once the COVID-19 pandemic is over.

Maintaining professional attire as well as professional setting should there be a virtual consult scheduled.

Having a HIPPA-compliant application to protect the information being shared across these virtual mediums.

Conclusion

In conclusion, considering the uncertainty surrounding the COVID-19 situation, it is evident that there is a need for clinical measures and guidelines for use in orthodontic practices during pandemic situations. These guidelines should provide:

- (1) Clear legislation which explains which emergencies orthodontists can see in their clinics and which they should defer;
- (2) Priority for COVID-19 testing and guidelines for PPE needed in orthodontic practices for specific procedures; and
- (3) Comprehensive protocols for proper virtual based consultations and appointments that assure adequate patient care. With the passing days it seems inevitable that COVID-19 has and will forever change the way we practice orthodontics, but with unity and collegiality in the orthodontic community, we can surmount this together.

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