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PATIENT INSTRUCTIONS: RAPID PALATAL EXPANDER

You have (or your child has) received a rapid palatal expander. This appliance orthopedically widens the upper jaw by separating the midpalatal suture. This procedure allows for the creation of more space for the eruption of permanent teeth.

There are two types of expanders. The first is a **BONDED** expander. This appliance is bonded (or glued) to the posterior teeth. This bonded expander not only covers the outside and inside edges of the posterior teeth, but also covers the biting surfaces of the back teeth. It is normal for the front teeth to not hit the same as they did before the appliance was placed.

The second type of expander is a **BANDED** expander. In adolescent patients or adults whose permanent teeth have erupted, the appliance is fixed to the teeth using orthodontic bands.

Both types of expanders use the force of a screw to expand the upper palate and the internal bone structure. The appliance is to be activated once per day, usually at bedtime. You have been given a special key to activate the appliance. Follow the instructions below to activate the appliance.

1. The patient should lie on a flat surface, such as a bed. It is helpful if there is a source of light to illuminate the inside of the mouth.
2. Insert the key into the hole at the midline of the appliance. Push the key backward towards the throat until the next hole in the expansion screw becomes visible.
3. Remove the key by releasing the tension from the handle of the key and pulling the key down. Be careful not to accidentally deactivate the appliance by pulling the key forward.

During and immediately following the activation of the appliance, some pressure may be experienced by the patient at the bridge of the nose, in the cheeks, or between the front teeth. This pressure is completely normal and will subside.

The first day or two is the breaking-in period and will be the most challenging. Initially, the patient may feel frustrated. We have found that with patience, encouragement and a positive attitude the patient will quickly adapt. Speech and eating difficulties are usually resolved within 24-72 hours. A helpful tip is to read out loud for a few days until speech improves. It is also helpful to eat softer foods (pasta, soup, cereal, applesauce, yogurt, etc.) for the first meal or two until the patient has grown accustomed to this new feeling. Initially, a cold treat of ice cream or popsicles may relieve some of the uncomfortable symptoms. Within a few days, the patient should be able to eat almost anything (except for foods on the No Excuses Food List).

After around one week of activation, a space usually opens between the two upper front teeth. The appearance of the space is an indication that the treatment is progressing as expected. This space will continue to increase throughout the treatment. Occasionally, the front teeth will become slightly mobile and sensitive. This will subside within a short period of time. Discomfort can be relieved by taking Tylenol or Ibuprofen (Advil, Motrin).

During meals, food may accumulate between the roof of the mouth and the appliance. It is best to finish the meal or snack first and then dislodge the food by swishing around a mouth full of water or by using the proxy brush given to you.

It is very important that the space between the appliance and the roof of the mouth be cleansed thoroughly each day, preferably with a Water Pik. If the food particles remain under the appliance, they may become a source of irritation to the roof of the mouth. This will be uncomfortable for the patient, and in extreme cases, can cause infection. When brushing, pay attention to the area where the appliance meets the gums on the cheek side and the tongue side. Improper brushing can leave heavy plaque buildup which will cause gingivitis. If you notice the gums are bleeding, especially while brushing, this is a sign of gingivitis. This can be eliminated within two or four days with adequate plaque removal when brushing.

If the appliance becomes loose, if there is pain, or if there is extreme breath odor, call the office immediately. If the patient thinks that the appliance feels loose, even if it is not visibly loose, the patient should be seen.

During the time of treatment with the appliance, it is important that the patient is seen every few weeks. If the patient for some reason misses an appointment, activation should be discontinued until the patient is seen. In that case, please call the office promptly to reschedule.

When the appliance is removed there will be a gradual closure of the midline space spontaneously. The upper front teeth will tend to drift together. This closure of the space is to be expected because the fibers of the teeth have been stretched, and the teeth will move together on their own. The closure of the space is not a sign that the treatment was unsuccessful.

If you have any questions, please call the office. Visit our website for helpful tips and instructional videos at <https://www.marybethmarcincin.com/>.