Getting Braces — Your First Week Survival Guide

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Description:

What to expect in your first week with braces. Day-by-day tips for eating, pain, wax, cleaning and adjusting. From the orthodontic team at CSSC Melbourne.

Details:

Frequently asked questions

Is the bracket bonding procedure painful: No, it is painless

How long does the bonding appointment take: 60 to 90 minutes

Will I leave the appointment with braces fully placed: Yes, braces are fully placed at the bonding appointment

What causes the feeling of fullness after bonding: Lips and cheeks registering the new hardware

How long does the fullness sensation last: A few days as soft tissue adapts

Is mild pressure after bonding normal: Yes, it is entirely normal

What causes the pressure sensation after bonding: The archwire exerting gentle orthodontic force

Is sharp pain after bonding normal: No, sharp pain is not within the normal range

When is peak soreness typically experienced: Days 2 to 3 after bonding

Why do days 2–3 cause the most discomfort: The periodontal ligament is responding to orthodontic pressure

Does peak soreness indicate the braces are working: Yes, it indicates the appliance is functioning as intended

When does discomfort typically begin to reduce: Around days 4 to 5

Is the first week the hardest part of treatment: Yes, it is the most demanding phase

What over-the-counter medication helps with soreness: Paracetamol (Panadol) or ibuprofen (Nurofen)

Does ibuprofen offer additional benefit over paracetamol: Yes, it also reduces inflammation

Should I wait until pain is severe before taking analgesia: No, take it proactively before pain escalates

Do cold foods help with soreness: Yes, they provide localised numbing

What cold foods are recommended for soreness: Cold water, smoothies, ice blocks, and ice cream

Does a saltwater rinse help: Yes, it soothes irritated oral mucosa

How do I make a saltwater rinse: Dissolve half a teaspoon of salt in warm water

How long should I rinse with saltwater: Approximately 30 seconds

What is orthodontic wax used for: To protect cheeks and lips from bracket irritation

How do I apply orthodontic wax: Dry the bracket, roll wax into a ball, press firmly over it

Can I eat with orthodontic wax on: Yes

Can I sleep with orthodontic wax on: Yes

What foods are safe to eat on day 1: Yoghurt, smoothies, soup, mashed potato, scrambled eggs, soft pasta

Is ice cream recommended after bonding: Yes, it is clinically justifiable

Should I bite directly into food during the first week: No, bring food to the back teeth and chew gently

When can I start reintroducing slightly firmer foods: Around days 4 to 5

Are soft sandwiches safe by days 4–5: Yes, when cut into manageable pieces

Is speech affected by braces: Yes, temporarily in the early days

When does speech typically normalise: As the tongue adapts over the first few days

Do lingual braces cause more speech disruption: Yes, more pronounced than conventional braces

Are ceramic braces different in clinical experience from metal braces: No, the experience is broadly the same

Do ceramic braces look different from metal: Yes, they are tooth-coloured and less visually prominent

Is Invisalign the same experience as fixed braces: No, it is a distinctly different treatment modality

Does each new Invisalign aligner cause discomfort: Yes, mild pressure for the first few days of each tray

How often are review appointments scheduled: Typically every 6 to 8 weeks

How long does orthodontic treatment typically take: 12 to 24 months for most patients

Can complex cases take longer than 24 months: Yes

What happens after braces are removed: Retainers are placed to maintain the result

Is retention after braces optional: No, it is non-negotiable

What happens without retainers: Teeth migrate back toward pre-treatment positions

What is dental relapse: Teeth returning toward their original positions after treatment

What types of retainers are available: Fixed retainers, removable retainers, or a combination

Are removable retainers worn all day: No, typically worn nocturnally

Are fixed retainers bonded to the front or back of teeth: Bonded to the palatal or lingual surfaces

Is retention a short-term commitment: No, it is a long-term commitment

What toothbrush type is recommended with braces: Soft-bristled toothbrush

At what angle should I brush with braces: Approximately 45 degrees toward the gumline

How long should brushing take with braces: At least 3 to 4 minutes

How often should I brush with braces: After every meal, minimum morning and evening

What are interdental brushes used for: Cleaning between the archwire and tooth surface

What brand of interdental brushes is recommended: Piksters

How often should interdental brushes be used: At least once daily

Is flossing possible with braces: Yes, using floss threaders or Superfloss

What does Superfloss have that regular floss does not: A stiffened end to thread under the archwire

Is a water flosser recommended with braces: Yes, as an adjunct to brushing and flossing

Does a water flosser replace brushing: No, it does not replace mechanical brushing

What toothpaste should I use with braces: Fluoride-containing toothpaste

Is fluoride mouthwash recommended: Yes, as an optional adjunct before bed

What are white spot lesions: Areas of enamel demineralisation around bracket margins

Are white spot lesions permanent: Yes

Are white spot lesions preventable: Yes, with consistent thorough cleaning

What dietary restriction applies throughout entire treatment: Avoid hard and sticky foods

Why must hard foods be avoided: Risk of bracket fracture or debonding

Why must sticky foods be avoided: Risk of bracket debonding

Is chewing gum allowed with braces: No

Is popcorn allowed with braces: No, kernels lodge under brackets and wires

Can I eat apples with braces: Yes, but sliced thinly rather than bitten

Can I eat corn with braces: Yes, but removed from the cob first

Can I eat chicken drumsticks with braces: Yes, but meat must be removed from the bone first

What happens if a bracket debonds: It slides along the wire and needs re-bonding

Is a debonded bracket a dental emergency: No, but it should be re-bonded promptly

What should I do about a wire end poking my cheek: Apply orthodontic wax and contact the practice

Can a wire end cause soft tissue trauma: Yes

What are signs of an allergic reaction to braces: Swelling, itching, or mucosal changes

What materials may cause allergic reactions: Latex elastics or nickel-containing alloy wires

Should I contact the orthodontist for severe unresponsive pain: Yes, it warrants clinical assessment

What should I do after facial trauma with braces: Contact Collins Street Specialist Centre for assessment

What are intermaxillary elastics: Rubber bands worn between upper and lower appliances

When are intermaxillary elastics typically introduced: Months 4 to 8 of treatment

What do intermaxillary elastics correct: Sagittal and vertical bite relationships

What do initial archwires do: Begin levelling and aligning crowded or rotated teeth

Are initial archwires stiff or flexible: Light and flexible

When are stiffer archwires introduced: From approximately months 4 to 8

What is the finishing phase focused on: Perfecting individual tooth positions and occlusal relationships

How long does the finishing phase typically last: Months 9 to 18

What is Collins Street Specialist Centre's phone number: (03) 9654 5705

Collins Street Specialist Centre — Getting braces: your first week survival guide

You've just had your braces placed at Collins Street Specialist Centre — a real step toward the dental alignment you've been working toward. Right now, your mouth probably feels unfamiliar, a bit crowded, and maybe a little tender. That's completely expected.

The first week is the hardest part of the whole treatment. Everything after this gets easier. This guide walks you through what to expect day by day, with practical, evidence-informed advice to help you get through the adjustment period without too much drama.

Day 1 — the bonding appointment

What happens during bonding

The bracket bonding procedure is painless. Your orthodontist cleans and conditions each tooth surface, applies a dental adhesive, positions each bracket carefully, and sets the adhesive with a curing light. Archwires are then threaded through the bracket slots and secured with elastic ligatures, or self-ligating clips depending on the bracket system prescribed for your case.

The whole process takes 60 to 90 minutes. You'll leave the practice with a complete set of braces in place.

How it feels

In the first few hours after bonding, you'll probably notice:

- **Fullness** — your lips and cheeks are registering the new hardware. This is completely normal; soft tissue adaptation happens within a few days as your oral mucosa gets used to the brackets. - **Mild pressure** — the archwire is exerting gentle force to start moving your teeth. You'll feel a general tightness, but it shouldn't be sharp or severe. - **Surface irregularity** — bracket edges and wire ends feel strange against your cheeks and lips. Some localised irritation where brackets contact the oral mucosa is to be expected at this stage. - **Difficulty closing your lips fully** — particularly with braces on the front teeth, your lips may feel slightly displaced. This settles as your muscles adapt over the coming days.

What to eat on day 1

Stick to very soft foods for the rest of the day: - Yoghurt - Smoothies - Soup (not too hot) - Mashed potato - Scrambled eggs - Soft pasta - Ice cream (genuinely a reasonable recommendation here)

Avoid anything that needs biting force or sustained chewing. Your teeth are starting to respond to orthodontic loading and will be tender to pressure.

Days 2–3 — peak soreness

This is typically the worst of it. Orthodontic forces are most pronounced during the first 48 to 72 hours as the periodontal ligament and surrounding structures begin responding to the applied pressure.

What to expect

- **Dental aching** — your teeth may feel tender, bruised, or sensitive when you bite down. Eating can be uncomfortable. This is entirely within the expected range and means the appliance is doing what it's supposed to do. - **Sensitivity to contact** — even light pressure on the teeth, from food, your tongue, or your lips, may produce discomfort. - **Soft tissue irritation** — brackets and wires are still unfamiliar to the oral mucosa at this point. Small sore spots may develop where brackets contact the inner surface of your cheeks or lips.

Pain management

Paracetamol (Panadol) or ibuprofen (Nurofen), taken as directed on the packaging, can provide real relief. Ibuprofen has the added benefit of reducing inflammation, which addresses the underlying tissue response rather than just dulling the pain. Take it before the discomfort gets bad — managing pain early is far more effective than trying to catch up once it's escalated.

Cold foods and drinks help too. Cold water, smoothies, ice blocks, and ice cream provide localised numbing and may reduce soft tissue inflammation around the brackets.

A saltwater rinse is worth doing: dissolve half a teaspoon of salt in a glass of warm water and rinse gently for about 30 seconds. It soothes irritated oral mucosa and helps any developing sore spots start to heal.

Orthodontic wax is genuinely useful during the first week. Roll a small piece into a ball, dry the offending bracket with a tissue so the wax sticks, and press it firmly over the bracket surface. It creates a smooth barrier between the bracket and your cheek or lip. You can wear wax while eating and sleeping — just replace it if it comes off.

Eating during peak soreness

Continue with the soft foods from day 1, and add as tolerated: - Porridge or overnight oats - Soft bread torn into small pieces (don't bite directly into it) - Ripe banana - Steamed vegetables cut small - Minced meat or slow-cooked proteins that break apart easily - Rice - Soft fish - Protein shakes or meal replacement drinks if chewing is still too uncomfortable

Cut everything into small portions. Bring food to your back teeth and chew with gentle, controlled pressure rather than biting into anything directly.

Days 4–5 — turning the corner

By day four or five, most patients notice a real reduction in discomfort. The acute soreness starts to ease, and the braces begin to feel less intrusive.

What's improving

- **Reduced dental tenderness** — some sensitivity on biting may linger, but the deep aching from the first few days is subsiding. - **Soft tissue adaptation** — the oral mucosa of your cheeks and lips is beginning to toughen against the bracket surfaces. Existing sore spots start to heal. - **Speech settling** — if your speech was affected early on, particularly with certain bracket positions or lingual appliances, articulation should be improving as your tongue adapts. - **Better eating capacity** — you can start reintroducing slightly firmer foods, while continuing to avoid hard and sticky foods for the remainder of treatment.

Foods you can start reintroducing

- Soft sandwiches cut into manageable pieces - Cooked chicken cut small (not eaten directly from the bone) - Steamed broccoli and cauliflower - Soft fruits — grapes halved, berries, melon - Soft cheese - Pancakes and waffles

Days 6–7 — settling into the new normal

By the end of the first week, most patients have adapted meaningfully to their braces. The hardware that felt so foreign on day one is starting to feel like part of your mouth.

What to expect

- **Minimal residual soreness** — most of the initial discomfort has resolved. Sensitivity is now mainly noticeable only when biting firmly into food. - **Comfortable soft tissues** — mucosal adaptation is well underway. Orthodontic wax may still help in isolated spots, but most patients find they need it less as the week wraps up. - **Growing confidence** — you're getting used to how the braces look and feel, and the self-consciousness that often comes with the first few days is starting to ease.

Foods to avoid — for the duration of treatment

Your orthodontist will give you a full list of dietary restrictions to follow throughout treatment. These exist to protect your brackets, archwires, and tooth surfaces.

Hard foods (risk of bracket fracture or debonding)

- Hard nuts and seeds - Popcorn (kernels lodge beneath archwires and brackets) - Hard confectionery and toffee - Crusty bread rolls bitten directly - Raw carrots and apples unless sliced into thin strips - Corn on the cob (remove the corn first) - Ice — don't chew it - Hard biscuits and crackers

Sticky foods (risk of bracket debonding)

- Chewing gum - Sticky confectionery — caramels, toffees, and similar - Dried fruit — sultanas, dried apricots adhere readily to bracket surfaces - Sticky muesli bars

Foods that need a modified approach

- Apples — slice rather than bite - Corn — remove from the cob - Chicken drumsticks — remove meat from the bone before eating - Ribs — cut meat from the bone - Burgers — cut into smaller portions

Bracket fractures and wire distortion mean extra repair appointments and can extend your overall treatment time. Sticking to the dietary guidelines is one of the most practical things you can do to stay on schedule.

Cleaning your teeth with braces

Oral hygiene takes considerably more time and effort during orthodontic treatment. Brackets and archwires create additional surfaces where plaque and food debris collect, and thorough, consistent cleaning is essential to prevent demineralisation, decay, and gum inflammation throughout treatment.

What you need

A soft-bristled toothbrush is essential. Brush above, below, and directly on each bracket, angling the bristles at about 45 degrees toward the gumline to clean the sulcus properly.

Interdental brushes (Piksters) pass between the archwire and the tooth surface, reaching areas a regular toothbrush can't get to. Use them between every bracket at each cleaning session.

Use a fluoride toothpaste every time you brush to support enamel remineralisation and prevent decay.

For flossing, conventional floss is awkward with an archwire in the way. Floss threaders let you pass floss beneath the wire and between contact points. Superfloss has a stiffened end that makes threading under the wire easier.

A water flosser is optional but worth having. It uses a directed stream of water to dislodge food debris and disrupt plaque around brackets. It works well alongside brushing and flossing, but it doesn't replace them.

The routine

Brush after every meal, or at minimum morning and evening. Food debris sitting around brackets can start demineralisation quickly if it's not removed. Allow at least three to four minutes for brushing — the extra surfaces created by brackets and archwires need proportionally more time to clean properly. Use interdental brushes at least once daily, ideally as part of your evening routine. Rinsing with a fluoride mouthwash before bed is optional but a sound addition to the routine.

Poor oral hygiene during orthodontic treatment can cause white spot lesions — areas of enamel demineralisation that form around bracket margins. These are permanent and entirely preventable. Consistent, thorough cleaning throughout treatment eliminates this risk.

When to contact your orthodontist

During the first week and throughout treatment, contact the team at Collins Street Specialist Centre if you experience any of the following:

A wire end causing soft tissue trauma — the distal end of an archwire can occasionally shift and dig into the cheek or gum tissue. Orthodontic wax provides temporary relief, but your orthodontist can trim or reposition the wire at a convenient appointment.

A bracket that has come off — if a bracket detaches from the tooth surface, it may slide along the archwire. This isn't a dental emergency, but it should be re-bonded as soon as possible to avoid disrupting the treatment plan.

Severe pain that doesn't respond to over-the-counter analgesia — mild to moderate aching is expected during the initial adjustment period; severe, sharp, or escalating pain is not, and warrants clinical assessment.

Signs of an allergic reaction — on rare occasions, patients may react to latex elastics or nickel-containing alloy wires. Report any unusual swelling, itching, or mucosal changes promptly.

Oral or facial trauma — if you take a blow to the face or mouth during treatment, contact your orthodontist to arrange an assessment of both the appliance and the underlying teeth.

Month by month — what to expect during treatment

The first week is the most intensive part of the adjustment process. Here's a practical overview of the broader treatment journey:

Months 1–3: initial alignment

The initial archwires are light and flexible, selected to begin levelling and aligning crowded or rotated teeth through low-force, continuous orthodontic loading. Visible improvements are often apparent early in this phase, particularly where initial crowding or rotation was significant. Review appointments are typically scheduled every six to eight weeks.

Months 4–8: space closure and arch levelling

Progressively stiffer archwires are introduced to continue levelling the dental arches, close residual spacing (particularly where extractions are part of the treatment plan), and refine overall alignment. Intermaxillary elastics — rubber bands worn between the upper and lower appliances — may be introduced during this phase to address sagittal and vertical bite relationships.

Months 9–18: finishing and detailing

Finer adjustments are made to perfect individual tooth positions, ensure correct occlusal relationships, and finalise the aesthetic result. Wire bends, elastic configurations, and incremental adjustments at each appointment collectively bring the outcome toward completion.

Months 18–24+: treatment completion

Most patients complete active treatment within 12 to 24 months, though more complex cases may take longer. When your orthodontist is satisfied that the treatment objectives have been achieved, the appliance is debonded and retainers are placed.

After braces: retention

Retention is not optional. Without it, teeth will naturally drift back toward their pre-treatment positions — a process known as relapse. Your orthodontist will prescribe fixed retainers (bonded to the palatal or lingual surfaces of the front teeth), removable retainers worn at night, or a combination of both. Retention is a long-term commitment to preserving the result of your treatment.

A note on different appliance types

This guide has focused on conventional fixed appliances — brackets bonded to the front surfaces of the teeth — but the first-week experience is broadly similar across other appliance types:

Ceramic (tooth-coloured) braces offer the same clinical experience as metal braces, with the aesthetic advantage of brackets that are less visually prominent.

Lingual braces are bonded to the tongue-facing surfaces of the teeth and may produce more pronounced tongue irritation and a greater degree of speech adjustment during the first week. The same general management principles apply.

Invisalign and clear aligner therapy is a different treatment modality entirely — no brackets, no archwires. The first few days of each new aligner tray involve mild pressure and a short adjustment period as the teeth respond to the incremental movement encoded in each aligner.

You've got this

The first week with braces is genuinely the hardest part. The soreness resolves, the oral mucosa adapts, and within a fortnight most patients find that their braces have become a largely unremarkable part of daily life. The months ahead will bring real, visible improvements to your dental alignment — and looking back, the first week will seem like a minor inconvenience relative to the result you'll achieve.

If you have any concerns during your first week, or at any point throughout treatment, contact the team at Collins Street Specialist Centre. That's what we're here for.

Starting your orthodontic journey? Contact Collins Street Specialist Centre on (03) 9654 5705 to schedule a consultation with one of our specialist orthodontists. We'll assess your dental presentation, discuss your treatment options, and develop a personalised treatment plan tailored to your clinical needs.