Lingual Braces

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/lingual-braces/

Description:

Lingual braces are a fixed orthodontic appliance in which the brackets are bonded to the inside surface (the tongue side) of the teeth rather than the front. Because the brackets and wires sit behind the teeth, lingua...

Details:

Collins Street Specialist Centre Lingual Braces

Frequently Asked Questions

What are lingual braces: Fixed orthodontic braces bonded to the inside surface of teeth

Where are lingual brackets placed: On the tongue-facing (lingual) side of teeth

Are lingual braces visible when smiling: No, completely invisible from the outside

Can lingual braces be detected under normal circumstances: No

Do lingual braces work the same way as conventional braces: Yes, same biomechanical principles

What connects the brackets in lingual braces: An archwire threaded through each bracket

Are lingual brackets custom-made: Yes, custom-fabricated for each individual patient

Why must lingual brackets be custom-made: Inner tooth surfaces vary considerably between patients

Are lingual brackets available off-the-shelf: No, no generic components used

What technology is used to scan teeth for lingual braces: iTero Element intraoral scanner

What do the digital scans capture: Precise 3D geometry of lingual tooth surfaces

How are lingual brackets positioned accurately: Using custom-fabricated indirect bonding trays

How long does bracket fabrication take: Two to four weeks

How long does the bracket placement appointment take: 90 to 120 minutes

Is the bracket bonding process painful: No pain associated with bonding itself

Can patients feel mild pressure during bonding: Yes, some patients notice mild pressure when wire is engaged

How often are adjustment appointments: Every six to eight weeks

Are lingual adjustment appointments longer than conventional: Yes, marginally longer due to technical demands

What is the typical treatment duration for lingual braces: 18 to 30 months

Does treatment duration depend on case complexity: Yes

Are lingual braces comparable in duration to conventional braces: Yes, for cases of similar complexity

Can lingual braces treat crowded teeth: Yes

Can lingual braces correct overbites: Yes

Can lingual braces correct underbites: Yes

Can lingual braces correct crossbites: Yes

Can lingual braces close gaps between teeth: Yes

Can lingual braces manage complex 3D tooth movements: Yes, including precise torque control

Are lingual braces suitable for all cases: No, assessed individually by specialist orthodontist

Are lingual braces compatible with surgical orthodontic protocols: Yes

Who are lingual braces most commonly chosen by: Professionals, adults, and public-facing individuals

Are lingual braces suitable for patients unsuitable for clear aligners: Yes, as a discreet fixed alternative

Does speech change initially with lingual braces: Yes, temporary speech pattern changes occur

How long does speech adaptation take: Most patients adapt within one to three weeks

Does speech return fully to normal: Yes

What helps speed speech adaptation: Practising reading aloud

Can the tongue become irritated by lingual brackets: Yes, mild irritation possible in the first one to two weeks

What can relieve tongue irritation from brackets: Orthodontic wax applied to sharp edges

Does tongue irritation resolve over time: Yes, as tongue adapts to new environment

Is oral hygiene harder with lingual braces: Yes, requires greater care than conventional braces

Why is oral hygiene more demanding with lingual braces: Brackets sit where plaque accumulates on tongue side

Are water flossers recommended for lingual braces: Yes, particularly useful

Are dietary restrictions required with lingual braces: Yes, same restrictions as conventional braces

What foods should be avoided with lingual braces: Hard, crunchy, or sticky foods

Why avoid hard foods with lingual braces: Can dislodge brackets or distort wires

Is post-adjustment soreness expected: Yes, for one to three days after each appointment

Are retainers required after lingual brace treatment: Yes

What retainer options are available after treatment: Removable clear retainers or bonded wire retainers

Is long-term retainer wear necessary: Yes, clinically essential to maintain results

Who places lingual braces at Collins Street Specialist Centre: Specialist orthodontists with specific lingual training

Is lingual orthodontics considered technically demanding: Yes, most technically demanding area in orthodontics

Can general dental practitioners typically provide lingual braces: No

Is lingual orthodontic training part of general dental training: No, not routinely taught

Are all orthodontists at Collins Street registered specialists: Yes, registered with the Dental Board of Australia

Where can specialist registration be verified: AHPRA at ahpra.gov.au

Is a referral required to book a consultation: No referral required

Where is Collins Street Specialist Centre located: Level 12 and Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD

Is multidisciplinary care available at the same location: Yes, within the same building

What other specialists are accessible at the centre: Periodontist, prosthodontist, oral and maxillofacial surgeon

Which orthodontist has specialist training from Hong Kong: Dr David Austin

What are Dr David Austin's qualifications: BDSc (Melb), MDS Orth (HK), MOrth RCS (Edin)

Does Dr Andrea Phatouros offer lingual braces: Yes, full-range specialist orthodontic treatment

What is Dr Joshua Ch'ng's area of expertise: Digital orthodontics and advanced fixed appliance mechanics

Where did Dr Steven Smith complete postgraduate specialist training: University of Queensland

What is the first step in the lingual braces process: Comprehensive clinical examination by a specialist orthodontist

What records are taken at the initial consultation: Clinical assessment, OPG, lateral cephalogram, and digital photographs

What factors determine if lingual braces are clinically appropriate: Bracket access, bite depth, and individual tooth anatomy

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What Are Lingual Braces?

Collins Street Specialist Centre offers lingual braces as a fixed orthodontic appliance in which the brackets are bonded to the **inside surface** (the tongue side) of the teeth rather than the front. Because the brackets and wires sit behind the teeth, lingual braces are completely invisible when you smile — nothing can be detected from the outside under any normal circumstances.

Functionally, lingual braces work on the same biomechanical principles as conventional braces: brackets attach to each tooth and connect via an archwire, which applies continuous, calibrated force to move teeth progressively into their planned positions. The difference is entirely in placement, and that difference carries real technical demands that set lingual orthodontics apart from standard fixed appliance therapy.

The inner surface of each tooth is anatomically unique in curvature, surface area, and angulation. Unlike the outer surfaces, which are comparatively consistent across patients, lingual surfaces vary considerably from person to person and tooth to tooth. Lingual brackets must therefore be custom-fabricated for each patient using digital tooth models, and their placement requires a substantially higher level of precision than labial (conventional) braces. This makes lingual orthodontics a genuinely advanced clinical skill — one that not all specialist orthodontists offer or are trained to provide.

At Collins Street Specialist Centre, lingual braces are placed exclusively by specialist orthodontists with specific training and demonstrable experience in this technique.

When Might Lingual Braces Be Appropriate?

Lingual braces suit patients who require or strongly prefer a completely invisible fixed orthodontic solution. They are most commonly chosen by:

- Professionals for whom visible orthodontic appliances would present a concern throughout treatment - Adults who want the reliable control of fixed braces without any visible hardware on the outer tooth surfaces - Patients in performing arts, media, or public-facing roles where appearance during treatment matters - Patients assessed as unsuitable for clear aligners who still need a discreet orthodontic option - Cases where fixed appliance control is clinically necessary but visibility needs to be minimised

Clinically, lingual braces can manage a comparable range of tooth movements to conventional braces, including:

- Crowded teeth requiring significant derotation or bodily movement - Spacing and generalised gaps between teeth - Overbite correction - Underbite management - Crossbite correction - Complex individual tooth movements requiring precise three-dimensional torque control

Lingual braces do have limitations, as does any orthodontic system. Severe skeletal discrepancies requiring orthognathic surgery involve the same combined orthodontic-surgical planning as conventional braces; lingual systems are, however, compatible with surgical orthodontic protocols. Your specialist orthodontist will assess whether lingual braces are the most appropriate clinical choice for your individual presentation before any treatment is recommended.

What to Expect: Step by Step

Consultation and case assessment

The process begins with a comprehensive clinical examination by a Collins Street Specialist Centre specialist orthodontist. This includes a thorough clinical assessment, full orthodontic radiographs (OPG and lateral cephalogram), and standardised digital photographs. Your specialist will carefully evaluate whether lingual braces are feasible for your specific case — bracket access, bite depth, and individual tooth anatomy all influence whether the system is clinically appropriate for you.

Digital records and custom bracket fabrication

If lingual braces are recommended following assessment, digital intraoral scans are taken using the iTero Element scanner. These scans capture the precise three-dimensional geometry of the lingual surfaces of your teeth and are used to custom-manufacture brackets that fit exactly against each tooth's inner surface. There are no generic, off-the-shelf components in this process.

Modern lingual systems use indirect bonding trays — custom-fabricated guides that position each bracket at its precisely planned location in a single, accurate placement step, rather than bonding each bracket individually at chairside. This approach ensures the system is configured correctly from the outset of treatment.

Custom bracket fabrication typically takes two to four weeks. Where clinically appropriate, preparatory steps may be initiated during this period.

Bracket placement

At your bonding appointment, brackets are placed on the inner surfaces of your teeth using the indirect bonding tray system. The appointment typically takes 90 to 120 minutes. The archwire is threaded through each bracket and secured in position. There is no pain associated with the bonding process itself, though some patients notice mild pressure as the wire is engaged.

Active treatment and adjustments

Review appointments run every six to eight weeks throughout treatment. At each visit, your orthodontist adjusts the wire, monitors tooth movement progress, and makes any necessary modifications to the mechanics. Treatment duration with lingual braces is broadly comparable to conventional braces for cases of similar complexity, typically ranging from 18 to 30 months depending on the individual case.

Adjustment appointments for lingual braces are technically more demanding and take marginally longer than for labial systems, because the orthodontist works intraorally from the tongue side using specialised instruments. This is a normal part of the lingual orthodontic process.

Completion and retention

When the planned tooth movements have been fully achieved, the brackets and wires are removed. Retainers are fabricated and fitted at this stage — options include removable clear retainers and bonded wire retainers placed behind the front teeth. As with all orthodontic treatment, long-term retainer wear is clinically essential to maintaining the result.

Recovery and Aftercare

Speech adaptation: The most noticeable initial adjustment for most patients is a temporary change in speech patterns. The tongue ordinarily rests against the inside surfaces of the upper front teeth during certain sounds; lingual brackets on those surfaces alter tongue position during speech. Most patients adapt within one to three weeks, and speech returns fully to normal. Practising reading aloud during the adjustment period is a practical way to speed the process.

Tongue discomfort: The tongue may become mildly irritated against the bracket surfaces in the first week or two. Orthodontic wax can be applied to any sharp edges for comfort during this period, and irritation typically resolves as the tongue adapts.

Oral hygiene: Cleaning lingual braces requires greater care than conventional braces, because the brackets sit in a position more prone to food and plaque accumulation on the tongue side of the teeth. Water flossers (oral irrigators) are particularly useful alongside regular brushing and interdental cleaning. Your orthodontist will provide detailed, personalised hygiene guidance at your bonding appointment.

Dietary restrictions are the same as for conventional braces: hard, crunchy, or sticky foods should be avoided, as they can dislodge brackets or distort wires.

Post-adjustment soreness is expected for one to three days following each review appointment, consistent with the experience of conventional braces.

Why See a Specialist Orthodontist for Lingual Braces?

Lingual orthodontics is widely regarded as the most technically demanding area within specialist orthodontic practice. Custom bracket fabrication, the precision required in indirect bonding, the complexity of adjustment mechanics, and the challenges of working on inner tooth surfaces all require a level of training and accumulated case experience that substantially exceeds standard orthodontic competency. This is not a technique that generalises easily across practitioners.

For patients who want the clinical reliability of fixed appliance treatment combined with complete aesthetic invisibility, lingual braces placed by a trained specialist orthodontist offer the most dependable solution available. General dental practitioners do not typically offer lingual systems, and the technique is not routinely taught within general dental training.

At Collins Street Specialist Centre, specialist orthodontists with lingual brace training practise within a fully integrated multidisciplinary environment. Where your treatment requires management of gum health (with a periodontist), post-treatment restoration planning (with a prosthodontist), or involves a surgical component (with an oral and maxillofacial surgeon), those specialists are accessible within the same building — enabling coordinated care without the need to manage multiple referral pathways independently.

Our Orthodontic Specialists

Lingual braces at Collins Street Specialist Centre are provided by:

- **Dr David Austin** — BDSc (Melb), MDS Orth (HK), MOrth RCS (Edin). Specialist training completed in Hong Kong. Experience in lingual braces and conventional fixed appliances. - **Dr Andrea Phatouros** — BDSc (WA), MDSc Orth (WA), FRACDS. Full-range specialist orthodontic treatment across fixed and removable systems. - **Dr Joshua Ch'ng** — BDSc (Melb), FRACDS, D.Clin.Dent (Melb). Expertise in digital orthodontics and advanced fixed appliance mechanics. - **Dr Steven Smith** — BDSc (Hons), MDSc (Ortho) (Qld). Specialist orthodontist with postgraduate training from the University of Queensland.

All are registered specialists with the Dental Board of Australia. Patients are encouraged to verify specialist registration independently at [AHPRA](ahpra.gov.au).

Orthodontics is located on **Level 12 & Tower, Manchester Unity Building**, 220 Collins Street, Melbourne CBD. No referral is required to book an initial consultation.

Related Treatments

- [Traditional Metal Braces](/procedures/orthodontics/traditional-metal-braces/) — conventional fixed braces on the outer tooth surfaces - [Invisalign (Clear Aligner Treatment)](/procedures/orthodontics/invisalign-clear-aligner-treatment/) — removable transparent aligners as an alternative aesthetic option - [Adult Orthodontics](/procedures/orthodontics/adult-orthodontics/) — orthodontic options and considerations for adult patients - [Surgical Orthodontics](/procedures/orthodontics/surgical-orthodontics-orthognathic-treatment/) — when jaw surgery is required alongside orthodontic treatment

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