Lingual Braces

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/orthodontics/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

What are lingual braces?

Collins Street Specialist Centre offers lingual braces — a fixed orthodontic appliance where brackets are bonded to the **inside surface** of the teeth, against the tongue, rather than the front. Because the brackets and wires sit entirely behind the teeth, they're invisible when you smile. There's nothing to see from the outside, at any angle.

Functionally, lingual braces work on the same principles as conventional fixed appliances: brackets attach to each tooth and connect via an archwire, which applies continuous, controlled force to move teeth progressively into their planned positions. The difference is purely in placement — and that difference carries real technical demands.

The inner surface of each tooth is anatomically individual in curvature, surface area, and angulation. Unlike the outer surfaces, which are relatively consistent in form, lingual surfaces vary substantially from person to person and tooth to tooth. Lingual brackets must be custom-fabricated for each patient using precise digital tooth models, and their placement requires a higher level of technical accuracy than conventional braces. This makes lingual orthodontics a genuinely advanced area of specialist practice — not all specialist orthodontists offer it, and not all patients are suited to it.

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

When might lingual braces be appropriate?

Lingual braces suit patients who need — or strongly prefer — a completely invisible fixed orthodontic solution. They're most commonly chosen by:

- Professionals for whom visible orthodontic appliances would present a professional or social concern throughout treatment - Adults who want the precision and control of fixed braces without any hardware visible on the outer teeth - Patients in performing arts, media, or public-facing roles where appearance during treatment matters - Patients assessed as unsuitable for clear aligners who still want a discreet treatment 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 fixed appliances, including crowded teeth requiring significant derotation or bodily movement, spacing and generalised gaps, overbite correction, underbite management, crossbite correction, and complex

individual tooth movements requiring precise torque control.

Lingual braces do have limitations, and these will be discussed openly during your consultation. Severe skeletal discrepancies requiring orthognathic surgery involve the same combined orthodontic-surgical planning as conventional braces; lingual systems are compatible with surgical orthodontic protocols where appropriate. Your specialist will assess whether lingual braces are the most clinically sound choice for your circumstances.

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 — including a thorough clinical assessment, full orthodontic radiographs (OPG and lateral cephalogram), and digital photographs. Your specialist will evaluate whether lingual braces are feasible for your specific case. Bracket access, bite depth, and individual tooth anatomy all influence whether this system is clinically appropriate.

Digital records and custom bracket fabrication

If lingual braces are recommended, 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's no off-the-shelf component in a properly designed lingual system.

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 ensures the biomechanical setup is correct from the outset, which matters considerably given the technical complexity of working on inner tooth surfaces.

Fabrication of custom brackets typically takes two to four weeks. Your specialist will discuss what, if anything, is appropriate to organise 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. There's no pain during the bonding process itself, though some patients notice mild pressure awareness once the archwire is engaged.

Active treatment and adjustments

Review appointments run every six to eight weeks throughout active treatment. At each visit, your orthodontist adjusts the archwire, monitors tooth movement, and makes any necessary modifications to the mechanics. Treatment duration is broadly comparable to conventional braces for similar case complexity — typically 18 to 30 months, depending on the nature and extent of tooth movement required.

Adjustment appointments for lingual braces are technically more demanding and take marginally longer than for labial systems. Working intraorally from the tongue side requires specialised instruments and clinical experience specific to this technique — one reason lingual orthodontics is offered by a smaller number of specialist practitioners.

Completion and retention

When the planned tooth movements are complete and your specialist is satisfied with the result, brackets and wires are removed. Retainers are fabricated and fitted — options include removable clear

retainers and bonded wire retainers placed behind the front teeth. As with all orthodontic treatment, consistent long-term retainer wear is essential to maintaining the outcome.

Recovery and aftercare

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

Tongue discomfort: The tongue may become mildly irritated against the brackets during the first week or two. Orthodontic wax applied to any areas of sharpness helps with comfort, and the irritation typically resolves as the tongue adapts.

Oral hygiene: Cleaning lingual braces requires more attention than cleaning conventional fixed appliances, because the brackets sit where food and plaque accumulate against the tongue side of the teeth. Water flossers (oral irrigators) are particularly effective alongside regular brushing and interdental cleaning. Your orthodontist will provide detailed, personalised hygiene guidance at your bonding appointment — it's worth following carefully throughout treatment.

Dietary restrictions are consistent with those for conventional braces: avoid hard, crunchy, or sticky foods that risk dislodging brackets or distorting wires.

Post-adjustment soreness is expected for one to three days following each wire change. This is a normal response to renewed forces on the teeth and resolves without intervention.

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, precision indirect bonding, the complexity of adjustment mechanics, and the three-dimensional challenges of working consistently on inner tooth surfaces all require a depth of training and case experience that goes well beyond standard orthodontic competency — and that isn't replicated in general dental settings.

For patients who want the reliability of fixed appliance treatment combined with complete aesthetic invisibility, lingual braces placed by a trained specialist orthodontist offer the most clinically dependable pathway. General dental practitioners don't typically offer lingual systems, and that reflects the specialist nature of the technique.

At Collins Street Specialist Centre, specialist orthodontists with lingual brace training work within a genuinely multidisciplinary environment. Where treatment requires gum health management, a periodontist is accessible within the same building. Where post-treatment restoration planning is needed, a prosthodontist is available. Where a surgical component is involved, oral and maxillofacial surgery expertise is present on site. For complex cases, that breadth of specialist collaboration can make a real difference to the outcome.

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 across lingual braces and conventional fixed appliances. - **Dr Andrea

Phatouros** — BDSc (WA), MDSc Orth (WA), FRACDS. Full-range specialist orthodontic treatment encompassing 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 four specialists are registered with the Dental Board of Australia. Patients and referring practitioners can verify specialist registration directly at [AHPRA](https://www.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 bonded to the outer tooth surfaces - [Invisalign (Clear Aligner Treatment)](/procedures/orthodontics/invisalign-clear-aligner-treatment/) — removable transparent aligners as an alternative aesthetic treatment option - [Adult Orthodontics](/procedures/orthodontics/adult-orthodontics/) — orthodontic options and considerations specific to adult patients - [Surgical Orthodontics](/procedures/orthodontics/surgical-orthodontics-orthognathic-treatment/) — combined orthodontic and jaw surgery for cases involving significant skeletal discrepancy

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