

## Understanding Orthodontic Mini-Screws (TADs)

*A short guide to help you understand this part of your treatment before you consent*

This leaflet explains what an orthodontic mini-screw is, why it may be recommended as part of your treatment, and what to expect. Please read this alongside your discussion with Dr Jarred, and feel free to ask any questions before treatment begins.

### What is a mini-screw?

A mini-screw — also known as a Temporary Anchorage Device (TAD) — is a small titanium screw placed through the gum into the jawbone. It acts as a fixed anchor point, allowing your braces to move specific teeth more precisely and efficiently, without relying on your other teeth for support.



*Actual case photo: a mini-screw placed at the roof of the mouth as an anchor point. Used with patient consent; identity protected.*



### Available in various sizes

Mini-screws come in a range of diameters and lengths — typically around 1.2–2.0mm wide and 4–12mm long — chosen to suit the site and the thickness of your bone. Even the largest sizes are only a few millimetres long.

### Why might I need one?

Normally, your other teeth help provide the resistance needed to move a tooth into position. In some cases, this isn't possible, or it may cause unwanted movement of the anchor teeth. A mini-screw provides a stable, independent anchor point, which can make treatment more precise and, in many cases, shorter.

### How is it placed?

- Local anaesthetic gel or injection is used to numb the area first.
- The screw is gently placed through the gum into the bone — this takes only a few minutes.
- A brace or elastic chain may be attached to it straight away, or at a later visit.

### Will it hurt?

- Placement itself is not usually painful, thanks to the local anaesthetic.
- You may feel mild pressure or a dull ache for 1–2 days afterward.
- Regular pain relief such as paracetamol is normally sufficient if needed.



*Actual case photo: a mini-screw connected to a coil spring, gently guiding tooth movement.*

**How long does it stay in place?** Typically a few months, for as long as it's needed to guide tooth movement. Removal is quick, generally does not require anaesthetic, and the area heals fully within a few days.

**Caring for your mini-screw**

- Gently brush around the screw twice daily with a soft, small-headed toothbrush.
- Avoid an electric toothbrush directly on the screw.
- Rinse with a chlorhexidine mouthwash if advised, especially in the first few days.
- Try not to touch or fiddle with it using your fingers or tongue.
- If it feels very loose, becomes detached, or the area is painful and swollen, contact the clinic promptly.

**Possible risks**

- A small number of mini-screws loosen early and may need to be repositioned or replaced.
- Mild, temporary discomfort or gum irritation around the site.
- Infection is uncommon if you keep the area clean as advised.
- Occasionally the screw may lightly contact a tooth root during placement; this generally heals without issue.

**If you'd rather not have one**

Mini-screws are used to make treatment more efficient and predictable, but they are not always the only option. Depending on your case, alternatives may include headgear, extraction of a tooth, or accepting a different treatment approach. Dr Jarred will discuss what best suits your individual case — the final decision is always yours.

**Frequently asked questions**

**Can I eat normally?** Yes, stick to your usual orthodontic diet advice — avoid hard, sticky, or crunchy foods that could disturb the screw or your braces.

**Will it show when I smile?** Mini-screws are usually placed in areas that are not visible, or only minimally visible, when you smile or talk.

*Evidence-based*  
Approach

*Specialist-led*  
Treatment

*>80%*  
Success Rate, Generally

**Consent acknowledgment**

I confirm that I have read this leaflet and discussed the use of a mini-screw (TAD) as part of my orthodontic treatment with Dr Jarred Lee. I have had the opportunity to ask questions, and I understand the purpose, procedure, aftercare, and possible risks described above.

---

PATIENT NAME

---

DATE

---

PATIENT / GUARDIAN SIGNATURE

---

CLINICIAN SIGNATURE

*This leaflet is for general patient education and does not replace individual clinical advice.*