

Lingual Braces

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

Description:

--- title: "Lingual Braces" slug: /orthodontics/lingual-braces/ type: procedure specialty: orthodontics specialists: ["Dr David Austin", "Dr Andrea Phatouros", "Dr Joshua Ch'ng", "Dr Steven Smith"] re...

Details:

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Lingual Braces

What Are Lingual Braces?

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, lingual braces are completely invisible when you smile — they cannot be seen at all from the outside.

Functionally, lingual braces work on the same biomechanical principle as conventional braces: brackets are attached to each tooth and connected by an archwire, which applies continuous force to move teeth progressively into their planned positions. The difference lies entirely in placement — and that difference carries significant technical demands.

The inner surface of each tooth is anatomically unique in curvature, surface area, and angulation. Unlike the outer surfaces, which are relatively uniform, the 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 higher level of technical precision than labial (conventional) braces. This makes lingual orthodontics a genuinely advanced skill set — not all specialist orthodontists offer it.

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

When Might Lingual Braces Be Appropriate?

Lingual braces are indicated for patients who require or prefer a completely invisible fixed orthodontic solution. They are often chosen by:

- **Professionals** for whom visible orthodontic appliances would create a professional or social concern
- **Adults** who want the control of fixed braces without any visible hardware
- **Patients in performing arts, media, or public-facing roles** where appearance during treatment matters
- **Patients who have been told they are not suitable for clear aligners** but still want a discreet option
- **Cases where fixed appliance control is clinically necessary** but visibility must 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 - Overbite correction - Underbite management - Crossbite correction - Complex individual tooth movements requiring precise torque control

Lingual braces do have limitations. Severe skeletal discrepancies requiring orthognathic surgery involve the same combined orthodontic-surgical planning as conventional braces; lingual systems are compatible with surgical orthodontic protocols. Your specialist will assess whether lingual braces are the most appropriate choice for your individual case.

What to Expect: Step by Step

Consultation and Case Assessment The process begins with a comprehensive clinical examination by a CSSC specialist orthodontist. This includes clinical assessment, full orthodontic radiographs (OPG and lateral cephalogram), and digital photographs. Your specialist will evaluate the feasibility of lingual braces for your specific case — bracket access, bite depth, and tooth anatomy all influence whether the system is 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 geometry of the lingual surfaces of your teeth and are used to custom-manufacture brackets that fit exactly against each tooth's inner surface.

Modern lingual systems use indirect bonding trays — custom guides that position each bracket at its precisely planned location in a single, accurate placement step rather than manually bonding each bracket individually. This process ensures the system is set up correctly from the outset.

Fabrication of custom brackets typically takes two to four weeks, during which you may be given the opportunity to begin planning or preparation if needed.

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 is no pain associated with the bonding process itself.

Active Treatment and Adjustments You will attend review appointments every 6 to 8 weeks throughout treatment. At each visit, your orthodontist adjusts the wire, monitors tooth movement, and makes any necessary modifications to mechanics. Treatment duration with lingual braces is comparable to conventional braces for similar case complexity, typically ranging from 18 to 30 months.

Adjustment appointments for lingual braces are technically more demanding and take marginally longer than for labial systems, as the orthodontist must work intraorally from the tongue side. This requires specific instruments and considerable clinical experience.

Completion and Retention When planned tooth movements are achieved, 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, long-term retainer wear is essential to maintaining the result.

Recovery and Aftercare

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

****Tongue discomfort:**** The tongue may become mildly irritated against the brackets in the first week or two. Orthodontic wax can be applied to any sharp edges for comfort. Irritation typically resolves as the tongue adapts.

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

****Diet restrictions**** are the same as for conventional braces: avoid hard, crunchy, or sticky foods that can dislodge brackets or bend wires.

****Soreness after adjustments**** is expected for one to three days, similar to conventional braces.

Why See a Specialist Orthodontist for Lingual Braces?

Lingual orthodontics is considered the most technically demanding area within orthodontic specialist practice. The custom fabrication of brackets, precision of indirect bonding, complexity of adjustment mechanics, and the three-dimensional demands of working on the inner tooth surfaces all require a level of training and case experience that exceeds standard orthodontic competency.

For patients who want the reliability of fixed appliance treatment combined with complete aesthetic invisibility, lingual braces placed by a specialist orthodontist offer the most clinically dependable solution. General dental practitioners typically do not offer lingual systems.

At CSSC, specialist orthodontists with lingual brace training operate within a multidisciplinary environment. If 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.

Our Orthodontic Specialists

Lingual braces at Collins Street Specialist Centre are provided by:

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

All are registered specialists with the Dental Board of Australia. Verify specialist registration 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

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