

REMOVAL OF IMPACTED WISDOM TEETH

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask.

The problem The wisdom tooth (or third molar) is usually the last tooth to erupt into the mouth anytime after about 16 years of age. Frequently there is not enough room to accommodate wisdom teeth and as such they do not come into the mouth normally. When this happens, the wisdom teeth are said to be “impacted”. Wisdom teeth are usually either impacted forwards into the tooth in front or backwards into the jaw bone.

Why do I need treatment? An impacted wisdom tooth can cause a number of problems that mean the tooth is best removed. Most commonly these are

- Repeated attacks of infection in the gum surrounding the tooth. This leads to pain and swelling.
- Food packing which causes decay in either the wisdom tooth or the tooth in front.
- Cysts can form around the wisdom tooth if it does not come into the mouth properly. A cyst occurs when fluid fills the sack that normally surrounds a developing wisdom tooth.

What does the treatment involve? Because the wisdom tooth has not fully erupted into the mouth it is often necessary to make a cut in the gum over the tooth. Sometimes it is also necessary to remove some bone surrounding the crown of the wisdom tooth. Rarely the tooth needs to be cut into 2 or 3 pieces to remove it. Once the wisdom tooth has been removed the gum is put back into place with stitches. In the majority of cases these stitches are dissolvable and take around two weeks to disappear.

What type of anaesthetic is used? A number of options are available and depend on how difficult the wisdom tooth is to remove

- **Local anaesthetic** - this is an injection into gum surrounding the wisdom tooth, rather similar to that you may have had at your dentist for a filling. The injection takes a couple of minutes to numb the area and means that you will feel no pain while the wisdom tooth is removed. This is the best option for wisdom teeth that are simple to remove.
- **Local anaesthetic and intravenous sedation** – in addition to a local anaesthetic injection you can be given an injection into your arm. This makes you feel relaxed and less aware of the procedure.
- **General anaesthetic** – it is usually possible to remove wisdom teeth under a “day case” general anaesthetic, ie although you are put to sleep completely you will be able to go home on the same day as surgery.

How long does it take to remove a wisdom tooth? This is a variable. Some wisdom teeth may take only a few minutes to remove. More difficult wisdom teeth that need to be cut into pieces to remove can take around 20 minutes to extract

Is there much pain or swelling after the removal of wisdom teeth? It is likely that there will be some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worse for the first three days but it may take up to two weeks before all the soreness goes. You may also find that your jaw is stiff and you may need to eat a soft diet for a week or so. If it is likely to be sure your surgeon will arrange painkillers for you. It may also be necessary for you to have a course of antibiotics after the extraction. There may be some bruising of the skin of your face that can take up to a fortnight to fade away.

Is there anything else I need to do after the extractions? It is important to keep the extraction sites as clean as possible . It may be difficult to clean your teeth around the sites of the extraction because it is sore and if this is the case it is best to keep the area free from food debris by gently rinsing with a mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water) commencing on the day after surgery.

Do I need to take any time off work? Usually it will be necessary to take a few days off work and avoid strenuous exercise for this time. Depending on the type of anaesthetic used you may well not be able to drive (24 hours after intravenous sedation and for 48 hours after a general anaesthetic)

What are the possible problems? Although there may be a little bleeding at the time of the extraction this usually stops very quickly and is unlikely to be a problem if the wound is stitched. Should the area bleed again when you get home this can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab. If the bleeding does not stop, please contact the department.

- Infection is uncommon particularly if antibiotics are used.
- There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies feeling to your lower lip, chin and lower teeth. The other supplies feeling to your tongue and helps with taste. Sometimes these nerves may be bruised when a wisdom tooth is taken out. This can cause tingling or numbness in your lip, chin or tongue, and more rarely altered taste. About one in 10 people will have some tingling or numbness that can last several weeks. Less than one in 100 people will have problems that last more than a year. These risks may be higher if your tooth is in a difficult position. The surgeon will tell you if you are considered to be at an increased risk.

Information sheet for dentoalveolar surgery

What to expect after tooth removal

Pain or soreness for up to 48 hours

Swelling worst for the first 2 days

Sore throat

Difficulty opening your mouth and jaw joint pain or stiffness

Muscle pains

Bad breath from clot

Sensitivity of teeth adjacent to socket

Socket may still be a hole in the gum for up to 3 months

Complications

Dry socket

Intense persistent pain 3-5 days after surgery in 5-10% of patients. You need to have your socket washed as soon as possible, please telephone for an appointment.

Inferior alveolar and lingual nerve injury

(pain, altered sensation [pins and needles] or numbness of your tongue or lower lip and teeth)

Temporary 2% Permanent 0.2% (1 in 500)

But if your tooth is **high risk.....[insert image of cone beam CT scan]**

Temporary 20% Permanent 2% (2 in 100)

You will need to be warned, have extra Xrays to see how close your nerve is
You should be offered different surgical interventions (coronectomy) or removal with sectioning of the tooth.

If you are in doubt ALWAYS ask.....

Damage to adjacent teeth may occur if they are heavily restored

Your surgeon should always seek your permission to ring you the day after surgery to see how you are.

[Link to get well soon leaflet rcs eng](#)