

THE REMOVAL OF 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.

NICE has issued guidance regarding this topic – please see

<https://www.nice.org.uk/guidance/ta1/resources/guidance-on-the-extraction-of-wisdom-teeth-63732983749>

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 (upper portion) of the wisdom tooth. Not infrequently 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.

The technique of coronectomy is also practiced by some surgeons. In this technique the upper portion of the wisdom tooth is removed (decoration) leaving some of the tooth roots behind in an attempt to minimise the risk of nerve damage. Early studies suggest that there may be a reduced risk of inferior dental nerve injury (the nerve giving sensation to the lower lip and skin over the chin) using this technique. However, there can be up to a 15% complication rate due to migration of the retained root or delayed healing, resulting in a need for further surgery.

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.
- **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. You are awake but patients frequently have little or no memory of the operation.
- **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 sore 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 for the first few weeks after surgery. 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. If possible, avoid smoking.

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? Swelling

1. This is the most common side effect and usually lasts for up to 14 days. The amount of swelling varies from patient to patient. In addition to this the application of an ice pack during the first 24 hours post-operatively may help. Do not apply the ice pack directly to your skin - wrap the ice pack in a towel first.

Restricted Mouth Opening

2. This is a consequence of the swelling and often settles once the swelling disappears. During this time when your mouth opening is restricted you may have to modify your diet, eating soft foods. There are however no hard and fast rules about what you should eat. You must however keep your mouth as clean as possible to reduce the risks of infection using regular mouthwashes.

Bleeding

3. 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 damp andkerchief or swab. If the bleeding does not stop, please contact the department.

Nerve Injury

4. Two nerves lie in close proximity to impacted wisdom teeth. The *lingual nerve* provides sensation in your tongue whilst the *inferior alveolar nerve* gives sensation to the lower lip and skin overlying the chin. Occasionally these nerves may be bruised during tooth removal. If this happens then you may have either numbness or pins and needles in either the tongue, lower lip, skin over the chin or any combination of these. Rarely taste can be affected. This however is uncommon. Rarely the nerve damage can be permanent. Most of the time it is temporary although it can take up to 18 months to recover. On occasions it may not fully recover and on occasional patients may be left with patches of numbness.

Infection

5. An infection in the space left following wisdom tooth removal is often referred to as a dry socket. The incidence of this happening is low being in the order of 2%. It can be minimised by adopting scrupulous oral hygiene during the recovery phase. This usually encompasses normal tooth brushing with additional mouthwashes as advised plus the avoidance of smoking.

Weakening of the Jaw

6. In exceptional cases wisdom tooth removal can cause significant weakening of the jaw with the resultant possibility of jaw fracture. The incidence of this happening is extremely low and is significantly less than 1% (less than 1 in 100).