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Wisdom teeth extraction (third molar surgery)

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What are wisdom teeth?

Wisdom teeth are the last teeth to erupt into your mouth. They are also called the third molars. You will usually develop four wisdom teeth – two on each side of your mouth, one on the bottom jaw and one on the top jaw. These usually erupt between the ages of 18-24 years. Some people can develop less than four wisdom teeth and, occasionally, others can develop more than four.

A wisdom tooth can fail to erupt properly into the mouth and can become stuck, either under the gum, or as it pushes through the gum – this is called an impacted wisdom tooth. Sometimes the wisdom tooth will not become impacted and will erupt and function normally. Both impacted and non-impacted wisdom teeth can cause problems, and symptoms such as pain and swelling. Occasionally people have no symptoms at all but the wisdom teeth will still cause problems in the mouth. Problems often develop soon after the wisdom teeth erupt, or sometimes problems may not occur until later on in life.

What problems can wisdom teeth cause?

Wisdom teeth are at the back of your mouth and can be difficult to clean. This can lead to a number of problems. The most common problems are:

- infection of the gum around the wisdom tooth (pericoronitis). This occurs in up 6 out of ten (50-60%) patients, and is the most common reason why wisdom teeth are removed. This type of infection can be severe and cause pain and swelling, though sometimes symptoms are mild.
- Tooth decay (dental caries) can occur in the wisdom tooth or the tooth in front. This occurs in up to 3 in 10 (25-30%) patients. This may not cause immediate problems until the tooth decay affects the nerve of the tooth, then an abscess can form.
- Wisdom teeth can be affected by gum disease (periodontal disease) or contribute to gum disease on the tooth in front. Patients may get no symptoms at all from this, but it can still cause problems.
- A cyst forming around the wisdom tooth. All teeth form within a sack, which can sometimes expand like a balloon. This is called a cyst. Over time this can become larger and cause problems. This occurs in less than 1 in 100 (1%) of patients.

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These are the most common reasons why wisdom teeth may be removed. There are other reasons that are not listed, and your surgeon will discuss these with you if required.

What are the treatment options?

Impacted wisdom teeth that cause problems will often be removed. Non-impacted wisdom teeth that are useful can sometimes be treated, but some may still need to be removed. Treatment options include:

- **No treatment but kept under review** – if the wisdom tooth is in a position where it has not been causing problems and there is a low risk of a problem developing, then an option can be for the wisdom tooth to be left where it is. Your dentist can continue to review your wisdom teeth along with the rest of your teeth when you attend for your routine check up. When necessary your dentist may need to take an X-ray of the wisdom teeth. However, over time circumstances may change and the risk of a problem with your wisdom teeth may increase, at which time treatment will then be needed. Your dentist or specialist can discuss with you the appropriate timing of treatment. It is important to keep your wisdom teeth under review as problems may develop without you knowing about them until severe symptoms develop.

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- **Treatment** – in most cases where a problem has developed or is at a high risk of developing the wisdom tooth can be removed completely or part removed. During your consultation these options will be discussed with you in detail along with what is involved and the risks of the procedure. Your upper wisdom teeth may need to be removed as well.

What does the complete removal of wisdom teeth involve?

There can be differences in the complexity of wisdom tooth removal. Some wisdom teeth are very simple to remove and may take only a few minutes to do. Others can be more difficult and may take up to 40 minutes to remove.

If the wisdom tooth has not fully erupted into your mouth it is often necessary to make a cut in your gum over the tooth. Sometimes it is also necessary to remove some bone surrounding the wisdom tooth. The tooth may need 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. These stitches are usually dissolvable and take around two weeks to disappear.

What is partial removal of a lower wisdom tooth (coronectomy)?

Partial removal of a wisdom tooth is known as a coronectomy. In this technique only the upper portion of the wisdom tooth is removed, the tooth roots are intentionally left behind. This treatment option may be offered to you if a nerve is in close contact to the wisdom tooth. A coronectomy aims to minimise the risk to the nerve. However, there is a risk (less than 3%) that you may need to have the remaining roots out at a later date or there may be delayed healing. At the initial consultation an assessment will have been made to see to if this option is appropriate for you. Not all patients at high risk of nerve injury are suitable for this procedure.

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What type of anaesthetic will I have?

Teeth are usually extracted under local anaesthetic. Your surgeon will discuss with you which type of anaesthetic is most suitable for your treatment. There are a number of options:

- **Local anaesthetic** – this is an injection into your gum as you would have at the dentist for a filling. The injection takes a few minutes to numb your jaw, and means that you will feel no pain during the procedure.
- **Intravenous sedation and local anaesthetic** – this will involve you having a sedative injection into a vein in your hand or arm before you have the local anaesthetic. The sedative injection will make you feel relaxed and sleepy during the procedure. Most patients do not remember anything afterwards.
- **General anaesthetic** – this involves being put to sleep. It is usually only given if the tooth to be extracted is complex or multiple extractions are required. You will be able to go home the same day. Not all patients require, or are suitable for, a general anaesthetic.

The complexity of the surgery, any medical conditions and other circumstances will be taken into account when deciding the most appropriate type of anaesthetic for you. You can be treated as an outpatient or day-case patient, and do not need to stay overnight in hospital for wisdom tooth operations. You will need to attend with a family member or friend if having treatment with sedation or general anaesthetic.

How do I prepare for it?

- You will receive a date for surgery after your initial consultation. Please confirm this appointment – if you no longer want the operation please let us know in good time so that we can offer it to someone else.
- If you are having the tooth removed under sedation or general anaesthetic you may need to attend for a check before the day of surgery (pre-operative assessment) or have a telephone pre-assessment. You will receive instructions then regarding when to eat and drink on the day of your surgery.
- Continue to eat and drink as normal unless advised otherwise.

- Continue to take your medications as normal unless advised otherwise.
- A member of the surgical team will see you on the day of your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that the consent form has been completed and signed.

When can I go home?

If you have had your extraction carried out under local anaesthetic you will be discharged immediately after your operation. If you have had sedation or general anaesthesia you will be discharged home later that day after you have fully recovered. This can take a couple of hours.

When can I return to work?

This depends on your job and how you feel after the operation. A dental extraction is usually a minor procedure and for most people there is only minimal discomfort afterwards. Most people feel able to return to work later the same day. If the extraction has been difficult and prolonged or a surgical procedure has been required your surgeon may advise you to take that day or more off work. If you have had a general anaesthetic or sedation you will need at least 24 hours off work.

How long will it take to heal?

Depending on the tooth extracted, the number extracted and difficulty of extraction, the healing process can take up to a few weeks. Tooth extraction sites usually heal without complications.

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What if I have stitches?

If stitches have been placed in your mouth as part of your surgery, these will normally dissolve away. This can take up to two weeks. It is possible that stitches may come loose or be lost immediately after surgery, this does not usually cause a problem. If we have used non-dissolving stitches these will need to be removed either at a follow up appointment or by your local dentist or doctor. Your surgeon will advise you if this is the case on the day of your operation.

Can I eat and drink afterwards?

Be careful when eating or drinking in the first few hours afterwards as you may be numb from the anaesthetic and can easily bite or burn yourself.

You may find eating solid foods uncomfortable for a day or so. A soft diet can be easier to cope with during this time.

What happens when I go home?

- Following your operation avoid rinsing your mouth out vigorously as this may cause bleeding.
- Clean your teeth as normal. Include those teeth next to the site of the biopsy carefully. If you find that food catches around the stitches then the area can be gently rinsed with a mouthwash or warm salt water.
- Start gentle warm salt water mouthwashes 24 hours after your tooth extraction. Dissolve a teaspoon of table salt in a cup of warm water.
- You will be provided with an information leaflet giving you more information on caring for your extraction site followng your operation.

Are there any risks or complications?

Removal of wisdom teeth is a very common and safe operation but, as with any operation, there are possible risks and complications associated with it. Your surgeon will discuss how these risks may affect you.

Specific risks for wisdom teeth extractions:

Significant, unavoidable or frequently occurring risks:

- **Pain:** The numbness from the local anaesthetic wears off after a few hours, after which you may experience some pain. It is normal for you to have some pain following your surgery. This should only last a few days and is usually minimal. The severity of pain can vary and depends on the type of surgery performed, your response to pain killers and your individual pain tolerance. We do not prescribe pain killers routinely and would advise you to purchase over-the-counter medicine. The most effective pain killers for dental surgery are ibuprofen and paracetamol, which can be used in combination. If you experience continued or worsening pain with or without swelling, redness or a raised temperature this may mean there is an infection present. If you suspect an infection, please contact us.
- **Swelling:** It is normal to experience some degree of swelling at the extraction site and surrounding tissue. Swelling tends to increase over 48-72 hours after the operation and can continue for a further 5-7 days. It is a normal part of the healing process and does not mean you have an infection in the immediate post-surgery period. Swelling may be visible outside the mouth and may be associated with bruising. If the swelling persists or becomes worse please contact us.
- **Bleeding:** There may be a little bleeding at the time of the extraction. However, this usually stops very quickly. and is unlikely to be a problem. There may also be slight bleeding which can discolour the saliva for a few hours to days, this is normal. If bleeding occurs, take one of the gauze packs provided, moisten it lightly, place over the socket and bite firmly for at least 15 minutes or until the bleeding stops. If the bleeding does not stop contact us.
- **Infection:** This occurs in less than 1 in 100 (1%) patients. It may happen 3-7 days following the surgery. Pain and swelling may become worse at this stage with a notable bad taste and discharge from the wound. You may also feel unwell. There is usually a very low risk of infection following oral surgery procedures and as a result of this (plus evidence of increasing risk of resistance to antibiotics) we do not routinely prescribe antibiotics.
- **Dry socket:** This is a relatively common problem following tooth extraction and happens in up to 1 in 10 (5-10%) patients. It is due to a breakdown in the wound healing process (it is not an infection and does not require antibiotics). This usually occurs 2-4 days after the operation and pain will start to become worse and constant. You may also experience a foul taste and bad breath. It is more common if you smoke, are on the contraceptive pill or if you are having lower wisdom teeth removed. This is treated by careful washing of the socket and placement of an antiseptic dressing.
- **Damage to lips and cheeks:** You may bite or rub the numbed area without realising the damage you may be causing.
- **Pain or difficulty opening your mouth/jaw stiffness:** Opening your mouth is likely to be sore and uncomfortable for 3-4 days and a soft diet during this time may help minimise discomfort. You may also experience pain and stiffness of the jaw joints. This usually disappears after a couple of days, but can last for up to 2-4 weeks.
- **Damage to adjacent teeth/fillings/crowns:** It is relatively common for teeth next to the extraction socket to be tender or more sensitive to food and drink after surgery. This can sometimes be helped by use of de-sensitising toothpastes. If the adjacent teeth are weak due to decay, large fillings or crowns, these may break during or immediately after surgery. If this occurs you will need to ask your local dentist to examine and treat the problem.

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- **Temporary numbness/altered sensation of the lower lip, chin and tongue:** Wisdom teeth can sit close to two nerves. One nerve supplies the sensation for the lower lip, chin, lower teeth and gums (inferior dental nerve). Another supplies the sensation for the tongue (lingual nerve). Injury can occur to these nerves as a result of lower wisdom tooth removal – either as a result of the local anaesthetic injection (very rare) or the actual removal of the tooth. For most patients, the risk of nerve injury is very small, but for some the risk can be high. Nerve injury is usually temporary, it may take up to 18 months for it to recover but in some cases can be permanent. Injury to these nerves can cause altered sensation on the lower lip, chin, lower teeth, gums around the lower teeth and/or the tongue. This altered sensation may take the form of a light 'pins and needles' sensation, through to total numbness and loss of sensation. On very rare occasions it can result in neuralgia (nerve pain) associated with these areas.

  Injury to the nerve of the lip or chin may occur because the roots of the wisdom tooth can be trapped close to the nerve. When the wisdom tooth is removed, the nerve may get injured, which can result in the altered sensation. If the wisdom tooth is away from the nerve the risk to the nerve is less than 1%, however if the nerve is in very close contact the risk may be as high as 9%. The risk to the nerve supplying the tongue is less than 0.5%.

  We assess your risk of nerve injury from your dental X-rays. On the X-rays we can see the canal which the nerve runs through to your lip or chin. If you are at high risk of nerve injury, you may be offered a Cone Beam CT scan to assess the risk more accurately. This scan allows us to see the position of the tooth and the nerve canal, and to decide if the risk is high. If you are considered to be at a high risk of nerve injury, you may be offered an alternative treatment called a coronectomy.

- **Altered taste/loss of taste:** The nerve supplying sensation to the tongue (lingual nerve), mentioned above, also gives us our sense of taste. If this nerve is damaged you may not be able to taste things properly. This is usually temporary. The risk to the nerve supplying the tongue is less than 0.5%.

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Uncommon and/or serious risks:

- **Prolonged or permanent nerve damage:** As detailed above.
- **Bone and root fragments remain in your gum.**
- **Weakening of the jaw bone:** The incidence of this happening is extremely low and is less than 1% (less than 1 in 100).

General risks:

- **Risk from the anaesthetic:** The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK several healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. We will take every possible step to keep you safe during your operation.

Any questions?

There is always a doctor available at Royal Cornwall Hospital to give advice or arrange for you to be seen if this is required.

Contact us

Oral and Maxillofacial department (9am-5pm): 01872 253980

Outside of these hours please call:

01872 250000 and ask for the on-call Max Fax SHO

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