

Review Only

MF01 Removing Wisdom Teeth

What are wisdom teeth?

Wisdom teeth are the teeth at the back of your mouth (the third molar teeth). They tend to come through (erupt) in the late teens or twenties. Some wisdom teeth do not come through fully (partly erupt) and get stuck (or impacted) because of nearby teeth or bone. This often leaves a flap of gum over the tooth (see figure 1). Others grow too long (over erupt).

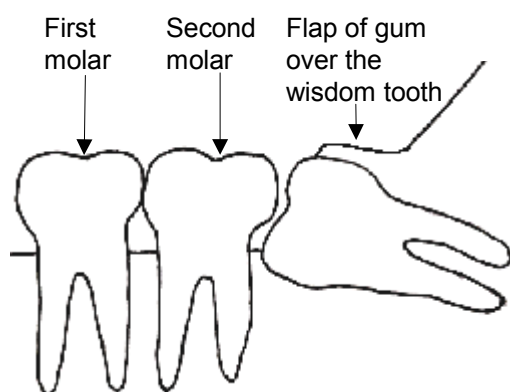


Figure 1

An impacted lower wisdom tooth

Your surgeon has recommended removing one or more of your wisdom teeth. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Why do I need to have a wisdom tooth removed?

A wisdom tooth may need to be removed for one or more of the following reasons.

- Tooth decay. This can affect the wisdom tooth or a tooth close by.
- Sometimes a wisdom tooth can grow out too far and damage the cheek or gum.

- Occasionally an orthodontist may need to make space to move other teeth backwards.
- You may need an operation to move your jaw forwards or backwards (called a sagittal split osteotomy).
- Sometimes the tooth may be in a position that makes it difficult to clean properly. This can increase the risk of gum disease.
- Repeated or severe infection of the gum that partly covers the tooth (pericoronitis).

Wisdom teeth in the lower jaw take longer to come through and are more often impacted, making repeated infections more likely. An infection can be made worse if you have an upper wisdom tooth that bites down on the flap of gum covering the partly-erupted lower wisdom tooth. For this reason, removing an upper wisdom tooth can sometimes cure the problem, delaying or even avoiding the need to remove the lower wisdom tooth.

What are the benefits of surgery?

Surgery can prevent symptoms returning or allow nearby teeth to be treated.

Are there any alternatives to surgery?

Simple painkillers can help control mild pain that can be caused by wisdom teeth. Antibiotics and rinsing with hot, salty water or chlorhexidine mouthwash can help when the area around the wisdom tooth is infected. These measures only give temporary relief of symptoms and do not treat the underlying cause.

Removing the gum lying over the tooth (operculectomy) may be carried out in certain cases if a wisdom tooth has partly erupted.

What will happen if I decide not to have the operation?

There is a risk of your symptoms getting worse or returning.

If you need to have your wisdom tooth removed so you can have corrective surgery or other orthodontic treatment, the surgery or treatment may not be possible.

What does the operation involve?

You may be given antibiotics before the operation or asked to rinse your mouth with chlorhexidine mouthwash to reduce the risk of infection.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Most upper wisdom teeth can be removed easily under a local anaesthetic. Lower wisdom teeth can be more difficult to remove. If the procedure may be difficult, your surgeon may offer you a sedative. Sometimes a general anaesthetic is needed. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. The operation usually takes between ten minutes and an hour, depending on how many wisdom teeth need to be removed and how difficult they are to remove.

Removing a wisdom tooth can involve cutting the gum to uncover the tooth, removing bone around the tooth and dividing the tooth with a drill. Your surgeon will discuss with you what the procedure should involve in your case.

After the operation, your surgeon may need to close the gum with stitches. The stitches may be dissolvable. Your surgeon may also place a pack made of gauze on the wisdom-tooth socket and ask you to bite on it for about ten minutes to stop any bleeding.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Stopping smoking and keeping your mouth clean significantly reduces the risk of developing an infection in a wisdom-tooth socket.

For help and advice on stopping smoking, go to www.smokefree.nhs.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which is related to how difficult it was for your surgeon to remove the tooth. If needed, you will be given medication to control the pain.
- **Bleeding** after the operation. Your surgeon will tell you how to control any bleeding.
- **Swelling and bruising**. This is more common with lower wisdom teeth and often related to the difficulty of the procedure.
- **Infection**. If this happens, the wound may take longer to heal and you may get pain. You may need antibiotics or further treatment.

3 Specific complications of this operation

- **Dry socket**, where the socket does not heal well. The risk is higher if you have a lower wisdom tooth removed. If a dull throbbing pain develops about 48 hours after the procedure, let your surgeon know.
- **Retained roots**, where it is not possible to remove all of the tooth. If this causes problems, you may need a bigger procedure.
- **Damage to nearby teeth**. Sometimes nearby teeth can be loosened and may also need to be removed if they do not become firm again. Fillings or crowns can be moved or damaged and these may need to be replaced.

- **Sinus problems**. Sometimes removing an upper wisdom tooth may cause an opening between a sinus (which is one of the air-filled spaces at the front of your skull) and your mouth. This can cause infection (sinusitis), pain and draining of fluid between the mouth and the nose. Usually the opening closes on its own but sometimes you may need surgery to close the opening. Sometimes a tooth may move into a sinus. If this happens, you will need surgery to remove the piece of tooth.

- **Broken jaw**. This is rare.
- **Not being able to open the mouth fully (trismus) and jaw stiffness**. This is more common with lower wisdom teeth and can take a few weeks to settle.
- **Damage to nerves** that connect to the lower lip and tongue, if you have a lower wisdom tooth removed (risk of permanent damage: less than 1 in 100). This leads to a loss of feeling in the lip or tongue. Any damage is usually temporary (risk: 1 in 10). However, it can take up to eighteen months to recover.

How soon will I recover?

• In hospital

After the operation your surgeon will make sure that any bleeding has stopped. You should be able to go home the same day. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

• At home

If the wound starts to bleed, bite on a pack made of gauze, or on a clean handkerchief rolled into a small knot, for at least ten minutes.

Try to leave the wound alone for the first 24 hours. You should then rinse your mouth gently with hot, salty water four times a day for the next two days. For at least the next week, you should rinse your mouth with chlorhexidine mouthwash twice a day to help keep your remaining teeth clean until you can comfortably brush your teeth again.

Depending on the difficulty of the operation and the likelihood of infection, you may be prescribed antibiotics.

You should avoid smoking and make sure you keep your mouth as clean as possible to reduce the risk of infection.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should avoid any strenuous activities for the first 48 hours to reduce the risk of bleeding, swelling and bruising. Simple painkillers such as paracetamol and ibuprofen should relieve any discomfort.

For the first one to two days you should only eat soft foods, moving on to solid food only when you can chew comfortably. If you can, try to chew using the other side of your mouth.

You may need to take up to a week off work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice. Most people return to normal activities within a week.

• **The future**

Your surgeon may arrange for you to come back to the clinic to remove any stitches or for a check-up.

Most people make a full recovery without any symptoms.

Summary

Wisdom teeth can sometimes cause serious problems.

Removing a wisdom tooth is usually a safe and effective way to prevent symptoms coming back. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 022 4332 and at www.smokefree.nhs.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- British Association of Oral and Maxillofacial Surgeons at www.baoms.org.uk
- British Dental Association on 0207 935 0875 and at www.bda-dentistry.org.uk
- National Institute for Clinical Excellence at www.nice.org.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

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Author: Mr Andrew Sidebottom FDSRCS FRCS

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