Removal of wisdom teeth

This information is for patients who may need to have an operation to remove impacted wisdom teeth. It explains why they may need to be removed, what is involved, and any risks or complications there may be. Please read it carefully, and if you have questions, ask your surgeon.

IMPACTED WISDOM TEETH

The wisdom teeth (third molars) are the last to come through at the back of the mouth. Normally there are four wisdom teeth, one on each side of the upper and lower jaw.

If the jaws are too small to accommodate all the teeth, there may not be enough space for the wisdom teeth to come through properly, and they become impacted (stuck), often causing problems.

REASONS FOR THE REMOVAL OF WISDOM TEETH

- The most common reason is recurrent infection of the gum overlying a tooth that is part way through the gum (pericoronitis).
- Decay (caries) in the wisdom tooth, which your dentist cannot restore.
- Infection of the tooth (abscess) due to advanced dental decay.
- When the adjacent molar tooth is affected by gum (periodontal) disease or dental decay due to the impacted wisdom tooth.
- Progressive cystic (fluid filled sac) formation around the tooth.
- Rubbing on the cheek causing soreness. This is especially relevant to upper wisdom teeth.
- As part of other surgical procedures involving the jaw.
- There may be other less common reasons that your surgeon will discuss with you.

THE REMOVAL OF WISDOM TEETH

- There is great variation in the difficulty of removing wisdom teeth.
- The procedure can be carried out under local anaesthesia (an injection in the gum to numb the area), with or without intravenous sedation (an injection in the arm or hand to reduce anxiety), or under general anaesthetic (completely asleep, in a hospital).
- Your surgeon will discuss with you which method is most appropriate.
- The degree of difficulty of the surgery, any underlying medical conditions and other personal circumstances will be taken into account when choosing the method.
- The procedure can involve an incision (cut) in the gum close to the tooth.
- Sometimes some jaw bone around the tooth is removed with a drill, and the procedure can also be made easier by sectioning (cutting up) the tooth itself into smaller pieces. The gum is then stitched using dissolvable stitches that will normally fall out over two weeks.
- Some wisdom teeth may take only a few minutes to remove, whilst more difficult ones may take up to an hour.

WHAT CAN BE EXPECTED AFTER THE OPERATION?

- There is great variation in the pain and discomfort experienced by individuals, and this also depends on how difficult the surgery is. The average recovery time is between 5 and 14 days.
- Swelling is common and tends to be at a maximum on the second and third day after surgery, reducing over about a week.
- Mouth opening is likely to be restricted, and a semi-solid diet will be required over the first few days. Your jaw may feel stiff.
- Expect some pain from the operation site, which should be helped by painkillers.
- Bruising of the face and upper neck can occur.
- Sensitivity of the teeth next to the wisdom tooth socket is common. Good oral hygiene will resolve this, but it may last several weeks.
- You may experience bad breath after surgery, but this is unlikely to last more than a week.

POSSIBLE COMPLICATIONS

- Most active bleeding will have stopped shortly (within half an hour) of the operation finishing. Blood stained saliva may be noticed for a day or two. More persistent bleeding may mean you need to contact the practice or the out of hours team.
- Dry socket occurs in approximately 5 to 10% of patients and is due to a breakdown in the wound healing process. It is not an infection and does not require antibiotics. It usually occurs two to four days after the procedure, when pain will start to become worse and constant. It is more common in smokers and with lower wisdom teeth.
- Infection of a tooth socket occasionally occurs, sometimes even with antibiotics.
- When an adjacent tooth has a large filling or crown, it is possible that this can be dislodged during surgery.
- Removal of any tooth in the lower jaw can result in strain on the jaw joints, which are found just in front of the ear. Although we try to minimise the strain on the jaw joints when we take teeth out, patients may on occasions experience pain and stiffness of the jaw joints after wisdom teeth removal. This normally improves within a few weeks, but for some patients it can last longer.
- Upper wisdom teeth can sit close to the air sinus, a hollow cavity in the top jaw. When upper teeth are removed, there is a very small risk that the air sinus can become punctured. If this occurs, it can heal spontaneously, or further surgery may be required to repair it. Only a very small number of patients experience this complication.
- There are two nerves which lie very close to the roots of the lower wisdom teeth. One of these nerves supplies the feeling to your lip, chin, and lower teeth and gums. The other supplies feeling to your tongue and helps with taste.
- Injury can occur to these nerves when a wisdom tooth is taken out. This can result in numbness, a tingling sensation or altered taste. On very rare occasions it can result in nerve pain (neuralgia). This is temporary in most cases, but in a small number recovery may not be complete. The risk is about one in a hundred, although it may be higher if your tooth is in a difficult position.
- If you are considered at high risk of nerve injury, you may require further imaging, or you may be offered an alternative treatment called a coronectomy. This procedure involves the removal of the crown of the tooth (the top part) only, while the roots are left intentionally behind to reduce the risk of nerve injury. Not all patients at high risk of nerve injury are suitable for this procedure. Your surgeon will discuss it with you if it is suitable for you.

Questions before your appointment? Please contact the practice by phone, or email info@oralsurgerynottingham.co.uk. For urgent concerns outside working hours, contact NHS 111 or your local emergency department.

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