

Surgery for the removal of wisdom teeth

Wisdom teeth (third molars)

These teeth are the last to develop in the jaws and unfortunately there is often not enough room for them to come through (erupt). This means that they may become jammed (impacted) or half erupted in the back of the mouth, and the surrounding gum becomes a source of pain and infection.

Why do we remove wisdom teeth?

We have strict guidelines for this operation; one of the following must apply:

- Repeated infections: these are painful, can cause swelling, and can lead to more serious infections of the mouth and neck.
- Decay in the tooth itself or adjacent teeth. This will result in pain and infection if left untreated.
- Cyst formation: This is a fluid filled cavity in the jawbone, which slowly gets bigger and may get infected.
- To allow other types of jaw operations.
- If non-cancerous (benign) tumours form around the teeth. (Fortunately true cancers are rare.)
- To prevent cheek biting and trauma to soft tissues of the mouth.

Wisdom teeth do not cause:

- Cosmetic crowding of the front teeth
- Pain in the joints of the jaws

What alternatives are there to avoid surgery?

- Put up with the pain of persistent infections.
- Hope that the teeth will eventually come through normally. This is unlikely. The tooth may be moved with orthodontic treatment but this is uncommon. If left in place untreated, food packing between it and the gum may lead to decay in the wisdom or adjacent teeth.

What are the risks?

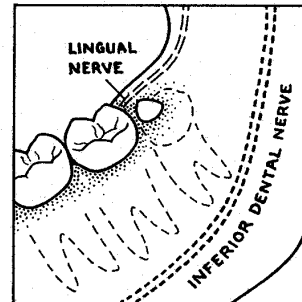
Without wishing to cause alarm, all operations carry certain risks. The following are risks that may be associated with this type of procedure.

- Pain and swelling – there is likely to be some discomfort or tenderness for a few days.

- Bleeding – bleeding heavily is rare but there may be some light bleeding during the first 24 hours. We will let you know how to minimise/prevent this.

- Temporary bruising of the face and neck

- Nerve damage – everybody's wisdom tooth roots lie very near to the nerves at risk which are those give feeling, not movement, to the tongue, lip and skin of chin. Up to 10% of patients get some temporary loss of sensation but less than 2% will have any permanent damage. It is a risk that you must think about and discuss with your surgeon before consenting to surgery.



- Infection or dry socket – this is an infection that can occur about 3-4 days after surgery. The risk is worse in those who smoke or when the area is not kept clean. Women who take the contraceptive pill are slightly more at risk. Please contact us if you feel the tooth socket/s are worsening as opposed to getting better. Keeping the socket clean with warm salty water will minimise this risk.
- Damage to adjacent teeth - all possible care will be taken to protect adjacent teeth and fillings from damage during surgery but in the process of removing difficult wisdom teeth, other teeth can be chipped. Please talk to your surgeon about whether they think this may be a possibility.
- Limited mouth opening or jaw stiffness – this should subside within a few weeks.

What does the surgery involve?

The surgery involves an operation on the jaws and your surgeon will be happy to explain it in detail if you wish. You will probably have dissolving stitches.

It is a bit more involved than a simple extraction therefore you may want someone to take you home and you **must not** drive following general anaesthetic or sedation for 48 hours.

Studies have shown that most patients find they need to take a couple of days off work after the surgery. We may give you painkillers and occasionally antibiotics after the operation. These operations are carried out with local anaesthetic, or local anaesthetic with conscious sedation (via an injection in the arm/hand) or under a general anaesthetic as a day case procedure. If you are having a general anaesthetic or sedation, more information will be given to you.

Care after surgery

Take care not to bite your lip or cheek whilst it is frozen (numb) from the local anaesthetic.

Do not rinse your mouth on the day of surgery and please take care to eat and drink away from the socket and not spit out repeatedly.

Take painkillers as prescribed and if you are given antibiotics after surgery you must complete the course. (NB. Female patients taking antibiotics should be aware that these can interfere with the effectiveness of the pill and you should consider other contraceptive measures.)

Starting on the day after surgery, please use the prescribed mouthwash or a warm salty mouthwash after every meal for three to four days (dissolve half a teaspoon of salt in a glass of warm water) and rinse over the socket wound.

Do not smoke or take any alcoholic drinks after surgery.

Keep your mouth clean and use your toothbrush where you can in the rest of your mouth.

It is normal to expect some bloodstained saliva in your mouth. However, if you experience excessive bleeding, place a clean handkerchief over the socket and bite on it for 10 minutes. Repeat this, and if it continues please seek advice from the on-call team at the hospital.

If swelling is a problem or you think you have an infection, please call the hospital on-call team.

Further questions

It is important that you understand what this procedure involves and have talked through any concerns with your doctor beforehand.

If you have any questions or worries either before treatment or afterwards, please ask a member of the medical or nursing staff or telephone

Switchboard

Tel: 01342 414000

and ask for the maxillofacial secretary of the named consultant. For urgent enquiries out of hours, please ask for the maxillofacial doctor on duty.

**Please ask if you would like this leaflet
in larger print or an alternative format.**