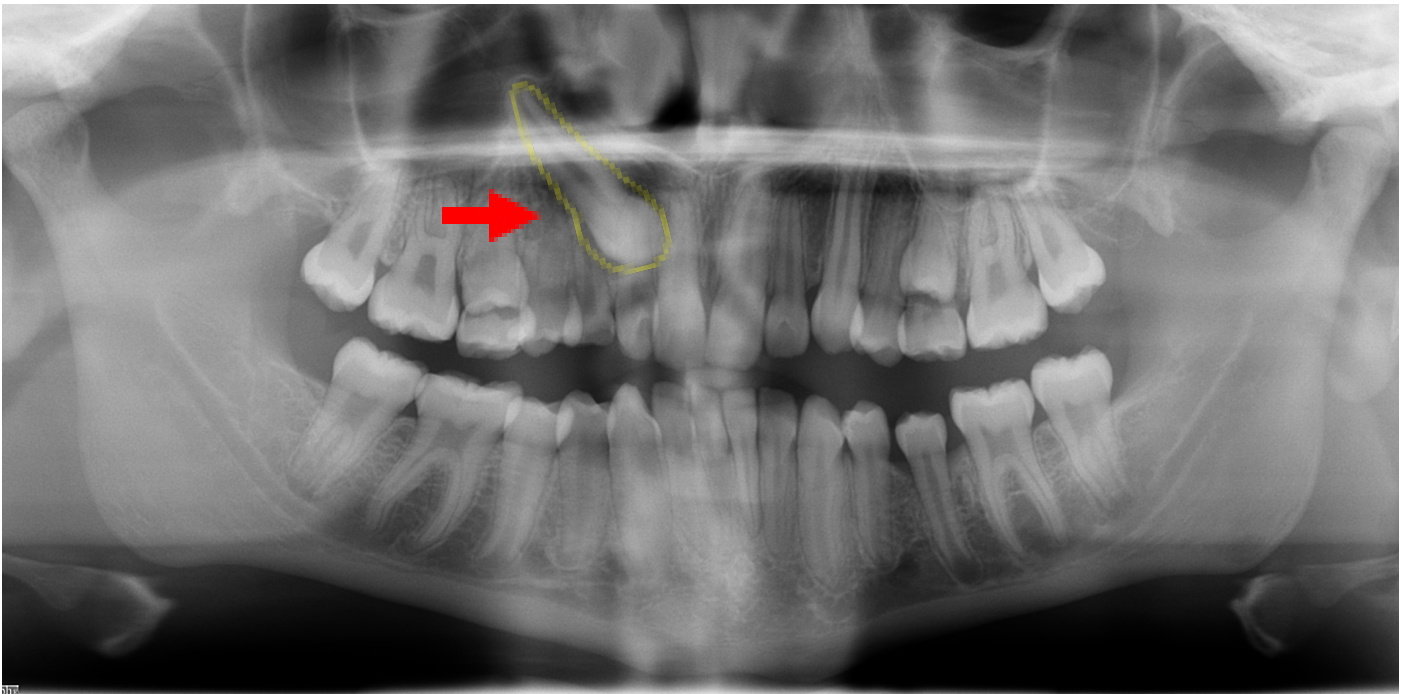


Buried (Ectopic) Teeth

Your orthodontist has found that you have an ectopic tooth

Every patient's needs are different, and you will have a treatment plan discussed with you by your orthodontist and surgeon.

What is an ectopic tooth?



Sometimes one or more teeth develop in the wrong position, end up getting stuck and remain buried in the jawbone under the gum. The most common ectopic teeth are the canine teeth in the upper jaw (figure 1).

Why do I need treatment?

As one or more of your teeth are in the wrong place they are unlikely to grow into the correct place without treatment.

If buried teeth are left in the wrong place, they can cause problems to adjacent teeth.

Some people have a baby tooth left in their mouth, which has not been naturally pushed out by the buried adult tooth. This baby tooth over time may eventually be lost leaving a gap or require further dental treatment to replace it.

What are the options for an ectopic tooth?

Your orthodontist and surgeon will discuss the best plan for your tooth/teeth before surgery and you will need to sign a consent form.

1. Leave the tooth in place.

The main risk of this is that the tooth can bump into the roots of other adult teeth and cause damage. Sometimes this can make them feel wobbly and eventually need to be removed. A cyst can also form around the buried tooth. If you have a baby tooth and decide to keep it instead, this may be lost when you are an adult. In this case you will be left with a gap which may need to be replaced with a false tooth by your general dentist.

2. Remove the tooth with or without further orthodontic treatment. This option may be suitable if:

You do not want to wear a brace.

The rest of your teeth are straight with no gaps.

The buried tooth is in a poor position or is causing problems.

3. An operation to uncover the tooth (expose) by removing a small window of bone to help the tooth come down (figure 2).

Sometimes a **gold chain is also attached (expose and bond)** to the buried tooth. Fixed braces can then be used to guide your tooth into the right place (figure 3). The aim is to give a symmetrical smile. Be aware that this can take more than 2 years to complete, and you would need to wear retainers to maintain the tooth in the correct place.

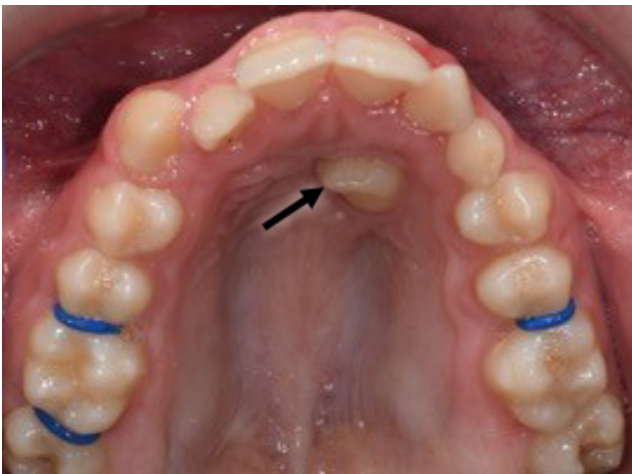


Figure 2



Figure 3

How will I feel after surgery?

1. These operations are carried out with local anaesthetic or local anaesthetic with conscious sedation (via injection in the arm/hand) or under a general anaesthetic as a day case procedure. If you are having a general anaesthetic or sedation, we will give you more information.
2. Most people have some soreness which lasts for a few days. You should expect moderate pain for 2 - 3 days and you may need to take some over the counter painkillers to help with this.
3. The area will feel swollen and you may have to eat soft food for a couple of days. After the surgery you must rest and avoid any physical activity.
4. A small amount of bleeding is expected in the first 12 - 24 hours.
5. The stitches holding the gums will dissolve in 7-14days.

What are the risks of surgery?

In addition to pain, bleeding and swelling, infection is another uncommon risk (1 in 100 to 1 in 1000 affected) – if this happens it will develop 2 to 5 days after operation.

Rarely in patients who have had expose and bond of a buried tooth, the gold chain can come off the tooth. This may need a further surgery to reattach the gold chain.

Although uncommon (1 in 100 to 1 in 1000 affected), even after exposure (and bond) and fixed brace treatment, the buried tooth remains stuck to the bone and will not move. If this happens, the tooth may need to be extracted and you may require further dental treatments.

What will happen after the exposure of the buried tooth?

Once the tooth is exposed one of three things will happen under the same anaesthetic. What is going to happen for you will already have been discussed.

Orthodontic attachment (bracket and chain). A small bracket is glued to your tooth. Attached to this is a chain which your orthodontist can then use to guide your tooth into the right position. The chain is usually stitched out of the way, but it is quite delicate and therefore you must be careful when eating for the first few weeks after surgery.

A plate. Sometimes a small window will be cut in your gum over the tooth and a plastic “dressing” plate put in place to cover the area. This plate is held in your mouth with clips that attach to some of your back teeth. It is important that you wear the plate all the time except when you take it out to clean your teeth. Without the plate your gum may grow back making it difficult for your orthodontist to move the tooth into position.

A pack. Sometimes a pack made from gauze soaked in antiseptic is placed over your tooth after it is exposed. The pack is kept in position with stitches and removed after a few weeks. You must be careful not to dislodge the pack. If this happens you should contact the department for advice.

Make sure that you see your orthodontist to check the exposed tooth within 3 weeks of your surgery. Please make this appointment with your orthodontist in advance as soon as you know your operation date.

Who can I contact if I have any questions or concerns?

There is always a doctor available in our department at Queen Victoria hospital who you can speak to or see in person if necessary.

Please telephone the Hospital switchboard on: (01342) 414000 and ask to speak to the doctor on-call for Oral and Maxillofacial Surgery.

If you need to speak with the Orthodontic team the direct numbers are 01342 414 419/142/161