

Maxillofacial Unit

Exposure of Impacted Canine

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask

The problem

The upper adult canine, or eye tooth, normally erupts into the mouth between the ages of 11 and 13. Sometimes one or both canines develop in the wrong position or start to erupt in the wrong direction. Often, they lie across the roof of the mouth behind the front teeth.

Why do I need treatment?

Because one or both of your canine teeth are in the wrong place, as part of your on-going orthodontic treatment it is necessary to help the tooth erupt into the mouth. If left alone the tooth will not erupt normally and may either damage the roots of the front teeth or push them out of position.

What does the treatment involve?

Helping the tooth erupt into your mouth involves a relatively minor surgical procedure. This usually takes place under local anaesthetic (numbing injection) or a "day case" general anaesthetic, ie. although you are put to sleep completely you will be able to go home on the same day as surgery.

The gum lying over the canine will be pushed back to reveal the tooth. Occasionally some of the bone surrounding the crown of the tooth also needs to be removed.

How will the orthodontist pull the tooth into the correct position?

Once the canine is exposed one of three things will happen under the same anaesthetic. What is going to happen for you will already have been discussed. In all options the canine tooth is not moved during surgery, slow movement of the tooth occurs with braces after your surgery.

- **Bracket and gold chain (closed exposure)**

Once the tooth is located then a small braces bracket is glued to the tooth. Attached to this is a chain which your orthodontist can then use to pull the tooth into the right position. The chain is usually stitched or held out of the way with tooth glue, but it is quite delicate and therefore it is important to be careful when eating for the first few weeks after surgery. The tooth generally stays hidden after surgery and is then slowly pulled into place with braces.

- **Open exposure**

If the tooth is close to the surface, or near to the correct position in the mouth, then the gums can be moved to expose the tooth. This means the tooth will be visible in the mouth after surgery, the orthodontist would then generally place the braces bracket on the tooth as part of fitting the fixed braces.

There are two main types of open exposure, the gum can be moved up and repositioned, being stitched in the new position exposing the crown of the tooth. Or if the tooth is in the roof of the mouth, a small window of gum can be removed, plus some bone if it is necessary, so the crown of the tooth is now visible in the roof of the mouth.

It is important to brush the tooth regularly after surgery, otherwise the gums can heal back over, meaning repeated surgery may be required. We generally advise seeing your orthodontist within 2-3 weeks of an open exposure, it is advisable to tell your orthodontist of your planned surgery date, so a follow up appointment can be arranged within this timeframe.

To prevent the gums from healing over after an open exposure, you may be supplied with a dressing plate or pack, though this is usually not required.

- **A cover plate**

Sometimes a small window will be cut in the 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.

The plate should be kept in mouth for 24 hours after surgery before taking it out to clean. The plate should be worn for 1 week post operatively.

- **A pack**

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

Is there much pain or swelling?

All of the above procedures are not particularly painful but you will obviously experience some soreness afterwards. There can be some swelling afterwards, our surgeon will discuss painkillers for you, these are not usually provided by the hospital. It is not usually necessary to take antibiotics.

Risks of surgery?

There is a small risk of damaging adjacent teeth during surgery, this is generally higher if the tooth is in contact with other teeth. Occasionally, despite best efforts, the tooth doesn't move with braces treatment, in this case we may need to remove the buried tooth in the future. The gold chain can break off, though this is often simple to replace, or the gums can heal over the exposed tooth. You can get a small scar or gum recession inside the mouth, and depending on the position of your tooth you can get altered sensation to the gums or lips near the surgery site, this is rare and usually temporary. Your surgeon will discuss any risks relevant to your surgery.

Will I need another appointment?

You will need to make an appointment with your orthodontist after surgery to have the area checked, it is advisable to tell them of your planned operation date in advance, so this can be arranged in good time.

Further appointments after this will obviously be necessary for your on-going orthodontic care, you will not usually need a surgical review.

Supporting Doctors and Dentists in Training

We train undergraduate and postgraduate medical and dental students.

This means that doctors and dentists in training may be a part of your care and treatment.

All trainees are supervised closely by a fully qualified clinician. Please speak to one of our team if you have any questions or would prefer not to have a trainee involved in your care.

This leaflet is specific to the practice of Oral and Maxillo-Facial Surgery in the United Kingdom and is in addition to the generic guidance given in the GMC publications of Good Medical and Surgical Practice 2001 & 2002

If you have any comments about this leaflet or the service you have received you can contact :

Maxillofacial Unit
Huddersfield Royal Infirmary
Telephone (01484) 355737
www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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