

Maxillofacial Unit

Removal of Impacted Wisdom Teeth

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 wisdom tooth (or third molar) is usually the last tooth to erupt into the mouth anytime after the age of 16. Frequently there is not enough room to accommodate wisdom teeth and as such they do not come into the mouth normally. When this happens, the wisdom teeth are said to be “impacted”. Wisdom teeth are usually either impacted forwards into the tooth in front or backwards into the jaw bone.

Why do I need treatment?

An impacted wisdom tooth can cause several problems and often it is best to have them removed.

The most common problems are:

- Repeated attacks of infection in the gum surrounding the tooth. This leads to pain and swelling.
- Food packing which causes decay in either the wisdom tooth or the tooth in front.
- Cysts can form around the wisdom tooth if it does not come into the mouth properly.

A cyst occurs when fluid fills the sack that normally surrounds a developing wisdom tooth.

What does the treatment involve?

Because the wisdom tooth has not fully erupted into the mouth it is often necessary to make a cut in the gum over the tooth. Sometimes it is also necessary to remove some bone surrounding the crown of the wisdom tooth and divide the tooth into 2 or 3 pieces to remove it. Once the wisdom tooth has been removed the gum is put back into place with stitches. In most cases these stitches are dissolvable and take around two weeks to disappear.

What type of anaesthetic is used?

Several options are available and depend on how difficult the wisdom tooth is to remove:

- **Local anaesthetic** – this is an injection into gum surrounding the wisdom tooth, rather similar to that you may have had at your dentist for a filling. The injection takes a couple of minutes to numb the area and means that you will feel no pain while the wisdom tooth is removed. This option is routinely used for wisdom teeth that are simple to remove.
- **Local anaesthetic and intravenous sedation** – in addition to a local anaesthetic injection you will have a cannula placed in your arm, through which the sedative drug is administered. This makes you feel relaxed and less aware of the procedure.
- **General anaesthetic** – some wisdom teeth are removed under 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.

How long does it take to remove a wisdom tooth?

This is a variable. Some wisdom teeth may take only a few minutes to remove. More difficult wisdom teeth that need to be divided into pieces to remove can take up to 40 minutes to remove.

Is there much pain or swelling after the removal of wisdom teeth?

It is likely that there will be some **pain and swelling both on the inside and outside of your mouth** after surgery. This will usually **increase over the first three days**, and most of the pain will have resolved by five to seven days.

You will need to take regular pain relief over this period to manage the pain.

In some cases, it may take up to two weeks before all the soreness goes. You may also find that your jaw is stiff, and you may need to eat a soft diet for a week or so.

There may be some bruising of the skin on your face that can take up to a fortnight to fade away.

Is there anything else I need to do after the extractions?

It is important to keep the extraction sites as clean as possible for the first few weeks after surgery. It may be difficult to clean your teeth around the sites of the extraction because it is sore and if this is the case it is best to keep the area free from food debris by gently rinsing with a mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water which has previously boiled) commencing on the day after surgery.

Do I need to take any time off work?

Usually, it will be necessary to take a few days off work and avoid strenuous exercise for this time. Depending on the type of anaesthetic used you may well not be able to drive (24 hours after intravenous sedation and for 48 hours after a general anaesthetic).

What are the possible post surgery problems

Bleeding

If bleeding occurs, take one of the gauze packs provided, moisten it lightly, place over the socket and bite firmly for at least 15 minutes or until the bleeding stops. The presence of blood staining of your saliva is normal for a few days after surgery. If bleeding persists please contact the department.

Infection

Infection may occur but is uncommon after surgery. If you smoke this will increase the risk of infection, therefore we advise stopping smoking / using an e-cigarette for a few days to a week after your procedure and this will aid healing. If you feel the site is infected please contact the Maxillofacial Unit.

Nerve damage

There are two nerves that lie very close to the roots of the lower wisdom teeth. The Inferior Dental nerve supplies the feeling to your lower lip, chin, gums and lower teeth. The other nerve is called the lingual nerve, and this supplies the feeling to your tongue and helps with taste. Sometimes these nerves may be bruised when a wisdom tooth is taken out. This can cause tingling or numbness in your lip, chin, gums and teeth and / or tongue and this can be accompanied by altered taste. In most case this doesn't last, but in a small number of people recovery may not be complete. Very rarely, permanent painful sensations may be felt in the damaged nerves (burning sensations, stabbing, shooting pains.) If you experience any of the symptoms that suggest nerves have been damaged as described above you must contact the surgeon as soon as possible.

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

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danych kontaktowych

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