

Patient information

Removal of Impacted Wisdom Teeth in the Special Care Dentistry Department

Liverpool University Dental Hospital

Your dentist may have advised you during your consultation that you will need to have your impacted wisdom teeth removed. This leaflet has been designed to improve your understanding of any future treatment and contains answers to many of the commonly asked questions. If you have any other questions, or would like further explanation, please ask a member of the clinical staff.

The problem

The wisdom tooth (or third molar) is usually the last tooth to erupt (break through) into the mouth. This happens anytime after about 16 years of age. Often there is not enough room in the mouth for wisdom teeth and 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 jawbone.

Why do I need treatment?

An impacted wisdom tooth can cause a number of problems:

- 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 erupt into the mouth properly. A cyst occurs when fluid fills the sack that normally surrounds a developing wisdom tooth.

What does the treatment involve?

If 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. Rarely the tooth needs to be divided into two or three pieces to remove it.

Once the wisdom tooth has been removed, the gum is put back into place with stitches. In the majority of cases these stitches are dissolvable and take around two weeks to disappear.

Are there any alternative treatments available?

It may be possible with some teeth to just remove the crown of the tooth leaving the roots behind. Your dentist will explain if this is a suitable treatment option for you.

The only other alternative is to leave the wisdom teeth as they are and any problems will continue

What will happen if I don't have any treatment?

- Pain and / or swelling will usually become more severe and frequent.
- If cysts form around the teeth they will progressively increase in size and may eventually destroy the jaw bone.
- If there is decay either in the wisdom tooth, or the tooth next to it, this will also progress, leading to severe pain and abscess formation.
- Serious complications, such as infection of the jaw bone (osteomyelitis) or abscess formation in the neck rarely occur but can be life-threatening.

What type of anaesthetic is used?

A number of options are available and depend on how difficult the wisdom tooth is to remove:

- **Local anaesthetic** - this is an injection at the back of the mouth into the gum surrounding the wisdom tooth, 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 is the best option for most wisdom teeth particularly those that are less difficult to remove.
- Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness. Serious side effects are rare and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have concerns about any of these effects, you should discuss them with your dentist.
- **Local anaesthetic and intravenous sedation** – in addition to a local anaesthetic injection you can be given an injection into your arm. This makes you feel relaxed and less aware of the procedure. Further information is available in PIF leaflet number 641.
- **General anaesthetic** – it is usually possible to remove wisdom teeth under a “day case” general anaesthetic, i.e. although you are put to sleep completely you will be able to go home on the same day as surgery. **For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information “You and Your Anaesthetic”.**

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

It is likely that you will have some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worse for the first three days but 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.

Your surgeon will give advice about this; it may also be necessary for you to have a course of antibiotics. There may be some bruising of your face, which can take a few weeks 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 teeth around the extraction sites, because it is sore. 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) starting the day after surgery.

Do I need to take any time off work?

Usually it is necessary to take time off work. This varies from three to seven days depending on the difficulty of the operation and the nature of your employment.

What are the possible problems?

- Although there may be a little bleeding at the time of the extraction, this usually stops very quickly and is unlikely to be a problem if the wound is stitched.
- Should the area bleed again when you get home, you can usually stop this by applying pressure over the area for at least ten minutes with a rolled up, clean damp handkerchief or swab (not paper tissue). If the bleeding does not stop, you will need to contact the hospital.
- Infection is uncommon but can be effectively treated with antibiotics.
- There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies feeling to your lower lip, chin and lower teeth. The other supplies 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 or tongue, and more rarely altered taste. About one in ten people will have some tingling or numbness that can last several weeks. Less than one in 100 people will have problems that last more than a year. These risks may be higher if your tooth is in a difficult position. The surgeon will tell you if you are considered to be at an increased risk.

Access to Emergency advice

Liverpool University Dental Hospital is open 9am to 5pm on weekdays (excluding public holidays). If you have problems outside of these times e.g. severe pain, not relieved by painkillers, mild post-operative bleeding or facial swelling please contact the dental urgent care line on

Tel: 0161 476 9651

Text phone number: 18001 0161 476 9651

If you have problems with uncontrolled bleeding, severe facial swelling or feel systemically unwell following dental treatment please contact your local Emergency Department (A+E) for advice.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Special Care Dentistry Department

Tel: 0151 706 5530/5235

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