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REMOVAL OF IMPACTED THIRD MOLARS

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

Third molars, better known as wisdom teeth, are normally the last teeth to erupt into the mouth and typically do so between the ages of 18 and 24. In modern populations, there is frequently not enough room to accommodate the wisdom teeth and sometimes they do not come into the mouth as they should. When this happens, the wisdom teeth are said to be “impacted” and can cause problems as a consequence of this. There are many other reasons why third molars are removed and it is important you understand the reasons why you are having this operation.

Why do I need treatment?

Wisdom tooth can cause a number of problems that mean the tooth or teeth are best removed. The most common problems include:

- Recurring infection around the crown of the wisdom tooth. This is called pericoronitis and leads to pain and swelling. This problem is commonly associated with the wisdom teeth being impacted. Not all impacted teeth require removal.

- Decay in the wisdom tooth or sometimes the tooth in front.
- Food packing between the wisdom tooth and the tooth in front which cannot be cleaned away by normal methods leading to problems with oral health.
- Cysts can form around the wisdom tooth. A cyst occurs when fluid fills the sack that normally surrounds the developing wisdom tooth.
- Further guidance on the reasons why third molars are removed can be found online on: www.nice.org.uk/guidance/ta1

What does the treatment involve?

It is often necessary to make a cut in the gum whilst removing a wisdom tooth. In some people, it may also be necessary to remove some bone surrounding the crown of the tooth and occasionally divide the tooth into 2 or 3 pieces in order to remove it safely. Once the wisdom tooth has been removed the gum is put back into place with stitches. These stitches are dissolvable and take around 10 days to two weeks to disappear.

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 into the gum surrounding the wisdom tooth, similar to that given by a dentist for a filling in a tooth. The injection takes a couple of minutes to work and means that you should feel no pain while the wisdom tooth is removed. You will of course still feel pushing and gentle pressure. Local anaesthetic is the best option for wisdom teeth that are straightforward to remove.
- **Local anaesthetic with sedation** – this is when local anaesthetic is supplemented by the use of sedation which makes the procedure more tolerable. The patient is not fully asleep and remains responsive although they may not remember anything about the operation itself.
- **General anaesthetic** – A general anaesthetic means you will be completely asleep whilst the wisdom teeth are taken away. It is often the best option for people having multiple teeth removed or when they are difficult to extract.

What are the main risks in having the wisdom teeth removed?

Near to the lower wisdom teeth are two important nerves; one sits below the wisdom tooth and brings the feeling from the lower lip and chin and the other takes the feeling to the tongue including taste. These nerves are at risk during surgery and this can lead to altered sensation affecting the lip, chin or tongue or all three areas.

Removal of upper wisdom teeth can create a communication or hole between the mouth and air sinus above. This can lead to air passing between these sites and the risk of infection.

Removal of wisdom teeth does cause bleeding but this normally stops fairly quickly. Persistent bleeding is a nuisance but normally responds to straightforward treatment quickly.

How long does it take to remove a wisdom tooth?

This depends on the type of impaction and other factors such as age, sex and build. Some wisdom teeth may take only a few minutes to remove whilst the more difficult ones may require removal of bone from around the tooth with a drill and then the tooth may have to be cut into pieces. This can require 20 minutes or more per tooth to remove. If you are having the procedure under a general anaesthetic you will be asleep before and after the actual operation and then spend some time in recovery whilst waking up.

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

It is very likely that there will be a degree of discomfort and swelling both inside and outside your mouth following surgery. This is usually most noticeable for the first three days and may take up to two weeks before all the soreness goes. You may also find that your jaw is stiff and you may need a soft diet for a week or so. You are likely to require regular painkillers such as paracetamol and ibuprofen. You may be given an antibiotic during and sometimes after removal of your wisdom teeth. There may be some bruising of the skin of 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. This may be difficult 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) commencing on the day after surgery.

Do I need to take any time off work?

Sometimes it is necessary to take a few days off work and avoid strenuous exercise following removal of wisdom teeth. If you have had a general anaesthetic used you should not drive. (Many doctors recommend that you do not drive for 48 hours after a general anaesthetic). It is always wise to rest after surgery, even if local anaesthetic only is used.

What are the possible problems?

- The natural response following removal of wisdom teeth is pain, swelling and stiffness. This is more noticeable the more difficult the procedure is.
- Although there will be some bleeding at the time this usually stops quickly and is unlikely to be a problem if the wound is stitched. Should the area bleed again when you get home this can usually be stopped by applying pressure over the area for at least 10 to 20 minutes with a clean rolled up handkerchief or swab. If the bleeding does not stop, please contact the clinic or hospital where your treatment was carried out.
- Infection is uncommon.

- If the blood clot comes away from the surgical area prematurely a “dry socket” results. This is uncomfortable but usually responds to local measures and, if needed, a short course of oral antibiotics.
- Retained roots. Sometimes, if wisdom teeth are difficult to remove, it may be appropriate to leave behind part of the roots. This decision is made on a risk / benefit assessment at the time of surgery.
- The two nerves that lie very close to the roots of the lower wisdom teeth have already been mentioned above. 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. If these nerves are bruised, pressed or injured when a wisdom tooth is taken out, this can cause tingling or altered sensation of your lip, chin or tongue, and more rarely altered taste. About one in 10 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.
- Other risks do exist but these are rare. They include fractures of the jaw bones, displacement of the wisdom tooth into abnormal positions and severe reactions to the local or general anaesthetic agents.

For further advice and information, please see:

- https://www.rcseng.ac.uk/patients/recovering-from-surgery/wisdom-teeth-extraction/docs/wisdom_teeth_extraction.pdf/view
- The British Association of Oral & Maxillofacial Surgeons: www.baoms.org.uk
- NICE: www.nice.org.uk