

MALCOLM CAMERON

MBBS BDS FRCS(OMFS) FRCS(Eng) FDSRCS(Eng) GMC No. 4301619, GDC No. 64977.

Consultant Oral & Maxillofacial Surgeon

Spire Cambridge Lea Hospital
30 New Road
Impington
Cambridge
CB24 9EL

All enquiries & correspondence to
Secretary to Mr Malcolm Cameron
Spire Cambridge Lea Hospital

The Nuffield Hospital Cambridge
4 Trumpington Road
Cambridge
CB2 8AF

Tel/Fax: 01223 266928

Email: mmp@themedman.co.uk
www.camomfs.com

Appointments: 01223 266990

REMOVAL OF RETAINED OR BURIED ROOTS AND DIFFICULT 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

Tooth roots can remain in the jaws for many reasons; they may be visible at the gum surface or buried in the jawbone. Some teeth can be difficult or risky to remove for a variety of reasons and it is important you understand the reasons why you are having this operation.

Why do I need treatment?

Retained roots and difficult teeth can cause a number of problems depending on where they are, what state they are in and what they are next to. Common problems include:

- Recurring infection around a retained or buried root leading to pain and swelling.
- Decay in the crown of a tooth leading to inflammation of the nerve which leads to the severe pain of toothache.
- Some teeth may not erupt properly and become impacted causing problems with that tooth or the adjacent teeth.

- Sometimes, deciduous (baby) teeth can sink into the jaw as a child grows. When this happens, they are said to be “submerging” and put adjacent teeth at risk or may mean orthodontic treatment will be needed.
- Food packing between the retained roots and teeth which cannot be cleaned away by normal methods leading to problems with oral health such as gum disease.
- Cysts can form around the tips of retained roots or around the crown of unerupted teeth. If neglected, such cysts can become infected or weaken the jaw bone.

What does the treatment involve?

This varies from straightforward to complex. It may be necessary to make a cut in the gum and in some people, it may also be necessary to remove some bone surrounding the root or tooth. Additionally, the root or tooth has to be cut into sections to remove it safely. Once the root / tooth has been removed the gum is put back into place, if necessary with stitches. These stitches are dissolvable and take around 10 - 14 days to disappear.

What type of anaesthetic is used?

A number of options are available and depend on how difficult it will be to remove the root / tooth:

- **Local anaesthetic** - this is an injection into the gum, similar to that given by a dentist when placing a filling in a tooth. The injection takes a couple of minutes to work and means you should feel no pain. You will of course feel pushing and gentle pressure. Local anaesthetic is the best option for roots or teeth that are likely to be straightforward to remove.
- **General anaesthetic** – A general anaesthetic means you will be completely asleep. This is often the best option for people having multiple procedures or when the roots / teeth are difficult to extract.

What are the main risks in having the retained roots and difficult teeth removed?

The risks depend on the position of the root / tooth / teeth, how difficult it is to get the area and what structures are nearby. In addition, the strength of the bone and whether there is any gum disease may be important. Running in the lower jaw is the nerve which

brings feeling from the lip and chin and this may be at risk if lower cheek teeth or roots are being removed. Removal of upper cheek teeth can create a communication or hole between the mouth and air sinus above. This can lead to air passing between these sites and may lead to infection. This is called an oroantral communication or fistula. Removal of any root or tooth does cause bleeding but this normally stops fairly quickly. Persistent bleeding is a nuisance but normally responds to treatment quickly.

How long does it take to remove such roots and teeth?

This depends on many factors: whether they are impacted, if they are buried or carious and other factors such as age. Some roots and teeth may take only a few minutes to remove whilst more difficult ones that need to be cut into pieces can require around 20 minutes or more to extract.

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

It is likely that there will be discomfort and swelling both inside and outside your mouth following surgery. This is usually most noticeable for the first three days and it may take up to two weeks before the soreness goes. You may find that your jaw is stiff and you may need a soft diet for a week or more. 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 roots or 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 clean and free of food debris. 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?

It may be necessary to take a few days off work and avoid strenuous exercise following removal of roots and 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 wise to rest after surgery, even if local anaesthetic only is used.

What are the possible problems?

- The natural response following removal of roots and teeth is pain and swelling. This is more noticeable the more difficult the procedure is.
- Although there will be some bleeding at the time this usually stops quickly. Should the area bleed again when you get home this can usually be stopped by applying pressure over the area for at least 15 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.
- The nerve that lies close to the roots of the lower cheek teeth has already been mentioned above. This nerves supplies feeling to your lower lip, chin and lower teeth. If this nerve is bruised, stretched or injured when the roots or teeth are taken out, this can cause tingling or altered sensation of your lip or chin. This is normally temporary but can be permanent.
- Other risks do exist but these are rare. They include fractures of the jaw bones, displacement of the teeth or roots into abnormal positions and severe reactions to the local or general anaesthetic agents.

For further advice and information, please see:

- The British Association of Oral & Maxillofacial Surgeons: www.baoms.org.uk
- NICE: www.nice.org.uk