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EXPOSURE OF IMPACTED UPPER CANINE

This leaflet has been designed to improve your understanding of your 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

Adult canine teeth normally erupt into the mouth between the ages of 11 and 13. Sometimes they develop in the wrong position and fail to erupt normally. In turn, this can cause a number of problems including damage to adjacent teeth, cyst formation and of course a missing adult tooth. A tooth in the wrong place is often referred to as “ectopic” and may be impacted.

Why do I need treatment?

There are often several choices available for managing ectopic teeth and the best option for you as an individual is normally agreed between a surgeon and an orthodontist. Many factors are taken into account and if it is decided to keep the tooth it may need some help in erupting into the correct position: this is essentially uncovering the tooth and is called exposure. Occasionally, in addition to exposure, a bracket can also be attached to the crown of the tooth and the procedure is then called an “expose & bond”. However, the bonding is best done by the orthodontist after the exposure.

What does the treatment involve?

Uncovering the tooth is normally a relatively straightforward procedure and most often takes place under a “day case” general anaesthetic, that is, you are put to sleep completely but you will be able to go home on the same day. While you are asleep the gum over lying the canine will be moved out of the way and a hole created through which the crown of the tooth is visible. 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.

- **Canine exposure.** If the canine is lying in the roof of the mouth, part of the gum can be removed to create a “window” into which the tooth will erupt or through which an orthodontist can attach a bracket. This gum re-grows once the tooth has moved into position. This technique is used most often.
- **Bracket and chain.** A small 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 out of the way but it is quite delicate and therefore it is important to be careful when eating for the first few weeks after surgery.
- **A pack.** Sometimes a pack of antiseptic soaked gauze is placed over the crown of the tooth after it is exposed. The pack is kept in position with stitches and removed after a few weeks. You must be careful not to dislodge the pack.

Sometimes it is necessary to place stitches at the end of the operation. These are usually dissolvable and take about two weeks to disappear.

Is there much pain or swelling?

None of the above procedures are particularly painful but you will obviously experience soreness afterwards. There is usually very little in the way of swelling. If it is likely to be sore, painkillers will be arranged for you. It is not usually necessary to take antibiotics.

What are the risks?

As with any surgical procedure, risks and potential complications do exist with tooth exposure. These range from the usual risks of surgery (pain, swelling, bleeding, scars and infection) to more specific concerns. These include numbness of the palate, re-coverage of the crown by the soft tissues, injury to adjacent teeth crowns or roots and, if placed, loss of the bracket.

Will I need another appointment?

You will need to return a few weeks after surgery to have the area checked by your orthodontist (or surgeon). Further appointments after this will obviously be necessary for your on-going orthodontic care.

For further advice and information, please see:

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