

## **PATIENT INFORMATION LEAFLET FOR REMOVAL OF WISDOM TEETH.**

Dear patient, the information in the leaflet will help you to understand your treatment. It contains answers to many of the questions commonly asked by patients about wisdom teeth removal. If you have any other questions or would like further explanation, please ask.

**THE PROBLEM:** The wisdom teeth (or third molar) is usually the last tooth to come (erupt) into the mouth, any time after about 16 years of age. There is frequently not enough room in the mouth for the wisdom teeth. For this reason, they often do not grow into the mouth normally. When this happens, the wisdom teeth are said to be “impacted”. Wisdom teeth are usually either impacted forward 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. This often means that it is best to remove the tooth. The most common problems are:

- Repeated attacks of infection in the gum surrounding the tooth. This leads to pain and swelling.
- Food packing (getting stuck) which causes the decay in either the wisdom tooth or the tooth in front.
- Cyst (round swellings) 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.
- To allow other types of jaw surgery
- If non-cancerous (benign) tumours form around the teeth
- To prevent cheek biting and trauma to soft tissue of the floor of the mouth.
- Crowding of teeth
- Pain

Most ‘problem’ wisdom teeth are removed. Sometimes other surgical options are discussed if the tooth is very difficult to take out or if there is a high risk of nerve damage. One alternative procedure is called a coronectomy and your surgeon will discuss this option if it is relevant to you to.

**WHAT DOES THE TREATMENT INVOLVE:** Because the wisdom tooth has not fully erupted into the mouth the surgeon often needs to make a cut in the gum over the tooth. Sometimes the surgeon will also need to remove some bone surrounding the crown of the wisdom tooth. Often the tooth needs to be cut 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 2 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 anesthetic** - this is an injection surrounding the wisdom tooth, rather similar to that you might have had at your dentist for filling. The injection takes a couple of minutes to numb the area and means that you will feel no pain while the wisdom teeth is removed. This is the best option for wisdom teeth that are simple to remove.
- **Sedative** - in addition to a local anesthetic injection you can be given an injection into your arm. This makes you feel relaxed and less aware of the procedure.
- **General anesthetic** - this may be used if the tooth is more difficult to remove. The operation is usually a “day case” – i.e. although you are put to sleep completely you will be able to go home on the same day as surgery.



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**HOW LONG DOES IT TAKE TO REMOVE A WISDOM TOOTH:** This varies. Some wisdom teeth may take only a few minutes to remove. More difficult wisdom teeth that needs to be cut into pieces to removed can take about 20 minutes to extract.

**IS THERE MUCH PAIN AND SWELLING AFTER THE REMOVAL OF WISDOM TEETH:** You will have some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worst for the first 3 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. If it is likely to be sore, Dr Botha will arrange some painkillers for you to take home with you. Dr Botha may also prescribe a course of antibiotics after the extraction. There may be some bruising of the skin of your face that can take up to a fortnight to fade away.

**HOW DO I LOOK AFTER MY MOUTH:** It is important to keep the extraction size 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. If this is the case it is best to keep the area free from food debris by gently rinsing with a mouthwash or warm saltwater. To make a saltwater mouthwash, dissolve a flat teaspoon of kitchen salt into a cup of warm water and start to use from the day after surgery. (NB. Do not rinse your mouth on day of the surgery. Female patients taking antibiotics should be aware that these can interfere with the effectiveness of the pill and you should consider other contraception). Do not smoke or take any alcoholic drinks after surgery

**DO I NEED TO TAKE ANY TIME OFF WORK:** most people need to take a few days off work and avoid strenuous exercise for this time.

**DRIVING:** If you had a general anaesthetic you may not drive for 48 hours. If you have had an intravenous sedation, you may not drive for 24 hours afterwards.

### **WHAT ARE THE POSSIBLE PROBLEMS?**

- **Bleeding:** 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. If the area bleeds again when you get home this can usually be stopped by applying pressure over the area for at least 10 minutes with a clean rolled up handkerchief or swab. If the bleeding does not stop, please contact Dr Botha.
- **Infection:** this is uncommon, particularly if antibiotics are used.
- **Bruising of nerves:** There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies feeling to you lower lip, chin and lower teeth. The other supplies feeling to your tongue and helps with taste. Sometimes these nerves are 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 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 might be higher if your tooth is in a difficult position. Dr Botha will tell you if you are considered to be at risk.
- **Damage to adjacent teeth:** All possible care will be taken to protect adjacent teeth and fillings from damage during surgery but in the process of removing difficult wisdom teeth, other teeth can be chipped.
- **Limited mouth opening or jaw stiffness:** This should subside within a few weeks.
- **Anaesthetic risks** – serious complications during general anaesthesia are very rare if you are a healthy patient. The anaesthetist will discuss with you any risk that relate to your particular circumstances.

