

# Dental Extractions

In the past, people often had teeth extracted due to dental problems. These days, teeth are extracted less frequently because retention of teeth is nearly always better than extraction. However, there are times when extraction is the best treatment option.

The aim is to achieve the best outcome over the long term, while giving you the most satisfactory function and appearance possible. Your dentist is in the best position to evaluate your situation.

For the extraction of wisdom teeth, also called third molars, refer to the ADA patient education pamphlet "Wisdom teeth and what to do about them," available from your dentist.

The primary (deciduous) teeth, sometimes called baby teeth or milk teeth, are rarely extracted as they are important for the proper eruption of secondary (permanent) teeth.

## REASONS FOR EXTRACTION

Teeth may have to be removed for several reasons, as follows.

### ■ Extensive damage to a tooth

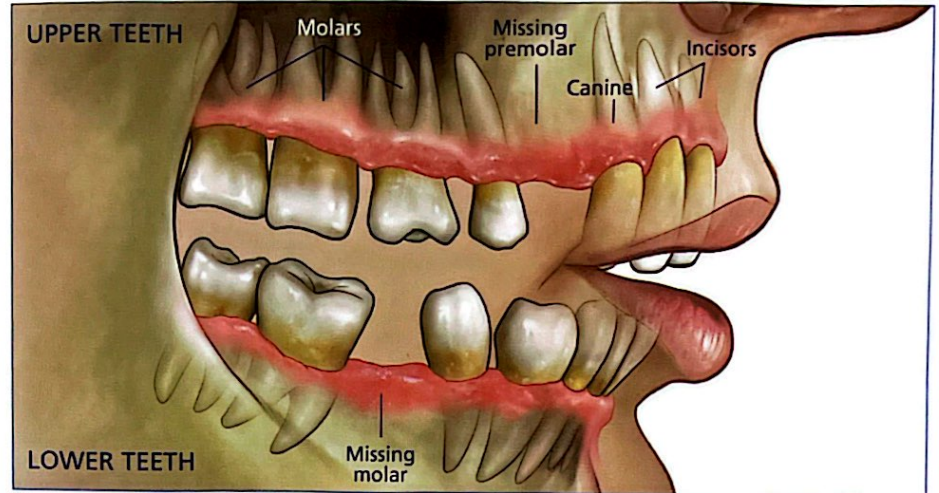
If a tooth is badly decayed or damaged due to trauma, extraction may be necessary.

### ■ Periodontal disease

Due to poor dental hygiene and a build-up of plaque and calculus (tartar) on a tooth, the gums may become inflamed and infected (periodontal disease). If not treated promptly, periodontal disease is likely to damage the underlying bone and other tissues around the tooth's root. The infection may cause the tooth to become loose in its socket. Despite treatment, saving the tooth may not be possible.

### ■ Prevention of complications

If badly diseased teeth are not extracted promptly, complications such as infection



A missing permanent tooth may cause the remaining nearby teeth to move into an abnormal position, as shown above. To prevent abnormal movement of teeth and maintain a healthy occlusion (or "bite"), your dentist will try to save a tooth, if possible. Sometimes, however, the best treatment is extraction.

or abscesses in the teeth or roots, or the spread of infection through the blood stream to other parts of the body, may occur. This may affect the general health of the patient.

### ■ To improve appearance

As part of orthodontic treatment or a treatment plan to improve the appearance of teeth, your dentist may recommend removing a tooth that interferes with another.

### ■ Teeth with no function

A tooth without an opposing partner to grind against during chewing may be better removed.

### ■ Cracks in a tooth root

A root may crack or split completely. If repair is not possible, extraction will be necessary.

## THE DECISION TO REMOVE A TOOTH

Removal of a tooth or teeth is only done after careful consideration and discussion with your dentist. Every effort is made to preserve teeth as natural teeth function better than artificial teeth such as dentures,

bridges or implants.

In an attempt to save a tooth, your dentist may recommend a root canal treatment. However, it is not suitable in every case and is recommended only if successful treatment is likely.

A missing tooth can cause nearby teeth to move out of their normal position and tilt into the gap. This often makes chewing and biting difficult. It may also cause more decay and gum disease around the tilted teeth as thorough cleaning can be difficult. To prevent neighbouring teeth from moving into the gap, a bridge, denture or dental implant may be necessary.

## X-RAY EXAMINATION

The dentist may take an X-ray film of the tooth and the jaw. The film may help the dentist to plan the best and safest way to remove the tooth.

## ANAESTHESIA

■ Local anaesthesia: A local anaesthetic is injected into the gum to numb the area around the tooth or teeth to be extracted. A tablet may be given to help the patient relax.

■ Conscious sedation with local anaesthesia: The patient is sedated with a medication but remains awake and can cooperate with the dentist.

■ General anaesthesia: The patient is asleep for the extraction. The patient should not eat or drink anything for six hours before surgery. The dentist will provide full instructions.

Modern anaesthesia is safe with few risks. However, a few people may have serious reactions to an anaesthetic. If you have ever had a reaction to an anaesthetic drug, tell your dentist.

### IMPORTANT: Fill in all details on the sticker below.

Dear Dentist: When you discuss this pamphlet with your patient, remove the sticker and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some doctors ask their patients to sign the sticker to confirm receipt of the pamphlet.

PEEL HERE

### TREATMENT INFORMATION PAMPHLET

PROCEDURE: \_\_\_\_\_  
 PATIENT'S NAME: \_\_\_\_\_  
 DOCTOR'S NAME: \_\_\_\_\_  
 EDITION NUMBER: \_\_\_\_\_ DATE: DD / MM / YYYY

## THE EXTRACTION OF TEETH

The method of extraction will vary depending on the type of tooth and its roots, and its position in the jaw.

Some teeth are relatively easy to remove, while others can be difficult. Difficult extractions are usually due to:

- extensive decay and/or large restorations (fillings) in the tooth
- adjacent teeth having crowns or large restorations (fillings)
- the tooth is in an abnormal position that affects neighbouring teeth
- an unerupted or impacted tooth, or a

tooth that is fused to the jaw bone (ankylosis)

- a nerve lying near the tooth to be extracted
- roots that are large and curved, or that penetrate deeply into the jaw bone.

In difficult cases involving molars or premolars, the tooth may have to be surgically divided into segments so it can be removed easily and safely.

### HOME CARE AFTER EXTRACTION

- Rest at home after the extraction.
- Depending on the number of teeth removed, you may need to take time off

work, school or other duties.

- Avoid drinks containing alcohol if you are taking pain killers or antibiotics.
- Eat soft foods such as soups (but not too hot), blended (pureed) vegetables and meat and jellies for the first two days.
- Drink a lot of fluids.
- Use ice packs to reduce any swelling and pain.
- If you have had any form of sedation, such as a tablet or injection, do not drive a car or ride a motorcycle or bicycle, operate machinery or engage in active exercise for the rest of the day.

## POSSIBLE COMPLICATIONS OF EXTRACTION

All types of surgery, including the extraction of teeth, are associated with some risk. Despite the highest standards of practice, complications are possible.

It is not usual for a dentist to dwell at length on every possible side effect or rare but serious complication of any dental procedure. However, it is important that you have enough information to weigh up the benefits and risks of extraction. Most patients will not have complications, but if you have concerns about possible side effects, discuss them with your dentist. The following list of possible complications is intended to inform you, not to alarm you. There may be others that are not listed.

**PAIN:** Pain may occur once the effect of the anaesthetic has worn off. Your dentist will advise you about pain relief and prescribe the best tablets to take.

**EXCESSIVE BLEEDING (HAEMORRHAGE):** Although uncommon, haemorrhage may occur. It can normally be stopped by biting down firmly for at least 30 minutes on the gauze pad your dentist has supplied. If you do not have a gauze pad, take a clean handkerchief or piece of cloth, cut it into a 10-cm by 10-cm square, fold it small enough to fit on top of the socket(s), and bite down to give pressure over the socket(s). When biting, the teeth should be held apart by the gauze or cloth. **DO NOT** use cotton wool or tissues to bite on. If you do not have any gauze pads or clean linen to bite on, a tampon or tea bag may be used. If this treatment does not stop the bleeding, contact your dentist at once. If your dentist is unavailable, contact the emergency centre at your local hospital. This is particularly important if you are taking warfarin or other "blood thinning" tablets.

**DRY SOCKET:** This occurs if the blood clot that normally forms in the socket is washed away or dissolves, exposing the bone underneath. The blood clot is important for proper healing and relief of pain. A dry

socket usually develops two to four days after extraction and can cause a constant throbbing pain which may last for some days. Antibiotics do not help as it is not an infection. If you have pain like this, contact your dentist.

To help prevent a dry socket:

- Do not rinse out your mouth or spit with force for the first 24 hours after surgery. This can loosen the blood clot and may slow healing.
- Do not brush your teeth around the area of the surgery for the first 24 hours. After the first day, you may brush gently.
- Do not smoke for two weeks after surgery as smoking impairs healing.
- After the first day, you can rinse your mouth very gently with warm salt water (one-half teaspoon of salt in a glass of warm water). Rinse every four hours or more often if needed. This will help to reduce swelling, pain, and the risk of infection.

**INFECTION:** An infection in the gum or bone may occur after the extraction. If you develop a fever, bleeding or increasing pain, infection may be the cause. Contact your dentist at once. If you have had an allergic reaction to any antibiotic, tell your dentist.

**SINUS PROBLEMS:** The roots of some upper teeth may be close to the sinuses. Sometimes, a sinus may be opened when a tooth is removed. The opening will usually heal quickly. However, if infection sets in or other problems start, more treatment may be necessary.

**NUMBNESS OR ALTERED SENSATION:** If a nerve is bruised or injured during extraction, numbness, tingling and loss of feeling in the teeth, gums, cheeks, lips, chin and tongue may occur. This effect will usually disappear over a few weeks as the nerve recovers. In some people, complete healing of the nerve may take six to 18 months. In rare cases where the nerve may not heal completely, numbness or altered sensation

may be permanent, and chronic pain or discomfort is possible.

**DAMAGE TO A NEARBY TOOTH OR FILLINGS:** Although rare, the tooth or fillings next to the tooth to be removed may be chipped or loosened during an extraction.

**THINNING OF JAW BONE:** Bone at the base of the extracted tooth is likely to thin a little over time. Thinning and fragility of jaw bone can become significant if many teeth are missing. To reduce thinning, jaw bone needs to have the pressures of daily chewing exerted on it. Your dentist may recommend dental implants or dentures to help prevent thinning.

### Talk to your dentist

This pamphlet is a summary of why dental extraction may be recommended and what to expect. It does not replace advice from your dentist and does not contain all known facts on this subject. It should be used only in consultation with your dentist. If you do not understand any of the information or are not sure about the benefits and risks of tooth extraction, your dentist will be pleased to answer your questions or concerns.

Tell your dentist your COMPLETE medical and dental history, including medicines you have taken or are taking, reactions to medicines (especially antibiotics), major illnesses, heart problems or surgery, and bleeding disorders. Any of these conditions may affect your treatment.

For some people who have had heart valve problems, artificial heart valves or other heart problems, some dental treatments have been linked to a risk of endocarditis, an infection inside the heart. Dental practitioners are aware of this and will take it into account in their treatment of patients who may be at risk.

### Costs of Treatment

Costs vary according to the difficulty and extent of treatment. Ask your dentist for an estimate. Extra costs will apply for additional treatments such as dental implants, bridges or dentures. It is best to discuss costs before starting treatment, rather than afterwards.