

# Wisdom Teeth

## and what to do about them

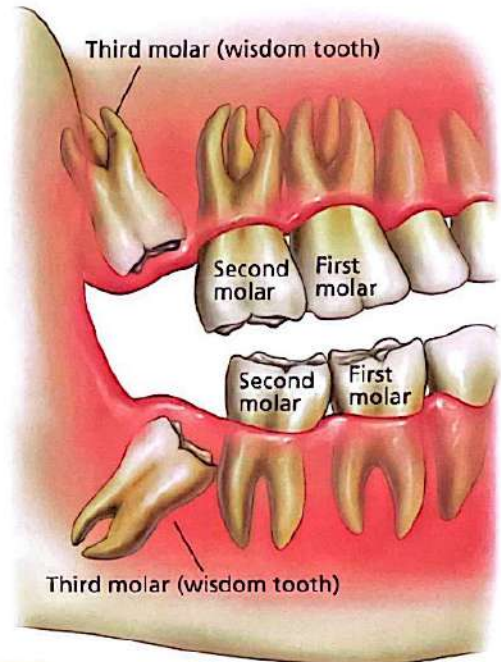
Patient information to assist informed consent

**W**isdom teeth (also called “third molars”) usually do not push through the gums until people are in their late teens, twenties or even older. Wisdom teeth are usually the last teeth to come through the gums.

Most people have four wisdom teeth. Some people have no wisdom teeth. In many people, not enough space is at the rear of the jaws for wisdom teeth to come easily through the gums. If the jaw does not have enough space for a wisdom tooth to come through, the tooth will become wedged in or “impacted”.

Some impacted wisdom teeth remain in place and cause no trouble. However, other impacted wisdom teeth may cause severe problems and must be removed. If one (or more) of your wisdom teeth causes problems, your dentist may recommend that it be removed. Removal of a wisdom tooth is a very common procedure. Removal of troublesome wisdom teeth should usually be done as soon as possible before the problems get worse.

If your wisdom teeth are likely to be very difficult or complicated to remove, your dentist may refer you to an oral and maxillofacial surgeon. Due to the shape and position of some wisdom teeth and the shape of the jaws, it may be preferable in some cases for an oral and maxillofacial surgeon to remove the teeth.



### THE DECISION TO REMOVE TEETH

After inspecting your mouth, jaws and X-ray films, your dentist can discuss the diagnosis with you. Your dentist may recommend removal of one or more wisdom teeth or other options. If the area around the tooth has been infected, your dentist may decide to delay surgery while the infection is treated.

Even though a wisdom tooth has caused problems, it may “settle down” after it pushes through the gum. Your dentist may delay surgery to see if the tooth stops causing problems.

Some wisdom teeth never cause trouble and may not need to be removed. The decision whether to have wisdom teeth removed is always yours.

### EARLY REMOVAL OF WISDOM TEETH

Your dentist may recommend early removal of one or more wisdom teeth due to the following reasons:

- There is not enough room for the tooth to push through.
- The tooth has started to cause trouble. It should be removed soon so that pain, infection or other problems do not get worse.

It is best to have troublesome wisdom teeth removed while the patient is young. In young people, a tooth’s roots have not formed totally, and the bone surrounding the tooth is softer. This allows for easier removal of the tooth and less risk of damage to nerves, bone or other teeth.

### ASK YOUR DENTIST

This pamphlet is intended to provide general information. It is not a substitute for advice from your dentist. This pamphlet does not contain all known facts about the surgery to remove wisdom teeth. This information will change with time, due to clinical research and new therapies.

If you are not sure about the benefits and risks of wisdom tooth surgery, ask your dentist. Your dentist can answer questions or concerns you may have. Read this pamphlet carefully, and save it for reference. Technical terms may need explanation by your dentist. Write down questions you want to ask.

Your dentist cannot guarantee that treatment will meet all of your expectations and that it has no risks. If you are uncertain about advice you are given, you may wish to seek a second opinion from another dentist or an oral and maxillofacial surgeon. Use this pamphlet only in consultation with your dentist.

**Consent form:** If you decide to have teeth removed, the dentist may ask you to sign a consent form. Read it carefully. If you have questions about the consent form, or anything else, ask your dentist.

**Important: Fill in all details on the sticker below.**

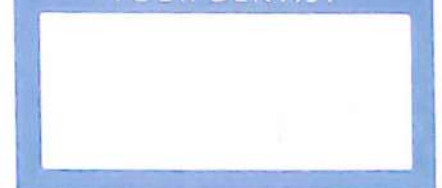
DEAR DENTIST: When you discuss this pamphlet with your patient, remove this sticker and put it on the patient’s medical history or card. This will remind you and the patient that this pamphlet has been provided. Some dentists ask their patients to sign the sticker to confirm receipt of the pamphlet.

PEEL HERE

#### TREATMENT INFORMATION PAMPHLET

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

#### YOUR DENTIST



# Problems caused by impacted wisdom teeth



## INFECTION

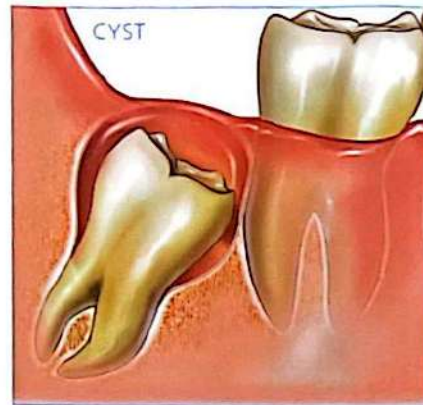
When an impacted wisdom tooth starts to push through the gum, an infection can start around the top of the tooth.

Infection and inflammation (swollen, red gums) can cause pain, swelling, and jaw stiffness. The infection can cause bad breath and an unpleasant taste.

Swallowing may be painful. The person may feel generally unwell.

## PAIN

Pressure from the wisdom tooth may cause pain in the tooth next to it. Pain can also be caused by infection around the wisdom tooth.



## CYST

If a wisdom tooth is not removed, a sac of fluid called a cyst can form around the tooth and may displace the tooth.

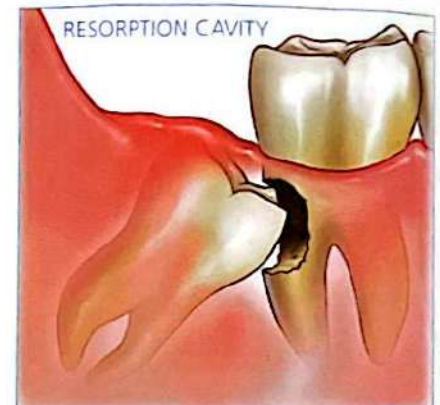
The cyst can destroy bone and damage other teeth and the gums.

Cyst formation around unerupted wisdom teeth is fairly common.

## ULCER

An upper wisdom tooth may push sideways out of the gum.

It may cause an ulcer where it rubs against the inside of the cheek.



## RESORPTION CAVITY

An impacted wisdom tooth may keep pushing against the molar next to it. This can cause a resorption cavity where the wisdom tooth hits the other molar. This often leads to serious damage to both teeth.

The molars may become infected or abscessed. Removal of both molars is often needed. Resorption cavities are uncommon.

## A FOOD TRAP

Food becomes trapped between the wisdom tooth and the molar next to it. This can cause cavities in both teeth.

## TREATMENT OF INFECTION

Your dentist may gently clean the infected area around the tooth.

You may be advised to rinse your mouth often with a warm saltwater mouthwash. Use one teaspoon of salt in a glass of warm water. The water should be as warm as possible, but not too hot. Your dentist may suggest a disinfectant mouthwash and a pain killer.

If a lower wisdom tooth is infected, it can be made worse by the upper wisdom tooth biting down on the gums. The patient can be helped by removal of the upper wisdom tooth.

Antibiotics are not routinely prescribed prior to or following wisdom teeth removal, except in special cases.

## DENTAL & MEDICAL HISTORY

Tell your dentist your complete dental and medical history. This helps your dentist plan the best treatment.

Some health problems may interfere with surgery, anaesthesia and care after surgery.

Your dentist may recommend blood tests or other medical tests.

**Medicines:** Give your dentist a list of

**ALL** medicines you have been taking. This includes the contraceptive pill, blood thinners (such as aspirin, warfarin or clopidogrel, among others), over-the-counter medicines (such as aspirin or cough medicines), vitamins and herbal treatments. Tell your dentist if you have ever had any allergic or bad reaction to antibiotics or other medicine.

**Pregnancy:** Tell your dentist if you are or may be pregnant. This could affect your treatment, including:

- anaesthesia
- pain treatment
- antibiotics and other medicines
- whether surgery should be delayed.

Dental X-ray films can be safely taken as the X-ray beam is not pointed at the uterus.

**Bleeding or blood disorders:** Tell your dentist if you:

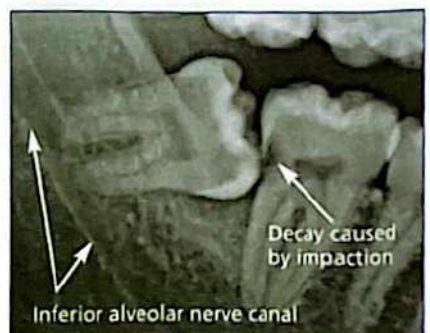
- bleed a lot when you are injured or have surgery
- have any blood disorders, such as haemophilia
- are taking any blood thinners such as aspirin, warfarin or clopidogrel, among others.

Some medications, vitamins, herbs and alternative preparations can increase the risk of bleeding during and after surgery. Your dentist may recommend that the medicine be stopped, or the dose changed, for a period. Discuss this carefully with your dentist.

**Smoking:** Stop smoking at least two weeks before the surgery. Smoking impairs healing and increases the risk of postoperative infection. It is best to quit.

## X-RAY EXAMINATION

Your dentist needs to take X-ray films of your jaw. The films will help your dentist plan the best way to remove troublesome wisdom teeth.



X-ray film of an impacted wisdom tooth.

# Surgical removal of wisdom teeth

Your dentist will have to make an incision to open your gums to remove the wisdom tooth.

A small portion of the bone may have to be removed so your dentist can get to the tooth.

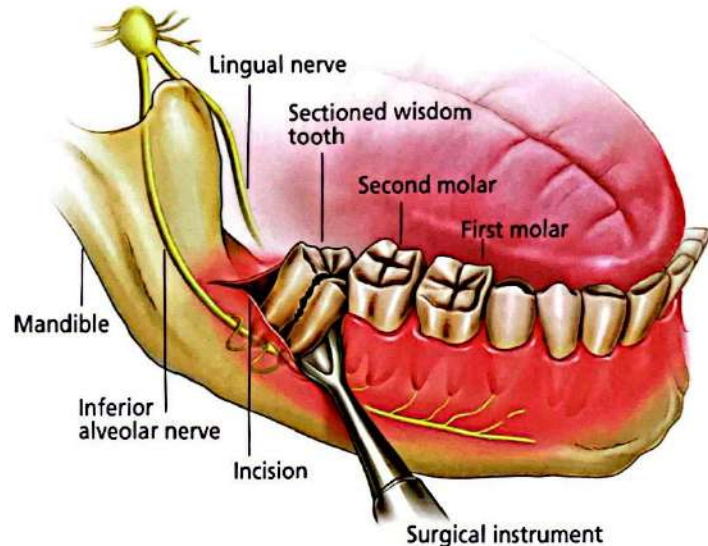
The tooth may have to be divided into segments so it can be removed easily and safely.

The incision in your gums may have to be closed with stitches.

Some stitches dissolve after a few days. Other stitches will be removed by your dentist.

## WHERE TO HAVE SURGERY

Your dentist will advise you whether your wisdom teeth should be removed in the dental surgery, in a hospital or in a day-procedure clinic.



## ANAESTHESIA

After discussion with your dentist, a decision will be made whether the wisdom tooth will be removed under local anaesthesia, conscious sedation or general anaesthesia.

**Local anaesthesia:** If the surgery is fairly simple, your dentist may give you a local anaesthetic with a needle. The local anaesthetic will numb the gums and lower parts of the face.

The dentist can then extract the tooth. Your dentist may give you a tablet to help you relax during the surgery.

**Conscious sedation:** A sedative is an effective way of providing anxiety relief and pain control during wisdom tooth surgery and other dental procedures. The ADA patient education pamphlet "Conscious Sedation in the Dental Surgery" may be helpful.

**General anaesthesia:** For some people, the dentist may recommend general anaesthesia (putting them to sleep with an injection). General anaesthesia is given by a specialist anaesthetist. It may be used for people who:

- have wisdom teeth that may be more difficult to remove
- do not want to remain awake during the surgery
- have other problems with their wisdom teeth, gums or jaws
- need multiple teeth to be removed.

**Note:** For six hours before a general anaesthetic, do not eat or drink anything. If surgery will be done in the

morning, do not eat or drink after midnight the night before.

Your dentist or anaesthetist will give you full instructions.

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

## AFTER THE SURGERY

You will have to rest for a while before you go home. Your dentist will check on you as you recover.

Do not drive. A family member or friend should take you home. Arrange this well in advance. When your dentist is satisfied with your recovery, you can go home. If you are in hospital, you will return to your room when you recover from the anaesthetic.

## TAKING CARE OF YOURSELF

- Rest at home after the surgery.
- Do not drive, engage in active exercise, or operate machinery.
- Take several days off work, school or other duties.
- Do not drink alcoholic drinks while you are taking antibiotics or pain killers.
- Eat soft foods such as soups, blended (pureed) vegetables and meats, and gelatine for the first two days.
- Drink lots of water.

## PAIN RELIEF AND SWELLING

Pain, swelling and limited jaw opening are normal conditions after wisdom tooth surgery.

Pain may be minor in some people and greater in others. Your dentist will prescribe or advise you on pain relief.

If you are uncertain about the best pain relief medicine for you, ask your dentist.

Pain usually starts to decrease after the second day. However, some people may still need pain relief after one week.

If your pain does not decrease as the days go by, tell your dentist. Further pain management may be needed.

Swelling around the mouth, cheeks and eyes almost always occurs after surgery.

It can vary from slight to severe and usually depends on the amount of surgery.

Swelling is a normal response to surgery and usually reaches its maximum by the third day.

Ice packs are recommended by some dentists, but studies show that this does not reduce swelling. Ice packs may relieve some pain and discomfort.

Ice packs should be applied so the face is comfortably cold to the touch. Most swelling takes four or five days to resolve.

## CONTROL OF BLEEDING

Refer to page 4 for instructions on how to control excessive bleeding that may occur following surgery.

## FOLLOW-UP

A follow-up visit is important. Your dentist will want to check on healing. Stitches may be taken out.

# Possible complications of wisdom tooth surgery

All surgery carries some degree of risk, despite the highest standards of practice and care. 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 wisdom tooth extraction.

Any discussion of frequency of risks or benefits (for example, one patient in 100, or "rare" and so on) can only be estimates as the outcomes of clinical research can vary widely. Such outcomes can depend on many factors, such as the surgical methods, equipment, dentists' experience and data collection, among others.

Most people will not have complications, but if you have concerns about possible complications, discuss them with your dentist. The following possible complications are listed to inform you, not to alarm you. There may be other complications that are not listed.

## NUMBNESS OR ALTERED SENSATION

An impacted wisdom tooth may be close to or touching major nerves, such as the inferior alveolar nerve or lingual nerve (see page 3 illustration). When the tooth is removed, the nerve may become bruised. This can cause numbness, tingling and loss of feeling in teeth, gums, cheeks, lips, chin, tongue and around the upper jaw and lower jaw. If the lingual nerve is damaged, there is a risk of altered taste sensation. Speech may be affected in some cases.

If a nerve is injured, it will usually heal. As it heals, numbness and tingling go away, often taking from four to eight weeks. In some people, complete healing of the nerve may take six months to 18 months. In rare cases, the nerve may not heal completely, and numbness or altered sensation may be permanent.

## NERVE DAMAGE CAUSING PAIN

In rare cases, an injured nerve may heal poorly, and pain may persist or recur without diminishing. This can happen even though the surgery was successful and all care was taken to avoid injury to major nerves. It is not known why some

nerves react this way. The pain in these cases can sometimes be difficult to treat.

If you are troubled by ongoing pain or numbness, speak with your dentist about a specialist referral.

## DRY SOCKET

After the wisdom tooth is removed, a blood clot will form over the bone. This clot is important for healing and relief of pain. If the blood clot is washed away or dissolves, the bone will be exposed. This is called a "dry socket". If a dry socket occurs, it usually develops two to four days after surgery. The result is a constant throbbing pain that may last for many days. If you have pain like this, contact your dentist.

### To help prevent a dry socket

- For the first day after surgery, do not brush your teeth around the area of surgery. After the first day, brush gently.

- Rinse your mouth VERY GENTLY with warm salt water to wash away the blood. Do not rinse vigorously or spit with force because you may loosen the blood clot and cause slow healing. Rinse every four hours or more often. This will help healing, reduce swelling and pain, and reduce the risk of infection.

- Do not smoke following surgery. Smoking interferes with healing.

Antibiotic treatment does not help as a dry socket is not an infection.

## INFECTION

An infection in the gum or bone is usually treated with an antibiotic. Tell your dentist if you have ever had an allergic reaction to any antibiotic or other drug. Take the complete course.

## FEVER

Body temperature may be slightly higher after surgery. It should go back to normal after 12 to 24 hours.

A fever that lasts longer may be an indication of an infection or other problems. You should contact your dentist.

## 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.

## LIP SORES

Pressure or stretching of the lip by the surgical instruments may cause bruises or small sores. They usually heal without any problems. These lip sores are not common.

## DAMAGE TO A NEARBY TOOTH

When a wisdom tooth is removed, the tooth or filling next to it may be chipped or loosened. This is rare.

## VOMITING

Some people may vomit when they are recovering from the effects of a general anaesthetic.

## SINUS PROBLEMS

The roots of the upper wisdom teeth are close to the sinuses. In some cases, a sinus may be opened when a wisdom tooth is removed. The opening will usually heal quickly without infection. If an infection sets in or other problems start, more treatment may be necessary.

## WEAK JAW

The surgery might cause the jaw bone to become temporarily weaker. Rarely, it may fracture or break. Avoid contact sports for at least four weeks.

## COSTS OF TREATMENT

Ask your dentist for an estimate that lists the likely costs. As the treatment and outcome may become different from what was first proposed, the final account may be different from the original estimate. It is best to discuss costs before treatment rather than afterwards.