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DENTAL

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INFORMATION FOR PATIENTS

Exposing Unerupted Canines

This information is designed to help your understanding of the condition where an upper canine tooth fails to erupt normally and what treatments are available to help remedy it.

The problem

The upper canine, or “eye tooth”, normally erupts into the mouth between about the ages of 11 and 13. Sometimes teeth can develop in an abnormal position and the upper canine is the most common tooth to be affected in this way. Either one or both teeth may be affected. Often, they will lie across the roof of the mouth behind the front teeth.

Why is treatment required?

The upper canine has a long root making it a strong tooth and is an important tooth both for biting and in the development of a normal smile. Sometimes they may be left alone and will remain un-erupted for many years, possibly a whole lifetime.

They can, however, damage the roots of other front teeth or push them out of position. They can interfere with the orthodontic movement of other teeth. More rarely cysts can develop around them. Treatment is almost always provided as part of on-going orthodontic treatment to help the teeth to erupt normally into the mouth.

What does the treatment involve?

Helping the tooth to erupt into the mouth involves a relatively minor surgical procedure. This may be carried out under local anaesthetic (numbing injection in the gum) or Conscious sedation (inhalational or intravenous or if required a “day case” general anaesthetic (put to sleep), going home the same day.

Depending on the exact position of the un-erupted tooth; generally one, or a combination of three possible procedures, will be carried out:

- 1) If the tooth lies near the outside of the arch of teeth, (i.e. near the lip), the gum can be moved up and re-positioned, stitched in the new position exposing the crown of the tooth. Sometimes some thin, soft bone will need to be removed from around the crown of the tooth.
- 2) If the tooth is in the roof of the mouth a small window of gum can be removed plus some bone if it is necessary from the palate. Usually, an antiseptic pack is placed over the tooth, which is held in place by one or two stitches. This both protects the wound and helps to prevent the gum growing back over the tooth. It is usually left in the mouth for 2 weeks after which it is very simple to remove.

- 3) If the tooth is very deeply impacted then often the gum over it will be lifted up, the tooth exposed, and a gold chain and bracket will be glued onto the crown. The gum is then put back and the chain is stitched to the outside of the gum where the orthodontist can use it to pull the tooth gradually into the correct position. Pulling can usually begin a couple of weeks after surgery when healing is complete.

What are the after effects?

Following surgery there is usually very little swelling but there will be some soreness. This is normally taken care of with simple painkillers such as paracetamol and Ibuprofen. It is not usually necessary to take antibiotics.

A review appointment is usually made 2 weeks following surgery, either with the surgeon or orthodontist.

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