



INFORMATION FOR PATIENTS

Removal of Wisdom Teeth (Third Molars)

This leaflet is for patients who may need to have an operation to take out their wisdom teeth. It explains why this may need to happen. It also explains what is involved and the risks and problems.

Wisdom teeth

Adults normally have 32 teeth. Wisdom teeth (third molars) are the last to come through at the back of the mouth usually around the age of 18 years. Normally, there are four wisdom teeth, one on each side of the upper and lower jaws.

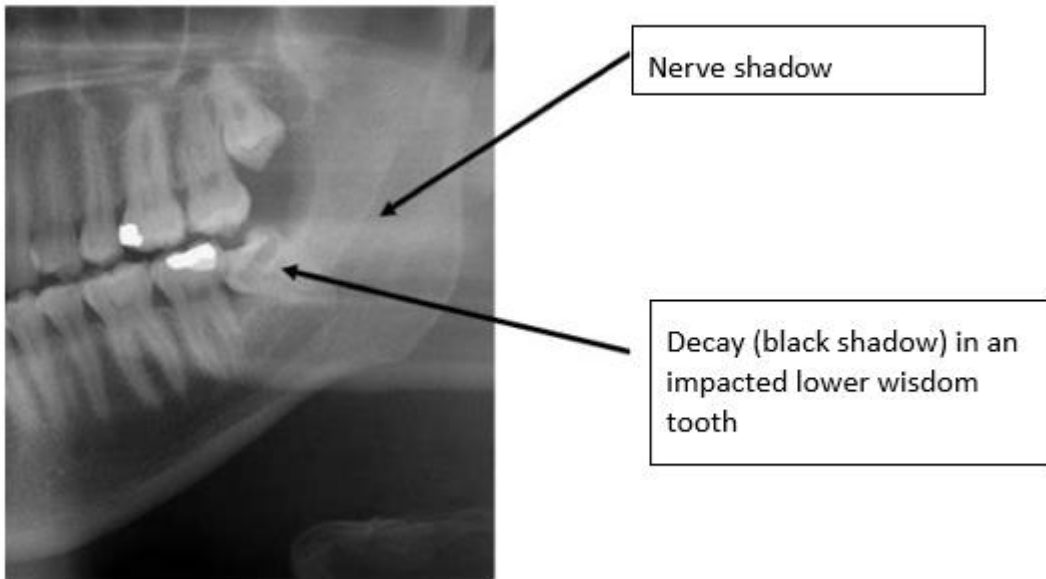
Impacted wisdom teeth

Some jaws are too small to accommodate all the teeth. There may not be enough space for the wisdom teeth to come through completely. They are said to have become impacted (stuck). This is often painful.

Reasons for the removal of wisdom teeth

- the most common reason is repeated infections (pericoronitis) of the gum overlying a wisdom tooth
- decay in the wisdom tooth, which your dentist cannot fill
- decay in the tooth in front of the wisdom tooth. The dentist can't fill this tooth properly until the wisdom tooth is removed
- infection (abscess) at the bottom of the wisdom tooth root
- when the molar tooth next to the wisdom tooth is affected by gum (periodontal) disease
- a cyst (fluid filled sac) forming around the wisdom tooth
- as part of other operations on the jaw where the wisdom tooth is "in the way"
- there may be other less common reasons that your surgeon will discuss with you which are too unusual to go into detail about here

Your surgeon should only recommend removal of your wisdom teeth when the benefits of taking the tooth out are greater than the risks of leaving the tooth where it is. The NICE guidelines* help your surgeon make this decision.



The removal of wisdom teeth

Some wisdom teeth are harder to take out than others. It can involve a cut in the gum close to the tooth. Sometimes some bone around the tooth is taken away with a drill and the tooth may be cut into smaller pieces. This makes removing the tooth and root easier. Stitches will be placed in the area and these dissolve usually by themselves in one to two weeks.

The procedure can be carried out with just an injection in the gum to numb the area (local anaesthetic), with or without sedation, or general anaesthetic may be suggested if the extractions are difficult. This may also be the case if you are very anxious or frightened. There may also be medical or personal reasons why sedation or general anaesthetic are necessary.

What can be expected after the operation?

The amount of pain after the operation varies. It depends largely on how difficult the tooth was to take out. The usual recovery time is 5 to 7 days. Pain is usually managed by taking painkillers e.g., ibuprofen and paracetamol. These are same medicines you usually take for headaches and general aches and pains.

Swelling is common and tends to be most on the second and third day after surgery. It gradually disappears over about a week. You may have difficulty opening your mouth (trismus) and this is likely to last for a few days. You will have to eat soft foods that don't need much chewing. You may see some bruising on your face and neck. You will not normally be given antibiotics.

Do not plan to have your tooth out just before going on holiday, especially if you are going abroad. Also avoid important social events. It is also likely that you will need to be away from work for a few days afterwards.

Further information may be given to you when your surgery is finished.

What can go wrong?

Having a wisdom tooth taken out is a safe and common operation. However, as with any procedure there are some risks and problems can occur.

Most bleeding will stop within 30 minutes after the operation finishes. You may notice your saliva is blood stained for a day or two afterwards. If you bleed a lot, you should bite down hard, for 20 minutes, on any swab/gauze you were given. A rolled up clean handkerchief (not tissue) could also be used. If you cannot stop the bleeding, you should contact your dentist or surgeon.

Dry socket is a condition which is more common after removal of wisdom teeth in the lower jaw. If you have pain which seems to be getting worse rather than better, 3-10 days after the extraction, together with a bad taste and/or bad breath then you should contact your dentist or surgeon. The socket may need washing out and a dressing being placed. Antibiotics are not usually necessary.

You may develop an infection. This may show as a fever, feeling generally unwell; tender glands under your jaw line; the skin over your jaw or upper neck becoming hot, hard, reddened, and tender to touch. You should contact your dentist or surgeon. Although you usually won't have been given antibiotics at the time you had your tooth out you may need to take them now.

As has been said before it is also not uncommon for there to be a restriction in the amount that you can open your mouth afterwards (trismus). If this doesn't improve in the days immediately after surgery, it can also be a sign of infection.

When the tooth next to the wisdom tooth has a large filling or crown it is possible that this can be damaged or knocked out during surgery. This will need repairing or replacing when the extraction socket has healed up enough.

There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerve supplies feeling to your lower lip, chin and lower teeth. The other supplies feeling to your tongue and helps with taste. Sometimes these nerves may be bruised when a wisdom tooth is taken out. This can cause tingling or numbness in your lip, chin or tongue, or more rarely affect your taste. In most case this doesn't last, but in a small number of people recovery may not be complete. Very rarely, permanent painful sensations may be felt in the damaged nerves (burning sensations, stabbing, shooting pains.) Between 2 and 20% of people will have some tingling or numbness that can last several weeks, between 0.5 and 2% will have permanent problems. If you experience any of the symptoms that suggest nerves have been damaged as described above you must contact your Dentist or surgeon as soon as possible.

Upper wisdom teeth generally cause less problems and are simpler and quicker to remove. As with lower wisdom teeth crowns or fillings in the teeth nearby can be damaged. There are no nerves close by that can be damaged, however there is a small risk of breaking the bone behind the wisdom tooth (tuberosity) which can cause bleeding and/or create a passageway between the mouth and the sinus (the air-filled spaces that lie either side of the nose and beneath your cheeks). If this happens it may need a surgical operation to repair it either at the time of your wisdom tooth removal or at a later date.

Your dentist or surgeon may inform you of other problems and risks that only apply to removing your particular tooth.

Your dentist or surgeon may advise you of ways of changing the way of removing your tooth to reduce the risk of complications particularly if your surgery is high risk. One such modification is called a Coronectomy and a separate leaflet is available that explains this.

*Link to NICE guidelines for the removal of impacted third molars

<https://www.nice.org.uk/guidance/ta1>

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