

4. The roots of lower wisdom teeth sometimes lie in contact with a nerve inside the lower jaw, this being the nerve which supplies feeling to the lower lip and chin on the same side. Occasionally this nerve may be bruised or otherwise damaged when the wisdom tooth roots are removed, resulting in temporary numbness of the lip and chin which may last for 3-9 months. It is usually, although not always, possible to determine from the pre-operative x-rays, whether such nerve injury is likely. Permanent nerve damage is also possible but extremely uncommon.
5. The nerve that supplies feeling to the side of the tongue may be damaged during wisdom tooth surgery, resulting in loss of feeling and loss of taste on that side of the tongue. Recovery may take 6-12 months but on rare occasions loss of feeling and taste may be permanent.
6. Local anaesthetic injections, to numb the wisdom tooth area, are an alternative to general anaesthetics (going to sleep) but are also given during general anaesthetics so that pain will not be present for some hours afterwards. Such injections may also cause damage to the nerves supplying feeling to the lip, chin and tongue. Such injury may cause temporary or permanent loss of feeling, but would be rare.
7. Some patients may have side effects associated with having a full general anaesthetic. These may include nausea (feeling sick or vomiting), tiredness, dizziness, blurred vision, aching in muscles and minor nosebleeds. Such side effects are not usually serious. Nausea can be treated with suitable medicine.
8. Although it is sometimes believed by patients that it might be necessary to "break the jaw" to remove difficult wisdom teeth, this is never the case. However, the lower jaw may be weakened for a period of weeks or

occasionally months following removal of any deep wisdom tooth. During this time there is greater likelihood of the jaw breaking following an accidental blow or chewing excessively hard food. Eventually the jaw will regain its full strength.

9. When removing impacted wisdom teeth from the upper jaw, it is possible for a small hole to result between the mouth and the air sinus in the upper jaw. Avoiding smoking, forceful nose blowing, playing wind instruments and sucking on straws will normally allow this to heal without event, but occasionally a minor surgical procedure is subsequently necessary to repair this.

GENERAL COMMENTS

Although wisdom tooth surgery is not something which people look forward to, modern surgical and anaesthetic techniques have now combined to make such surgery a far more acceptable experience than in the past. If you have any further questions that you would like answered about wisdom teeth or their surgical removal, please do not hesitate to ask.



Dr.JW	DR JACLYN WONG MBBS, BDSc (Hons), PG Dip Surg Anat	
	ORAL SURGERY AND FACIAL REJUVENATION	
All enquiries to T: 9882 0008; 9028 2665 M: 0422 944 830 E: info@wisdomteethandimplants.com.au	<ul style="list-style-type: none"> • 6 Bond St, South Yarra 3141 • 801 Toorak Rd, Toorak 3123 • 1007 Malvern Rd, Toorak 3142 • 516 Centre Rd, Bentleigh 3204 • L1/35 Whitehorse Rd, Deepdene 3103 • 173 Martin St, Brighton 3186 	<ul style="list-style-type: none"> • Suite 5, L1 20 Scholar Drive, Bundoora 3083 • 73 Keys Rd, Moorabbin 3189 • 27 Doncaster East Rd, Mitcham 3132 (Mitcham Private Hospital) • 26 Balaclava Rd, St Kilda East 3183 (Masada Private Hospital)

REMOVAL OF WISDOM TEETH

Patient Information



ENQUIRIES TO:

9882 0008
0422 944 830
0411 864 255

info@wisdomteethandimplants.com.au

Wisdom Tooth Extraction

Wisdom teeth are the very back teeth on either side of the upper and lower jaws, and are more correctly described as the third molar teeth. They are the last teeth to erupt into the mouth, usually between the ages of 17 and 21 years.

It is quite common for there to be insufficient space in the jaws to allow wisdom teeth to take their correct position, and consequently they remain partly or completely below the surface of the gum. Sometimes they may be deeply buried inside the jawbone. Wisdom teeth, which have failed to develop into a normal position, are commonly referred to as being "impacted".

PROBLEMS ARISING FROM IMPACTED WISDOM TEETH

- By far the most common problem associated with lower wisdom teeth is infection of the overlying gum, a condition called "pericoronitis". This is a painful and occasionally serious infection. Treatment may involve use of antibiotics. Wisdom teeth which are partly-erupted through the gums are most likely to be affected. It is preferable to remove such teeth before they become infected, as there are fewer complications with healing.
- There is often a pocket between the wisdom tooth and the tooth in front that is difficult to keep clean. This may lead to decay starting in the wisdom tooth, or worse, in the second molar tooth in front.
- Many orthodontists believe that pressure from the developing wisdom teeth can cause the front teeth to become overcrowded, and removal of wisdom teeth is often recommended before or immediately after orthodontic treatment is completed. This is controversial.

- Pressure from a wisdom tooth, pushing on the second molar tooth in front, will occasionally cause the root of the second molar tooth to be absorbed, with subsequent damage to or loss of the second molar tooth.
- Wisdom teeth buried beneath the surface are sometimes associated with development of a cyst, which may cause considerable damage to the jawbone, or more rarely be associated with development of tumours.
- Impacted wisdom teeth constitute a weakness in the lower jaw, and this is the most common site for a fracture when a broken jaw occurs.

REMOVAL OF WISDOM TEETH

The removal of impacted wisdom teeth involves a minor surgical operation and, particularly in more difficult cases, is usually undertaken within a specialised clinic. Although uncomplicated wisdom tooth surgery may be carried out under local anaesthesia (injections in the mouth), in many cases it is more appropriate for the patient to have a full general anaesthetic. In the latter case, surgery is undertaken either as "day surgery" in a Day Surgery Unit, or occasionally as an in-patient in hospital.

The anaesthetist, who is the specialist medical practitioner, will carry out a short medical examination of the patient before the anaesthetic is given.

The actual surgery to remove the impacted wisdom tooth typically involves uncovering the tooth by lifting back the gum, drilling away some of the bone to uncover the tooth crown, then using the drill to cut the tooth into two or four pieces. The hole left behind will fill with new bone over a six to eight week period. Stitches are placed at the time of surgery and will dissolve after about five days.

There are two common after-effects when wisdom teeth are removed, these being pain and swelling. It is usual for some pain to be present for the first two days, and strong painkillers are provided to ensure comfort over this time. There will be some noticeable swelling or puffiness of the cheeks that will normally be gone by five days. Occasionally a little bruising, with skin discolouration, may be present below the jaw. Because the jaw muscles become tight following surgery, it may be a week or more before the mouth can be opened widely with comfort.

It is common practice nowadays to administer both anti-inflammatory and anti-swelling drugs at the time of wisdom tooth surgery. However it is sensible to allow a minimum of four days off work following surgery, and it is advisable to rest quietly at home during this time. A soft diet is appropriate.

POSSIBLE COMPLICATIONS

1. In up to 10% of patients, the condition of "dry socket" may occur following wisdom tooth removal. This happens when part of the blood clot lining the tooth socket is lost, usually after about three days, and is very painful and associated with a bad taste. Treatment is simple, consisting of gently washing out the socket and placing a sedative dressing which quickly relieves the pain. Smoking is the most common risk factor associated with dry socket.
2. Unusual post-operative bleeding is rare, and most commonly seen in patients taking aspirin or related drugs which "thin" the blood. You should take only the pain killers which have been prescribed or recommended following your surgery.
3. Post-operative infection is uncommon, and treated when it occurs with antibiotics.