

# The troublesome wisdom tooth

## Oral and Maxillofacial Department Patient Information Leaflet

### Introduction

Your wisdom teeth or third molars are the last teeth to emerge from your gums during your late teens or 'age of wisdom', which gives them this name (see figure 1). Unfortunately, there is often insufficient room and they become impacted, or trapped, in the jaw bone and gums, and fail to erupt as straight and fully functioning teeth. Impacted teeth may have to be removed, a procedure that is performed either by your regular dentist or a maxillofacial surgeon.

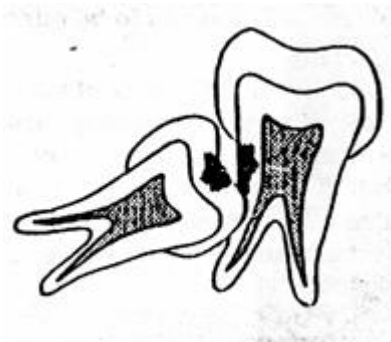


Figure 1 shows wisdom teeth

# Why does a wisdom tooth have to be removed?

## Gum infection

A half-buried tooth at the back of the mouth may be difficult to clean and the resulting bacterial and food stagnation may give rise to recurrent infections of the surrounding gum. It is the most common problem associated with impacted teeth and usually the only satisfactory treatment is to remove the tooth that is causing the problems.

## Decay

Bacterial and food stagnation associated with a buried tooth may cause decay in an adjacent tooth. Ideally the wisdom tooth should be removed before decay begins in the adjacent tooth. If decay is already present, removal of the wisdom tooth will prevent decay progressing and allow dentist access for restorative treatment.

## Crowding

If you have had orthodontic treatment, your orthodontist may suggest removal of wisdom teeth to prevent the crowding from reoccurring and causing your treatment to relapse.

The eruption of wisdom teeth in your late teens or early twenties may contribute to the development of crowding where your teeth were regularly spaced before. Unfortunately, removal of the wisdom teeth will not allow the irregular front teeth to return to normal but it will help prevent further deterioration.

## Other problems

There are many other, less common problems associated with impacted wisdom teeth.

## What happens when I am referred for surgery?

Removal of wisdom teeth is a common procedure. It may be done by your family dentist or you may be referred to a maxillofacial surgeon.

## Your first visit

Your surgeon will first take your medical and dental history. You will be asked about medical problems that could interfere with surgery and anaesthesia.

## Examination

Your surgeon will inspect your mouth and jaw. You may also be given a brief physical evaluation to assess your fitness for surgery and anaesthesia.

## X-rays

X-rays showing the entire wisdom tooth are necessary to help diagnose your problem and determine appropriate treatment.

### X-ray precautions:

X-rays use a small amount of radiation which may add slightly to the normal risk of cancer.

**Female patients – you must tell us if you are, or might be pregnant. If you are not sure, a pregnancy test will be offered.**

## Choosing surgery

After examining you and analysing your X-rays, your surgeon can discuss the diagnosis with you and can provide you with information about the surgical treatment of your impacted wisdom teeth as well as possible alternatives to surgery.

The decision to have your wisdom teeth removed is always yours. If you decide to have surgery, you will be asked to sign a consent form before the operation.

## What happens during surgery?

Many wisdom teeth can be removed under local anaesthetic as you would have for routine fillings. However, if your situation is a little more complicated we may recommend treatment under general anaesthesia. If so, you may need to spend a night in hospital after the operation.

We may also ask you to come in the night before the operation in order that all the necessary administrative tasks can be sorted out.

## What are the risks and complications?

In all surgical procedures there are possible complications. The degree of success depends on the specific problem, the age and health of the patient. These factors differ in every case and can limit the surgeon and affect the surgical result. It is also important for the patient to follow the aftercare instructions that they are given.

After surgery you may experience some temporary changes in the mouth and cheek area. Here is what to expect:

### Pain

Discomfort is usually greatest the first night after surgery. Your surgeon or anaesthetist will prescribe a pain medication for you and you may be given medication to reduce the amount of swelling.

### Drowsiness

A general anaesthetic for any operation will make you drowsy for some time afterwards. You may feel perfectly fit the following day but you must not drive a vehicle or handle machinery for 24 hours after a general anaesthetic or intravenous sedation (sedation given through a drip into your vein).

If possible, it would be wise to allow four to five days off work if your wisdom teeth are removed under a general anaesthetic.

### Infection

You will normally be given antibiotics during and after surgery to help prevent infection. Post-operative infection can usually be treated by further antibiotics or draining the infection, or both.

Healing can be delayed if the blood clot covering the socket is dissolved or washed away. To prevent this, do not rinse your mouth for 24 hours after the operation. On the night of the operation, do not clean your teeth.

## Numbness

Impacted teeth may be close to, or in actual contact with, the nerves that supply sensation to the teeth, gums, chin, cheek, lips and tongue. These nerves can become injured when the tooth is removed, causing numbness and tingling. In most cases, if this happens at all, the nerve repairs in a short time. In a few cases, the numbness can be permanent.

The alveolar nerve provides sensation to the lips and chin (see figure 2).

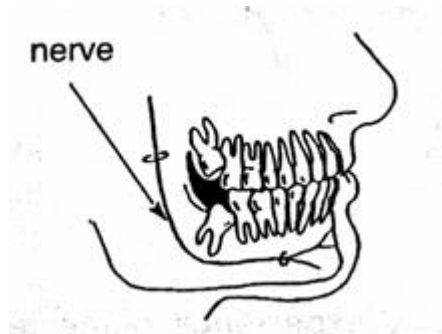


Figure 2 shows impacted wisdom tooth and alveolar nerve

## Weakening of the jaw

Although it rarely occurs, removal of an impacted tooth can weaken the jaw, making it more likely to fracture. Usually your surgeon will be able to recognise any real risk of this in advance and will warn you of this but the unexpected can always happen.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

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**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/head-and-neck/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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