

Wisdom teeth surgery

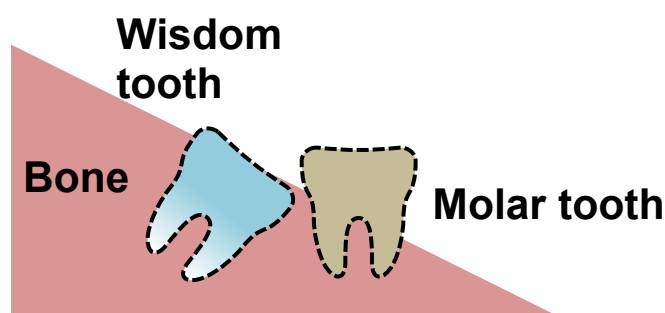
Information for patients

This leaflet answers common questions about problems with your wisdom teeth. If you would like further information, or have any worries, please do not hesitate to ask your nurse or doctor.

A surgeon will explain the procedure to you and answer any questions you may have. In most cases it will be possible for a friend or relative to accompany you for all or part of the procedure.

All about wisdom teeth

Wisdom teeth are the last molar teeth to come through, usually during the ages of 18-25 years. Occasionally, there is no space for the wisdom teeth to come through or they are positioned at an awkward angle which can cause local redness (inflammation) or infection causing pain and swelling. The pain can be worsened if any food particles get stuck between the teeth.



Do I need my wisdom tooth removed?

Not all wisdom teeth need to be removed and all risks and benefits are considered before a decision is made. If you experience problems with tooth decay, food getting stuck or infections then it is reasonable to remove your wisdom tooth. Some patients can also develop jaw cysts around their wisdom teeth which need surgery.

In most cases you will need an x-ray, or sometimes a 3D CT scan, to help the surgeon decide what treatment you need.

Wisdom tooth removal risks

Wisdom teeth are situated close to a nerve within the jaw. This nerve supplies sensation (feeling) to the lip, chin, side of the tongue and the back teeth, along with taste sensation. On occasions, this nerve is at risk of being bruised or damaged during wisdom teeth removal surgery. In some cases, patients can experience numbness, tingling, burning, and

hypersensitivity of the lower lip, chin, tongue, and teeth on the side of surgery. Some patients also experience taste disturbances of the tongue.

These risks can be classified as low, moderate, and high depending upon how close the nerve is to the tooth which needs to be removed. For most patients, these side effects are temporary but in a small percentage of patients, these could be permanent. Temporary nerve problems may last up to 18 months. Your surgeon will talk to you about the risks and advise you accordingly.

The table below gives a rough estimate of the likelihood of experiencing nerve problems depending upon the proximity of the wisdom tooth to the nerve.

Risk category	Likelihood of temporary side effects	Likelihood of permanent side effects
Low	Less than 1%	Less than 1%
Moderate	Less than 10%	Less than 1%
High	Less than 20%	Less than 5%

Alternatives to wisdom tooth removal

Coronectomy, where only part of a tooth is removed, can be offered to you if the wisdom tooth is very close to the nerve. It is a technique where only the top two-thirds of the wisdom tooth is removed and the roots which are close to the nerve are left behind. During this procedure, if the remaining roots become shaky or loose, they will be removed to prevent problems in the future. This technique is only suitable if your wisdom tooth is healthy without any decay or infection.

Anaesthetic options

The tooth can be removed using one of the three different types of anesthetics below to stop you from feeling pain and discomfort during the procedure. Which one will depend upon your personal choice and what is most appropriate for your surgery.

Local anaesthesia

The area surrounding the tooth will be made numb with an injection. You may have experienced this before when having a tooth taken out or filled by your dentist. You are completely awake during the procedure and will feel pressure and movements but no sharp pain.

Sedation

You will be made drowsy through an injection in the back of your arm in addition to a numbing injection in your mouth. You will be able to respond to commands, but you are not asleep during sedation.

If you are having sedation, you must not eat four hours before procedure, but you may drink water up to two hours before the procedure. You should also have someone who can take you home and look after you.

General anaesthesia

You will be completely asleep during the procedure with a breathing tube placed down your throat.

Please note, you:

- Must not eat for six hours prior to the procedure but you can drink water up to two hours beforehand.
- Will need someone to bring you to the hospital, take you home after the procedure and look after you for the next 24 hours.
- Will not be able to drive, work, operate machinery or sign any documents during this recovery period.

During the procedure

Once the anaesthesia has taken effect, your surgeon will use special tools to gradually ease your tooth out. They will cut into the gum and remove some bone if necessary. If your surgeon has cut into your gum, you may need dissolving stitches to close the wound. These usually dissolve themselves within seven to 10 days.

After removal

As well as the rare chance of nerve damage (see above), the other risks associated with wisdom tooth surgery include:

- Bleeding
- Broken root pieces
- Damage to teeth/fillings
- Dry/open socket
- Infection
- Pain
- Stitches
- Swelling

After care

We do not routinely offer follow up appointments after your tooth has been removed, but you will be given detailed after care information by your surgeon along with a written leaflet. However, if you have any immediate problems, please contact our team through the contact details provided in this leaflet. You may also contact your dentist for any issues following the surgery.

Contact us

Oral and maxillofacial surgery secretaries

Telephone: 020 8375 52185, 020 8375 52287, or 020 8216 4266

Email: rf-tr.omfsecs@nhs.net

More information

For more information about the maxillofacial and orthodontics service at the Royal Free London, please visit our website: www.royalfree.nhs.uk/services/services-a-z/maxillofacial-and-orthodontics

Your feedback

If you have any feedback on this leaflet or for a list of references for it, please email:
rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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