



WISDOM TEETH

AND WHAT TO DO ABOUT THEM

Patient information to assist informed consent

Wisdom teeth (also called third molars) usually do not push through the gums until people are in their late teens, twenties or even older. Wisdom teeth are usually the last teeth to come through the gums.

Most people have four wisdom teeth. Some people have none. Often, there is little space at the rear of the jaws for wisdom teeth to come easily through the gums. If the jaw does not have enough room for the wisdom tooth to come through, the tooth will become wedged in or "impacted".

Some impacted wisdom teeth remain buried and cause no trouble. However, other impacted wisdom teeth may cause severe problems, including infection in the surrounding gum.

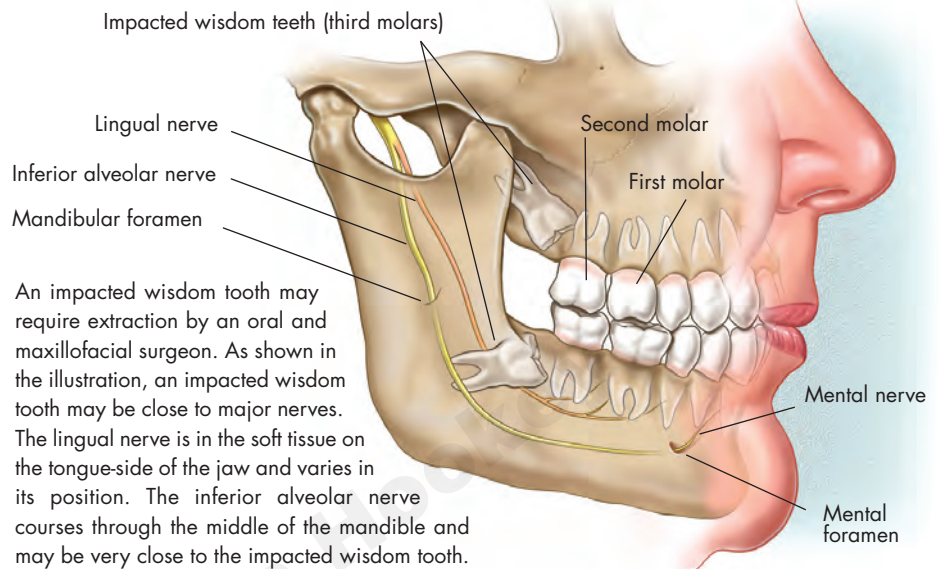
If one or more of your wisdom teeth become troublesome, your oral and maxillofacial surgeon may recommend that they be removed.

Removal of a wisdom tooth is a very common procedure. Removal of troublesome wisdom teeth should usually be done as soon as possible, before the problems get worse.

As shown in the illustration, an impacted wisdom tooth may be touching, or close to, a major nerve. This can lead to complications during surgical removal of the tooth, as described on page four.

TREATMENT OF INFECTION

Your dentist may gently clean the infected



An impacted wisdom tooth may require extraction by an oral and maxillofacial surgeon. As shown in the illustration, an impacted wisdom tooth may be close to major nerves. The lingual nerve is in the soft tissue on the tongue-side of the jaw and varies in its position. The inferior alveolar nerve courses through the middle of the mandible and may be very close to the impacted wisdom tooth.

area around the tooth. You may be advised to rinse your mouth often with a warm saltwater mouthwash. Use one teaspoon of salt in a glass of warm water. The water should be as warm as possible, but not too hot.

Your surgeon may also suggest a mouthwash and a pain killer.

Your surgeon may prescribe antibiotics. Tell your surgeon if you have ever had an allergic reaction to any antibiotics or other drugs. Take the complete course of antibiotics. If a lower wisdom tooth is infected, it can be made worse by the upper wisdom tooth biting down on the gums. The patient can be helped by removal of the upper wisdom tooth.

ASK YOUR SURGEON

This pamphlet is intended to provide general information. It is not a substitute for advice from your surgeon. This pamphlet does not contain all known facts about this topic. If you are not sure about the benefits and risks of wisdom tooth extraction, ask your surgeon. This information will change with time, due to clinical research and new therapies.

Your oral and maxillofacial surgeon is specially trained and will be able to answer any questions or concerns you may have about diagnosis, surgery and anaesthesia. Your surgeon cannot guarantee that treatment will meet all of your expectations and that it has no risks. If you are uncertain about the advice you are given, you may wish to seek a second opinion from another oral and maxillofacial surgeon. Use this pamphlet only in consultation with your surgeon.

Consent form: If you decide to have teeth removed, your surgeon may ask you to sign a consent form. Read it carefully. If you have questions about the consent form or related matters, ask your surgeon.

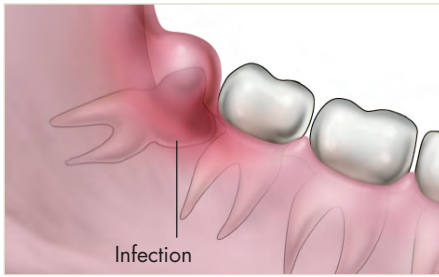
YOUR SURGEON

Important: Fill in all details on the sticker below.

DEAR SURGEON: After you discuss this pamphlet with your patient, fill in the information on this sticker, peel it off, and put it on the patient's medical history or card. This will remind you and your patient that this pamphlet has been given to the patient. Some surgeons ask their patients to sign the sticker.

**This document is intended for use only by Mr Stephen Hookey.
This document is valid until 30 June 2021.**

Problems caused by impacted wisdom teeth



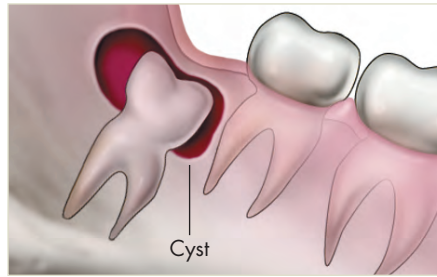
Infection

When an impacted tooth starts to push through the gum, an infection can start around the top of the tooth.

Infection and inflammation around the tooth can cause pain, swelling and jaw stiffness. The infection can cause bad breath and an unpleasant taste. Swallowing may be painful. The person may feel generally unwell.

Pain

Pressure from the wisdom tooth may cause pain in the tooth next to it. Pain can also be caused by infection around the wisdom tooth.



Cyst

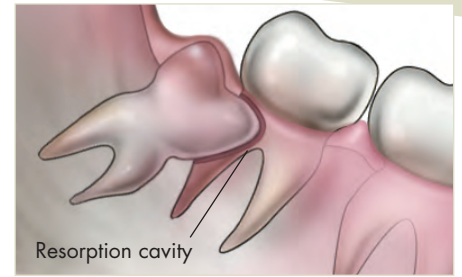
If a wisdom tooth is not removed, a sac of fluid called a cyst can form around the tooth and may displace the tooth.

The cyst can destroy bone and damage other teeth and the gums.

Cyst formation around unerupted teeth is fairly common.

Ulcer

An upper wisdom tooth may push sideways out of the gum. It can cause an ulcer where it rubs against the inside of the cheek.



Resorption cavity

An impacted wisdom tooth may keep pushing against the molar next to it. This can cause a resorption cavity where the wisdom tooth hits the other molar. This often leads to serious damage to both teeth.

The molars may become infected or abscessed. Removal of both molars is often needed. Resorption cavities are uncommon.

A food trap

Food becomes trapped between the wisdom tooth and the molar next to it. This can cause cavities in both teeth.

THE DECISION TO REMOVE TEETH

After inspecting your mouth, jaws and X-ray films, your surgeon can discuss the diagnosis with you. Your surgeon may recommend removal of one or more wisdom teeth, or other options.

If the area around the tooth has been infected, your surgeon may decide to delay surgery while the infection is treated. Even though a wisdom tooth has caused problems, it may “settle down” after it pushes through the gum.

While impacted wisdom teeth may cause problems, some never cause trouble and may not need to be removed.

The decision whether to have wisdom teeth removed is always yours.

EARLY REMOVAL OF WISDOM TEETH

It is best to have troublesome wisdom teeth removed while the person is young.

In young people, a tooth's roots have not formed totally, and the bone surrounding the tooth is softer. This allows for easier removal of the tooth, and there is less risk of damage to nerves, bone or other teeth.

Your surgeon may recommend early removal of one or more wisdom teeth for the following reasons.

- There is not enough room for the tooth to push through.
- You need orthodontic work, and the remaining teeth must not be crowded by wisdom teeth.

- The tooth has started to cause trouble. It should be removed soon so that pain, infection or other problems do not get worse.
- As the molar develops a root, its involvement with a nerve of the jaw can cause postoperative complications.
- Adjacent molars need to be protected from the impacted wisdom tooth.

YOUR DENTAL AND MEDICAL HISTORY

Your surgeon will ask you about any problems you may have had with your health and teeth. Some health problems may interfere with surgery, anaesthesia and care after surgery.

This information helps your surgeon plan the best possible treatment. Your surgeon may recommend blood tests or other health tests, in the case of certain ailments, such as a bleeding disorder.

MEDICINES

Give your surgeon a list of ALL medicines you are taking now or have been taking recently.

This includes the contraceptive pill, blood thinners (such as warfarin), any over-the-counter medicines (such as aspirin or cough medicines), vitamins and herbal treatments.

Tell your surgeon if you have ever had any type of allergic or bad reaction to antibiotics or any other medicine.

BLEEDING OR BLOOD DISORDERS

Tell your surgeon if you:

- bleed too much when you are injured or have surgery
- have any blood disorder, such as haemophilia
- are taking any blood thinners such as aspirin, warfarin or clopidogrel, among others.

Some medications, vitamins, herbs and alternative preparations can increase the risk of bleeding during and after surgery. Your surgeon may recommend that the medicine be stopped, or the dose changed, for a period. Discuss this carefully with your surgeon.

PREGNANCY

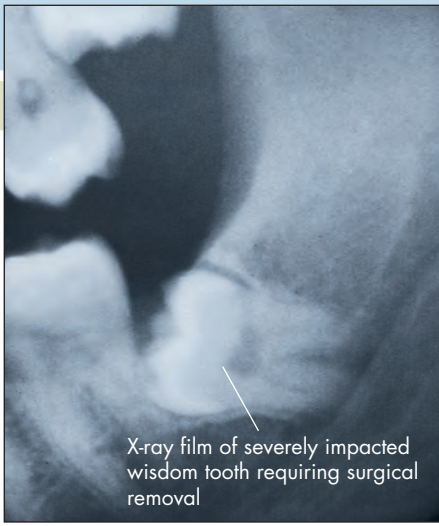
Tell your surgeon if you are or may be pregnant. This could affect your treatment, including:

- X-ray examination
- anaesthesia
- pain treatment
- antibiotic drugs and other medicines
- whether removal of a wisdom tooth should be delayed.

SMOKING

Stop smoking at least two weeks before the surgery and three weeks afterwards. Smoking impairs healing and increases the risk of postoperative infection. It is best to quit.

Surgical removal of wisdom teeth



X-RAY EXAMINATION

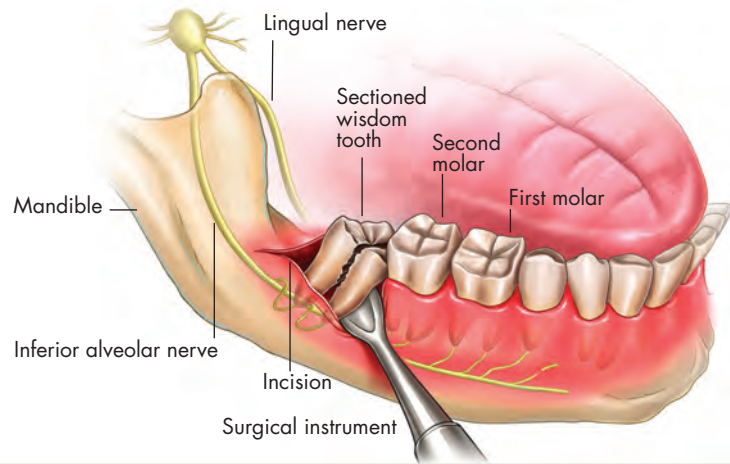
Your surgeon needs to take X-ray films of your jaw. The films will help your surgeon plan the best way to remove troublesome wisdom teeth.

Your surgeon will make an incision to open your gums to remove the wisdom tooth. A small portion of the bone may have to be removed so your surgeon can get to the tooth.

The tooth may have to be divided

into segments so it can be removed easily and safely. The incision in your gums may have to be closed with stitches.

Some stitches dissolve after a few days. Other stitches will be removed by your surgeon at a follow-up visit.



WHERE TO HAVE THE SURGERY

Your surgeon will advise you whether your wisdom teeth should be removed in the surgery, a hospital or in a day-procedure clinic.

ANAESTHESIA

After discussion with your surgeon, a decision will be made whether the wisdom tooth will be removed under a local anaesthetic or a general anaesthetic. Discuss the options with your surgeon.

Modern anaesthesia is safe, with few risks. However, a few people may have serious reactions to them. If you have ever had a reaction to an anaesthetic drug, tell your surgeon.

Local anaesthesia: If the surgery is fairly simple, your surgeon may give you a local anaesthetic with a needle. The local anaesthetic will numb the gums and lower parts of the face. The surgeon can then remove the tooth.

Conscious sedation: Some patients may benefit from a sedative drug administered into a vein during local anaesthesia to help relieve anxiety and pain.

General anaesthesia: For some people, the surgeon may recommend a general anaesthetic, that is, putting them to sleep with an anaesthetic drug. General anaesthesia is given by a specialist anaesthetist. It may be used in people who:

- have wisdom teeth that will be difficult to remove
- do not want to remain awake during the surgery
- have other problems with their wisdom teeth, gums or jaws

- need multiple teeth to be removed.

Note: For six hours before surgery under a general anaesthetic, do not eat or drink anything. If your surgery will be done in the morning, do not eat or drink after midnight the night before. Your surgeon will give you full instructions.

AFTER THE SURGERY

After the wisdom tooth or teeth have been removed, you will have to rest for a while before you go home. Your surgeon will check on you as you recover.

When your surgeon is satisfied with your recovery, you can go home.

A family member or friend should take you home after the surgery. Arrange this well in advance. You should not drive after surgery.

If you have been staying in hospital, you will return to your room when you recover from the anaesthetic.

TAKING CARE OF YOURSELF

- Rest at home after the surgery.
- Do not drive, engage in active exercise, or operate machinery.
- Take several days off from work, school or other duties.
- Do not drink beer, wine, spirits or other alcoholic drinks while you are taking pain killers or antibiotics.

PAIN RELIEVERS AFTER SURGERY

Pain may be minor in some people and greater in others. Your surgeon will prescribe or advise on a pain reliever for you. If you are uncertain about the best pain relief medicine for you, ask your surgeon.

Pain usually starts to decrease after the second day. However, some people may still need pain relief after one week.

If your pain does not seem to get less as the days go by, tell your surgeon. Further pain management may be needed.

CONTROL OF BLEEDING

Apply pressure over the area of bleeding by biting gently but firmly on a piece of cotton gauze. The pressure helps to stop bleeding, and a blood clot forms. It is important not to disturb the area, or bleeding may start again. The gums may ooze blood slightly for a day after surgery. Any bleeding should stop by the second day. If bleeding does not stop, contact your surgeon.

SWELLING

Swelling almost always occurs after surgery and can vary from a little to severe. The severity of swelling depends typically on the surgical technique that is needed to remove the tooth.

Some surgeons give corticosteroids prior to or after surgery to reduce swelling.

Most swelling takes four to five days to go down completely.

Ice packs are recommended by some surgeons, but studies show that this does not reduce swelling. Ice packs may relieve some pain and discomfort.

FOLLOW-UP

A follow-up visit is important. Your surgeon will want to check on healing. Stitches may be taken out.

Possible complications of wisdom tooth surgery

As with all surgical procedures, wisdom tooth surgery does have risks, despite the highest standards of surgical practice. While your surgeon makes every attempt to minimise risks, complications can occur. Some may have permanent effects. It is not usual for a surgeon to outline every possible or rare complication of an operation. However, it is important that you have enough information to fully weigh up the benefits and risks of surgery.

Most people having surgery will not have complications, but if you have concerns about possible side effects, discuss them with your surgeon. Any discussion of frequency of risks or benefits (for example, one patient in 100, or “rare” and so on) can only be estimates as the outcomes of clinical research can vary widely. Such outcomes can depend on many factors, such as the surgical methods, equipment, surgeons’ experience and data collection, among others.

The following possible complications are listed to inform and not to alarm you. There may be others that are not listed.

Numbness or altered sensation

An impacted tooth may be close to major nerves (see pages 1 and 3). When the tooth is removed, the nerve may become bruised. This can cause pain, numbness, tingling and loss of feeling in teeth, gums, cheeks, lips, chin, tongue and around the upper jaw and lower jaw. If the lingual nerve is damaged, there is a risk of altered taste sensation. Speech may be affected in some cases.

If a nerve is injured, it will usually heal. As it heals, the numbness, tingling, pain and any dysfunction go away. This may take four to eight weeks. In the meantime, keep hot foods and drinks away from numb areas, and be careful not to bite the lip or tongue.

In some people, complete healing of the nerve may take six to 18 months. In rare cases, the nerve may not heal completely, and numbness or altered sensation may be permanent.

If feeling is reduced in the tongue, lips or face, or if speech or taste is affected, this can create major problems for some patients, especially if it affects their daily work. If this might apply to you, tell your surgeon so these risks can be discussed.

Nerve damage causing pain

In rare cases, an injured nerve may heal poorly, and pain may persist or recur

without diminishing. This can happen even though the surgery was successful and all care was taken to avoid injury to major nerves. It is not known why some nerves react this way. The pain in these cases can sometimes be difficult to treat.

Infection

An infection in the gum or bone is usually treated with an antibiotic. Take the complete course. Tell your surgeon if you have ever had an allergic reaction to any antibiotic or other drug.

Difficulty in opening the mouth

Pain or discomfort when opening the mouth is common after removal of a wisdom tooth. This usually goes away in a few days after the swelling goes down.

Fever

Body temperature may be slightly higher after surgery. It should go back to normal after 12 to 24 hours. A fever that lasts longer may be an indication of an infection or other problems. You should contact your surgeon.

Excessive bleeding (haemorrhage)

Although uncommon, haemorrhage may occur. It can normally be stopped by putting a gauze pack over the wound and applying pressure by biting gently on the gauze for 15 to 30 minutes. Do not use cotton wool or tissues to bite on. If this treatment does not stop the bleeding, contact your surgeon at once. If your surgeon is unavailable, contact the emergency centre at your local hospital. This is particularly important if you are taking warfarin or other “blood thinning” medicines.

Lip sores

While the tooth is being removed, pressure or stretching of the lip by the surgical instruments may cause bruises or small sores. They usually heal without any problems. These lip sores are not common.

Damage to a nearby tooth or fillings

When a wisdom tooth is removed, the tooth or filling next to it may be chipped or loosened. This is rare.

Vomiting

Some people may vomit when recovering from the effects of the anaesthetic.

Sinus problems

The roots of the upper wisdom teeth are close to the sinuses. In some cases, a sinus may be opened when a wisdom tooth is removed. The opening will usually heal

quickly without infection. However, if an infection sets in or other problems start, more treatment may be necessary.

Weak jaw

Removal of an impacted wisdom tooth can cause the jaw bone to become temporarily weaker. The jaw might break at the time of the surgery or while the jaw is healing in the weeks or months after surgery. This is uncommon. Avoid contact sports for at least four weeks.

Dry socket

After the wisdom tooth is removed, a blood clot will form over the bone. This clot is important for proper healing and relief of pain. If the blood clot is washed away or dissolves, the bone will be exposed. This is called a dry socket. The result is a constant, throbbing pain that may last for many days. If you have pain like this, contact your surgeon.

To help prevent a dry socket:

- For the first day after surgery, do not rinse out your mouth or spit with force. This can loosen the blood clot and may slow the healing.
- After the first day, you can rinse your mouth very gently with warm salt water. Rinse gently every four hours or more often. This will help healing, reduce swelling and pain, and reduce the risk of infection.
- Do not smoke for at least three weeks after surgery. Smoking interferes with healing. It is best to quit.
- For the first day after surgery, do not brush your teeth around the area of surgery. After the first day, brush gently.

COSTS OF TREATMENT

Ask your surgeon for an estimate that lists the cost of treatment. As the treatment may differ from what was first proposed, the final account may vary from the estimate. Discuss costs before treatment rather than afterwards.

REPORT TO YOUR SURGEON

Tell your surgeon if you have any of the following unexpected side effects:

- fever (more than 38°C) or chills
- increasing pain or swelling around the surgical site
- any excessive or profuse bleeding
- feeling dizzy, faint or short of breath
- a foul taste in your mouth
- any concern about your surgery.

A 24-hour telephone number is available. Ask your surgeon for the emergency number in your area.

EMERGENCY NUMBER: