## Why does my child need oral surgery?

It is likely that your child is undergoing orthodontic treatment for overcrowded or uneven teeth, and needs to have some teeth removed (extracted). When a number of teeth need to be removed it can be a less frightening experience for your child to have it done under a general anaesthetic (that is, they are asleep for the operation).

Once the teeth have been removed, the Orthodontist can continue treatment to straighten the teeth.

## Risk of complications

- **Soreness and swelling**
  
  Your child’s mouth will be sore and swollen after extractions, and we will give you painkillers to help with this.

- **Bleeding**
  
  If they are needed, your child will have dissolvable stitches, but there may still be some bleeding from the teeth sockets. This usually stops after biting on a gauze swab for 10 minutes.

- **Infection**
  
  There is a low risk of infection. If your child needs antibiotics we will prescribe them.

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 3.

## Consent

We will ask for your consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.
What does the operation involve?

The operation is done under general anaesthetic, normally as a day case. Your child will be asleep throughout.

**In the anaesthetic room**
A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’), can be placed on the hand or arm before injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave promptly. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with your child all the time.

**Anaesthetic risks**
In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.
The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail on the day of surgery.

What happens during the operation?

The operation may involve removing some teeth (dental extractions), or surgery to remove or expose teeth buried in the bone. Your doctor will explain the details to you.

After the operation

Your named nurse will make regular checks of your child’s pulse, temperature and mouth, and also make sure that your child has adequate pain relief until you are discharged home. (Please see our separate pain relief leaflet.)

Recovery from the anaesthetic

Once your child is awake from the anaesthetic they can start drinking. Mouthwashes and hot drinks should be avoided for 24 hours after the operation, as these may increase the risk of bleeding. Your child can eat and drink normally the day after the operation, once the bleeding has stopped.

The minimum recovery time before discharge is 2 hours. Your child cannot go home on public transport after a general anaesthetic.

As occasionally happens, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest, and small, frequent amounts of fluid. If the vomiting persists for longer, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

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If the socket starts to bleed

1. Rinse the mouth once to remove any blood clot.
2. Roll up a piece of clean dry cloth, handkerchief or gauze and dampen it with water.
3. Put this over the socket and encourage your child to bite hard on it for 10 minutes.

Cleaning your child’s mouth

After 24 hours, if your child is old enough to understand, s/he can start gentle warm salt mouthwashes. Rinse the mouth with warm salty water after every meal and continue for two to three days while pain and swelling continue.

You can make up the mouthwash as follows:

- Fill a cup with warm water and dissolve a level teaspoon of salt in it
- Allow the water to cool down enough so it will not burn your child’s mouth
- Your child should take a mouthful of water and hold it over the socket until it cools, then spit the water out and repeat for about five minutes
- If your child is too young, you can use some gauze to wipe gently around his or her mouth.
- Your child may be given antibiotics to take at home to help prevent an infection. Please give these according to the instructions on the bottle, and make sure s/he takes the complete course.

Brushing your child’s teeth

Your child can start brushing his or her teeth again gently the day after their operation. This helps the socket to heal and prevents infection.
Getting back to normal

Your child will benefit from extra rest for 3-4 days after the operation. It is best to keep your child off school for 3-4 days.

Things to avoid:

- Your child should not play sport or do anything else very energetic for 24 hours.
- Try to discourage your child from fiddling with the socket – this includes poking it with fingers or anything else, or trying to feel it with his or her tongue.
- Your child will probably need to avoid hard foods for the first day or two, but after that s/he should eat normal meals.

Follow-up care

Please have adequate paracetamol and ibuprofen at home. Please see our separate leaflet on pain relief.

Your nurse will tell you if you need a follow-up appointment – your letter will come by post.

You should call the Oral Surgery Department if:

- The socket continues to bleed.
- Your child is in pain, and pain relief does not seem to help.
- Your child develops a rash or any other reaction to the antibiotics.
- If you have any questions or concerns

  on (01865) 221407

Out of hours, please call the Accident & Emergency Department on:

  (01865) 220208 or 220209

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Other contacts and telephone numbers

Your named nurse is .................................................................

Children’s Day Care Ward: Tel (01865) 234148
Tom’s Ward: Tel (01865) 234108/9
Robin’s Ward: Tel (01865) 231254
Drayson Ward: Tel (01865) 231237
John Radcliffe Hospital Switchboard: Tel (01865) 741166

Further information

You may find the information on the following websites helpful:

- www.oxfordradcliffe.nhs.uk/forpatients/departments/specialistsurgery/oralmaxfax
- www.baoms.org.uk
  (British Association of Oral and Maxillofacial Surgeons)
- www.bos.org.uk
  (British Orthodontic Society)
- www.ich.ucl.ac.uk/factsheets/families
  (Great Ormond Street Hospital for Children)
Please bring this leaflet with you on the day of your child’s admission

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk

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