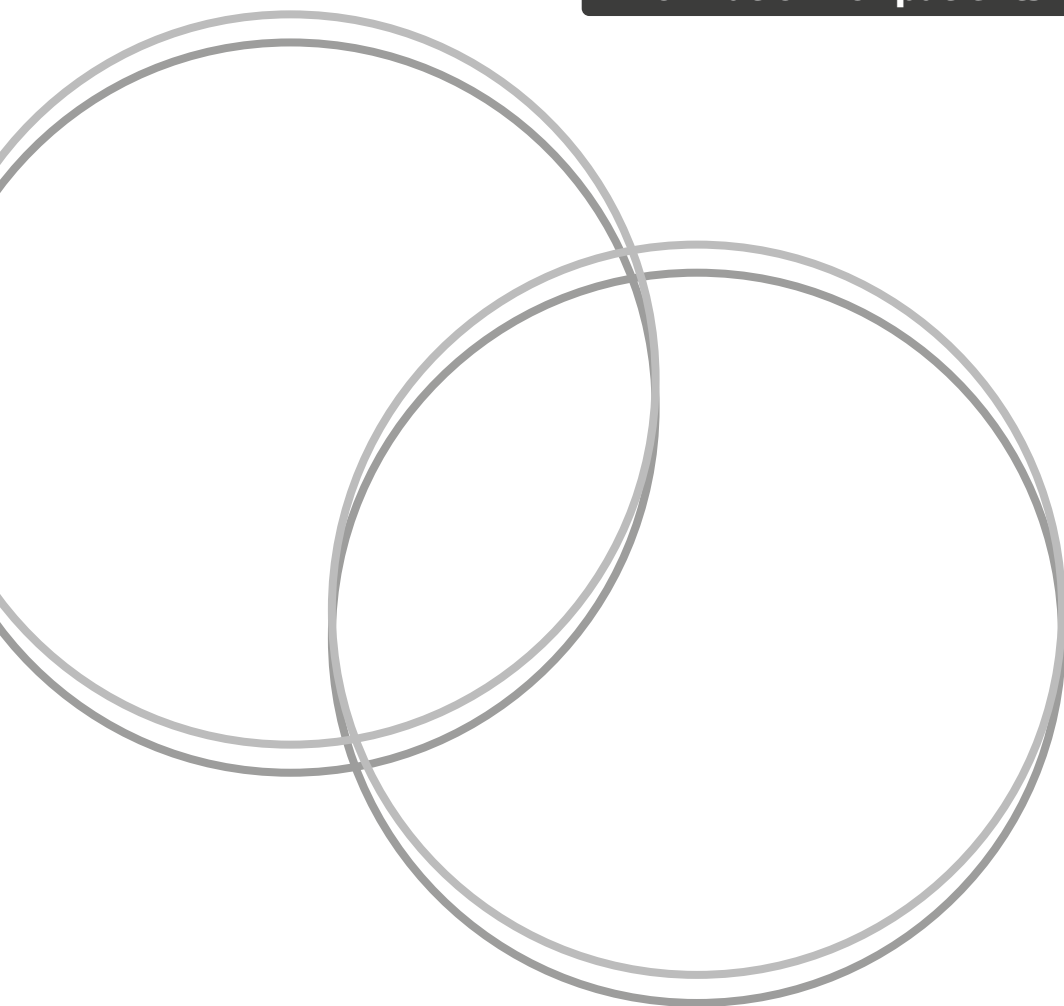


Removing Wisdom Teeth

Information for patients



Department of Oral and Maxillofacial
Surgery and Orthodontics

The information in this leaflet will help you to understand your treatment. It contains answers to many of the questions commonly asked by patients about wisdom teeth removal. If you have any other questions or would like further explanation, please ask.

The problem

The wisdom tooth (or third molar) is usually the last tooth to come (erupt) into the mouth, anytime after about 16 years of age. There is frequently not enough room in the mouth for the wisdom teeth. For this reason they often do not grow into the mouth normally. When this happens, the wisdom teeth are said to be “impacted”. Wisdom teeth are usually either impacted forwards into the tooth in front of it or backwards into the jaw bone.

Why do I need treatment?

An impacted wisdom tooth can cause a number of problems. This often means that it is best to remove the tooth. The most common problems are:

- Repeated infection in the gum surrounding the tooth. This leads to pain and swelling.
- Food packing (getting stuck) which causes decay in either the wisdom tooth or the tooth in front.
- Cysts (round swellings) can form around the wisdom tooth if it does not come into the mouth properly. A cyst occurs when fluid fills the space that normally surrounds a developing wisdom tooth.

Most ‘problem’ wisdom teeth are removed. Sometimes other surgical options are discussed if the tooth is very difficult to take out or if there is a high risk of nerve damage. One alternative procedure is called a coronectomy and your surgeon will discuss this option if it is relevant to you.

What does the treatment involve?

Because the wisdom tooth has not fully erupted into the mouth the surgeon often needs to make a cut in the gum over the tooth. Sometimes the surgeon will also need to remove some bone surrounding the crown of the wisdom tooth. Often the tooth needs to be cut into 2 or 3 pieces to remove it.

Once the wisdom tooth has been removed the gum is put back into place with stitches. In the majority of cases these stitches are dissolvable and take around two weeks to disappear however, they can take up to 4 weeks, so don't worry if they are there for a bit longer. Some toothpaste over them can help them dissolve faster.

What type of anaesthetic is used?

A number of options are available and depend on how difficult the wisdom tooth is to remove.

- Local anaesthetic – this is an injection surrounding the wisdom tooth, rather similar to that you may have had at your dentist for a filling. The injection takes a couple of minutes to numb the area and means that you will feel no pain while the wisdom tooth is removed. This is the best option for wisdom teeth that are simple to remove.
- Sedative – in addition to a local anaesthetic injection you can be given an injection into your arm. This makes you feel relaxed and less aware of the procedure.
- General anaesthetic – this may be used if the tooth is more difficult to remove. The operation is usually a “day case” – i.e. although you are put to sleep completely you will be able to go home on the same day as the surgery.

How long does it take to remove a wisdom tooth?

This varies. Some wisdom teeth may take only a few minutes to remove. More difficult wisdom teeth that need to be cut into pieces to remove can take around 30 minutes to extract.

Is there much pain or swelling after the removal of wisdom teeth?

You will have some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worst for the first three days but it may take up to two weeks before all the soreness goes. You may also find that your jaw is stiff and you may need to eat a soft diet for a week or so.

If it is likely to be sore your surgeon will arrange some painkillers for you to take home with you. Your surgeon may also prescribe a course of antibiotics after the extraction. There may be some bruising of the skin of your face that can take up to a fortnight to fade away.

How do I look after my mouth?

It is important to keep the extraction sites as clean as possible for the first few weeks after surgery. It may be difficult to clean your teeth around the sites of the extraction because it is sore. If this is the case it is best to keep the area free from food debris by gently rinsing with a mouthwash or warm salt water. To make a salt water mouthwash, dissolve a flat teaspoon of kitchen salt in a cup of warm water and start to use from the day after surgery. Use this salt water mouthwash to rinse the area three times a day until soreness disappears.

Do I need to take any time off work?

Most people need to take a few days off work and avoid strenuous exercise for this time.

Driving

If you have had a general anaesthetic you may not drive for 48 hours. If you have had intravenous sedation, you may not drive for 24 hours afterwards.

What are the possible problems?

- **Bleeding:** Although there may be a little bleeding at the time of the extraction this usually stops very quickly and is unlikely to be a problem if the wound is stitched. If the area bleeds again when you get home this can usually be stopped by applying pressure over the area for at least 10 minutes with a clean rolled up handkerchief or swab. If the bleeding does not stop, please contact the department.
- **Infection:** this is uncommon, particularly if antibiotics are used.
- **Bruising of nerves:** There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies feeling to your lower lip, chin and lower teeth. The other supplies feeling to your tongue and helps with taste. Sometimes these nerves are bruised when a wisdom tooth is taken out. This can cause tingling or numbness in your lip, chin or tongue, and more rarely altered taste. About one in 10 people will have some tingling or numbness that can last several weeks. Less than one in 100 people will have problems that last more than a year. These risks may be higher if your tooth is in a difficult position. The surgeon will tell you if you are considered to be at risk.
- **Anaesthetic risks:** Serious complications during general anaesthesia are very rare if you are a healthy patient. The anaesthetist will discuss with you any risks that relate to your particular circumstances.

Who can I contact with questions or concerns?

There is always a doctor or nurse available in our department at the John Radcliffe Hospital who you can speak to or see in person if necessary. Please telephone Oral Surgery Reception on:

Telephone: **01865 221 407**

Out of hours and at weekends, please call the John Radcliffe Hospital switchboard and ask to speak to the doctor on-call for Oral and Maxillofacial Surgery:

Telephone: **01865 741 166**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

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