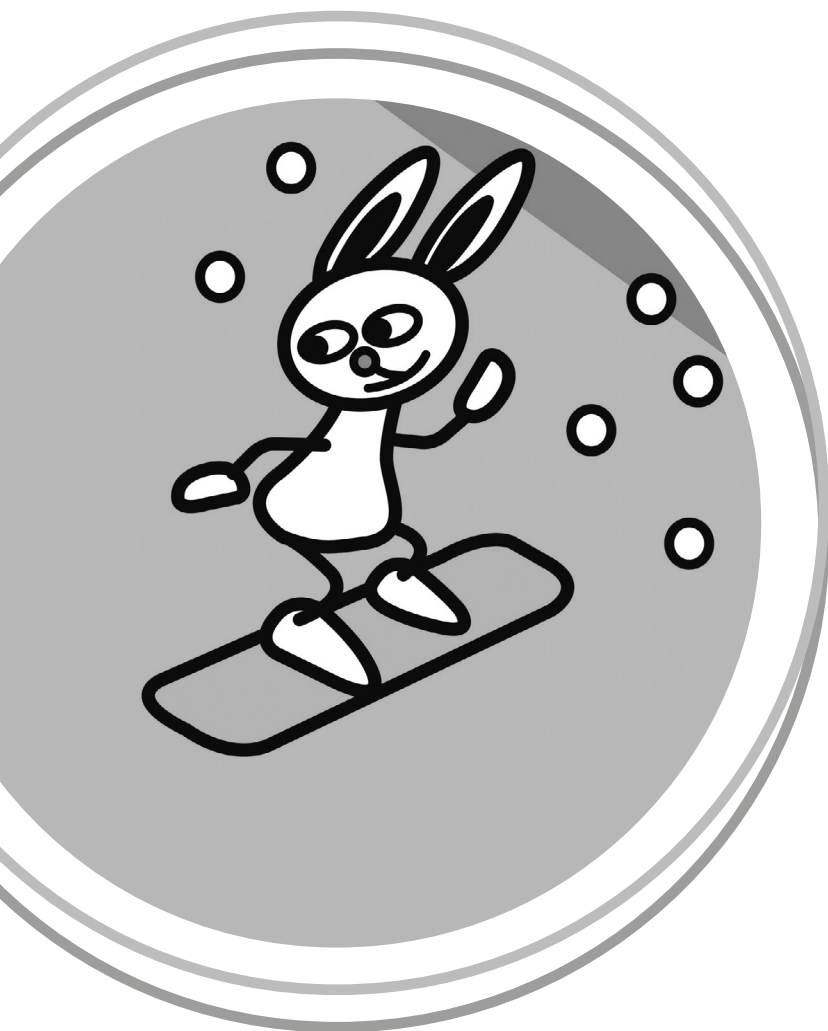




Oxford University Hospitals
NHS Foundation Trust

Oral Surgery

**Information for
parents and carers**



The Children's Hospital

Why does my child need oral surgery?

It is likely that your child is undergoing orthodontic treatment for overcrowded or uneven teeth, or impacted (buried in bone) teeth. They may need to have some teeth removed (extracted) or surgically exposed. 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 (when they are asleep for the operation).

Once the teeth have been removed or surgically exposed, the Orthodontist can continue treatment to straighten their teeth.

Risk of complications

This is a simple and safe operation. However, all operations carry some risks.

- **Soreness and swelling**

Your child's mouth will be sore and swollen after the extractions. We will give you painkillers to give to them, which will 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 sterile 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 4.

Are there any alternatives?

Teeth can be extracted by a local dentist without general anaesthetic. However, children cope better having multiple tooth extractions under general anaesthetic.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The operation may involve removing some teeth, or surgery to remove or expose teeth buried in the bone. The surgeon will discuss the details with you before the operation. If exposure and bonding is performed, there may be a small gold chain used which is attached to the buried tooth. Most often, this is secured to the gums with a stitch.

Sometimes, exposure of impacted teeth is carried out by cutting a small window in the gum over the buried tooth, leaving it open or with a pink dressing and a plastic 'dressing' plate to cover the area. This plate is held in the mouth with clips that attach to some of the back teeth.

Consent

We will ask you for your written consent (agreement) 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.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess their pain after the operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain, if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

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, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

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 before the operation.

In the anaesthetic room

A nurse and one parent or carer can go with your child to the anaesthetic room. Your child can also take a toy or comforter.

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 put on their hand or arm before injections so they do not hurt as 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 go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has enough pain relief until they are discharged home.

To reduce pain after the operation (especially when adult teeth have been removed) the surgeon may have injected local anaesthetic into your child's gum. This numb feeling will last for 2 to 3 hours after the operation. Please make sure your child does not bite or chew their lip or cheek while it is numb.

When your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating small amounts of food. 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 the day after the operation avoiding hard food, once the bleeding has stopped.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that they are passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If they have not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting, comfortable clothes for them to wear on the journey home.

Occasionally, 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, toast or biscuits. If they are sick and this continues for longer than 24 hours, 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.

Wound care and hygiene

After extraction, it is normal for there to be some continual ooze (where blood is seen around the extraction site). However, if the socket starts to bleed (where blood is pooling in the mouth and can be seen clearly flowing from the socket) follow these instructions.

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

If the socket continues to bleed after this time, please contact the Oral Surgery department.

Telephone: **01865 221 407**

Outside of hours, please call NHS 111 (dial 111 free from landlines or mobiles).

Please contact the ward if:

- 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.

Contact details are at the end of this leaflet.

Cleaning your child's mouth

After 24 hours, if your child is old enough to understand, they can start gentle, warm salt mouthwashes. They will need to rinse their mouth with warm salty water after every meal, for 2 to 3 days while the pain and swelling continues.

You can make up and use 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 5 minutes.
- If your child is too young, you can just use some gauze to wipe gently around the inside of their 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 they take the complete course.

Brushing your child's teeth

Your child can start gently brushing their teeth again 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 2 to 3 days after the operation. It is best to keep them off school during this time.

- Your child should not play sport or do anything else energetic for 24 hours after the operation, as this may cause the socket to bleed more.
- 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 their tongue.
- If tooth exposure (with gold chain) has been carried out there will be a gold chain in the mouth attached to the gum with a stitch. This should be left undisturbed until you are seen by the orthodontist. If the stitch comes out and the chain dangles in the mouth, contact the maxillofacial on-call team (via switchboard) for advice.
- If a plate is in place, it is important that it is worn all the time except when it is taken out to brush the teeth. Without the plate the gum may grow back making it difficult for the orthodontist to move the tooth into position.
- Your child will need to avoid hard foods for the first day or two, but after that they should eat normal meals.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a small supply to use when you first go home. You may need to buy more. Please see our separate leaflet '*Pain relief after your child's day case surgery*' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the maxillofacial/orthodontic outpatients department at the John Radcliffe Hospital, or with your orthodontist.

You will receive either a telephone call or a letter. Please speak to your child's consultant's secretary if you have not been contacted within 2 weeks.

How to contact us

If you have any worries or queries about your child once you get home, or you notice any signs of infection, please telephone the ward and ask to speak to one of the nurses. You can also contact your GP.

Children's Day Care Ward

Telephone: **01865 234 148** or **01865 234 149**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward

Telephone: **01865 231 254** or **01865 231 255**

Melanie's Ward

Telephone: **01865 234 054** or **01865 234 055**

Tom's Ward

Telephone: **01865 234 108** or **01865 234 109**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard

Telephone: **0300 304 7777**

Further information

You may find the information on the following websites helpful:

British Association of Oral and Maxillofacial Surgeons

Website: www.baoms.org.uk/patients/procedures/20/exposureofimpactedcanines

British Orthodontic Society

Website: www.bos.org.uk/wp-content/uploads/2022/03/British-Orthodontic-Society-ImpactedCanninesJune2019.pdf

**For further information on coming into hospital,
visit our website:**

Oxford University Hospitals:

Website: www.ouh.nhs.uk

References

¹ Royal College of Anaesthetists (2023) 7th edition. Your child's general anaesthetic. London: RCOA

Website: rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

How to give feedback about your experience

We would like to hear about your experience with our Children's Services. Please ask for a paper survey to fill in.

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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July 2024
Review: July 2027
Oxford University Hospitals NHS Foundation Trust
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