



Information on the extraction of wisdom teeth

East Surrey Hospital



What are wisdom teeth?

Wisdom teeth (third molars) are usually the last teeth to come through at the back of the mouth, between the ages of 18 -22 but can also appear earlier or later in life. A wisdom tooth can fail to come through properly into the mouth and can become stuck, either under the gum, or as it pushes through the gum – this is referred to as an impacted wisdom tooth.

Reasons for the removal of wisdom tooth removal, according to National Institute for Health and Care Excellence (NICE) guidance (2000) for extraction of wisdom teeth:

- Repeated infections of the gum overlying the wisdom tooth (pericoronitis) causing pain and swelling
- Decay (caries) may occur in the wisdom tooth or the tooth in front due to food packing, which your dentist cannot repair
- An abscess may occur (dental infection) due to a severely decayed wisdom tooth
- Cyst formation around the wisdom tooth. All teeth form within a sack and occasionally this sack can expand like a balloon. This is called a cyst. Over time this can become larger and cause problems. We see this in less than 1% patients
- There may be other less common reasons for extraction that your dentist or oral surgeon will discuss with you

Do wisdom teeth always cause problems?

No, if they are not causing a problem, they can be left and do not require surgical treatment or removal.

Do wisdom teeth cause crowding of my front teeth?

No, there is no evidence to support that this has happened due to coming through wisdom teeth and this is not a reason to remove wisdom teeth.

What are the treatment options?

Impacted wisdom teeth that cause problems will often need to be removed. Non-impacted wisdom teeth that are useful may still require removal (see details in NICE guidelines). Some wisdom teeth are very simple to remove and may take only a few minutes to do (simple extraction) others can be more complex and may take up to 30-40 minutes to do.

For more complex wisdom teeth, the procedure may involve lifting the gum to expose the tooth. A dental drill may then be used to remove bone from around the tooth to loosen it from the jaw. On occasions the tooth may then be sectioned and cut up into smaller pieces; this makes it easier to remove the tooth. Once the wisdom tooth has been removed the gum is replaced with dissolvable stitches. Your surgeon will discuss how simple or complex the surgery will be for you.

What type of anaesthetic is available?

Your surgeon will discuss with you which type of anaesthetic is most suitable for your treatment.

There are a number of options:

Local anaesthetic – this is an injection to numb your jaw and means that you will feel no pain during the procedure

Intravenous sedation to reduce anxiety and local anaesthesia

Occasionally a general anaesthetic may be required

Will I need time off work?

It is usually best to allow 2 - 3 days to recover. Sometimes recovery can take longer.

What can I expect after surgery?

Pain – is normal after surgery and you should expect pain from the operation site for three to seven days. You will need to take appropriate painkillers which will be advised by your surgeon

Swelling and bruising – of the face and neck. This will reach a peak 48-72 hours after surgery

Bleeding – this will have stopped after the operation. Blood stained saliva may be noticed on the first day. More persistent bleeding can occur, but this is rare. Instructions will be given to you after your treatment as to how to deal with this

Jaw stiffness – mouth opening is likely to be sore and uncomfortable for 3-4 days. We would advise a soft-diet during this time. You may also experience pain and stiffness of the jaw joints. This will normally disappear after a couple of days, but can occasionally last for up to two to four weeks

Teeth sensitivity – sensitivity of the teeth next to the extraction socket is common; good oral hygiene will resolve this, although it may last for several weeks

Bad breath – you may experience bad breath; this is unlikely to last more than a week

Period of healing – you will have a hole (the socket) or depression in the gum that can take up to 2 months to smooth or close over – you will keep getting food stuck in this area and will have to clean it. We will provide you with advice about how best to do this

What are the complications of wisdom tooth removal?

Dry socket - this occurs in approximately 5-10% of patients and is due to a breakdown in the wound healing process. It normally occurs 2-4 days after the operation when pain will start to become worse and constant. It is more common if you smoke or if you are having lower wisdom teeth removed

Infection - this occurs in less than 1% of patients and can present as pain, swelling and bad taste. It may occur three to seven days after the operation. We do not routinely give antibiotics after wisdom teeth removal, as the risk of infection is low. However, very rarely (0.5%) may require overnight stay in hospital with intravenous antibiotics due to a severe post-operative infection

Altered sensation of the lower lip, chin and tongue – lower wisdom teeth can sit close to two nerves. One nerve supplies the sensation for the lower lip, chin, lower teeth and gums. Another supplies the sensation for the tongue. Injury can occur to these nerves as a result of lower wisdom tooth removal - either as a result of the local anaesthetic injection (very rare) or the actual removal of the tooth. For the majority of patients, the risk of nerve injury is very small (0-2%) but for some the risk can be higher (0-20%) as explained below

Nerve injury is usually temporary and most cases will recover by 6 months post-surgery but in some cases can be permanent.

Injury to these nerves can cause altered sensation on the lower lip, the chin, the lower teeth, the gums around the lower teeth and/or the tongue and loss of taste on the affected side of the tongue. This altered sensation may take the form of a light 'pins & needles' sensation through to total numbness and loss of sensation. On very rare occasions it can result in neuralgia (nerve pain) associated with these areas.

We assess your risk of nerve injury from the dental radiographs (X-rays) that you will have had taken. On this radiograph we can see the canal through which the nerve runs to the lip/chin. If you are at high risk of nerve injury, you may be offered a three-dimensional (CBCT) scan to assess the risk more accurately. This scan allows us to see the position of the tooth and the nerve canal, and to decide if the risk is high.

If you are considered to be at a high-risk of nerve injury, you may be offered an alternative treatment called a 'coronectomy'. This procedure reduces the risk of possible nerve injury to the lip/chin and involves the removal of the crown of the tooth (top part) only. The roots of the tooth are intentionally left behind so as to reduce the risk of nerve injury. If your surgeon considers you to be high-risk of nerve injury, then they will discuss this treatment alternative in more detail. However, not all patients at high-risk of nerve injury are suitable for this procedure.

Damage to adjacent teeth – when an adjacent tooth has a large filling or crown on it, it is possible that this can be dislodged during surgery. If this happens you will need to see your dentist for further treatment.

Sinus problems - upper wisdom teeth can sit close to the air sinus. The air sinus is a hollow cavity in the top jaw. When upper teeth are removed there is a very small risk that the air sinus can become punctured. If this occurs further surgery is sometimes required to repair it. Only a very small number of patients experience this complication

Useful sources of information

Royal College of Surgeons in England: <https://www.rcseng.ac.uk/patient-care/recovering-from-surgery/wisdom-teeth-extraction/>

British Dental Health Foundation: <https://www.dentalhealth.org/wisdom-teeth>

British Association of Oral Surgeons: <https://www.baos.org.uk/resources/RemovalofWisdomTeeth.pdf>

Contact us

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www.surreyandsussex.nhs.uk

For medical advice please call NHS 111 or visit the NHS Choices website at www.nhs.uk

Tell us about your experience

We welcome your feedback and comments about our staff and services. This will help share what we do well, learn and make improvements. To share your compliments, comments, concerns or complaints please speak to the Patient Advice and Liaison Service (PALS) in the first instance.

Patient Advice and Liaison Service (PALS)

PALS can provide confidential advice and support, and can negotiate prompt solutions by liaising with staff and, where appropriate, relevant organisations on your behalf. You can also ask a member of staff to contact PALS on your behalf.

Telephone: 01737 231 958

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