



**University
Hospitals Sussex**
NHS Foundation Trust

Wisdom tooth surgery

Department of Maxillofacial Surgery

Patient information

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask.

What is the problem?

The wisdom tooth (or third molar) is usually the last tooth to erupt into the mouth anytime after about 16 years of age. Frequently there is not enough room to accommodate wisdom teeth and as such they do not come 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 or backwards into the jaw bone.

Why do I need treatment?

An impacted wisdom tooth can cause a number of problems that mean the tooth is best removed. Most commonly these are:

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

During your assessment, the reasons for the extraction of your wisdom tooth will be discussed with you. If you are not happy that you understand why the wisdom teeth need to be removed then please contact us.

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 into the gum 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 a commonly used option for wisdom teeth that are simple to remove. The lower lip and tongue will stay numb for a few hours or even longer after the procedure as a result of the local anaesthetic.

Please eat before the procedure as normal.

- **general anaesthetic.** It is usually possible to remove wisdom teeth under a 'day case' general anaesthetic. This means that although you are put to sleep completely for the operation, you will be able to go home on the same day as your surgery. You may be asked to come in for a 'pre assessment appointment' prior to the surgery to make sure you are fit and well to be asleep for the procedure. On the day of the surgery you must have someone to collect you and look after you for 24 hours. Following general anaesthetic we recommend up to a week off work. You do not need a sick note, unless you have taken more than a week off work.

What will the procedure involve?

The procedure either involves simple removal of the tooth out of its socket or, sometimes, a cut in the gum over the tooth and removal of some bone surrounding the crown of the wisdom tooth. It may become necessary to cut the tooth 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 can take up to two weeks to dissolve.

How long does it take to remove a wisdom tooth?

This is a variable. Some wisdom teeth may take only a few minutes to remove. More difficult wisdom teeth can take up to 40 minutes to extract.

Are there any risks?

With dental extractions there is a risk of pain, bleeding, bruising, stiffness in opening the mouth, swelling and infection.

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

It is likely that there will be some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worse 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. It is likely you will need regular painkillers for 3-4 days after the procedure. It may also be necessary for you to have 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.

Numbness of the lip, chin, tongue

There are two main nerves: one going to the tongue and one going to the lower lip, which lie near lower wisdom teeth and there is a risk these nerves can be damaged temporarily or permanently on having the lower wisdom teeth removed.

The risk of permanent numbness to part of the lip and chin depends on the closeness of the wisdom tooth to the main nerve. Specifically with lower wisdom teeth there is a 1% risk of permanent numbness to the lip, chin and tongue.

This will be discussed again when you come in for your surgery. If you have any further questions or concerns regarding numbness, please ask. You will not routinely be given a review appointment **so if the numbness continues for a week or more following surgery we would advise you to contact the oral and maxillofacial surgery department on the numbers given.**

Your surgeon may advise you of ways of changing the way of removing your tooth to reduce the risk of complications particularly if your surgery is high risk such as Coronectomy.

What is a coronectomy?

Coronectomy is the term used to describe the partial removal of a tooth. It means that the top part of a tooth (the crown) is removed whilst the root is left in place. Your surgeon may recommend this procedure when the removal of both the crown and root could cause damage to the nerve that supplies feeling to the lower lip and chin.

Why do a coronectomy rather than a normal extraction?

Most coronectomies are done on impacted, partially erupted wisdom teeth.

In some cases when the nerve may be very close and your surgeon thinks there is a high risk that removal of the whole tooth could cause the above stated nerve problems, they may suggest a coronectomy.

The aim is to remove the part of the tooth causing problems (the crown) whilst leaving the root in place. As the root is the part of the tooth closest to the nerve, leaving it undisturbed reduces the risk of nerve damage.

How will my surgeon assess the risk of nerve damage?

In most cases your surgeon can assess your tooth using normal x-rays. These provide a 2-D (flat) view of the tooth and in most cases give enough information for your surgeon to know if the whole tooth can be removed safely.

In some cases your surgeon will want a more detailed view of the tooth and will recommend that you have a special scan. This is called Cone Beam Computed Tomography (CBCT) and is like a 3-D x-ray. With this view your surgeon will be able to see a very detailed view of the relationship between the tooth and the nerve.

Are all wisdom teeth suitable for coronectomy?

No. Decayed teeth or teeth with infection around the root tips aren't suitable for coronectomy.

How is a coronectomy done?

Your surgeon will make the area numb with an injection of local anaesthetic into the gum. A cut will be made around the tooth and the gum pulled back to expose it. A small amount of the jaw bone will be drilled away with a dental drill and a cut made in the tooth about one third of the way down from the top of the tooth. This will allow your surgeon to separate the top part of the tooth whilst leaving the root behind. The cut root surface is then

trimmed and smoothed so it is below the level of the surrounding jawbone. The gum will be stitched back in place so that the root is completely covered. Surgery normally takes around 20-25 minutes.

How will I feel afterwards?

You will need to take painkillers regularly. You will be given instructions on how to care for the surgical site. The stitches are almost always dissolving stitches that will fall out in around two weeks.

Are there any potential complications?

- Although the risk of damaging the nerve is less than if the whole tooth was removed, there is still a small risk of permanent nerve damage.
- Sometimes the root becomes loose during the coronectomy. If this happens the root has to be removed, just like a normal extraction.
- Usually the root remains buried in the jawbone and never causes any problems. In some cases the root can move and come through the gum into the mouth. This piece of root may need to be removed. The risk of nerve damage is extremely low now because the root has moved away from its original position close to the nerve.
- If the buried root becomes infected but hasn't moved, it will need to be removed. The risk of nerve damage here is the same as if the whole tooth were extracted in one go at the time of the first surgery.

Who do I contact if I have concerns following my procedure?

If you are worried and would like further advice, please do not hesitate to contact us. A doctor is available to deal with your concerns 24 hours a day.

During normal working hours, Monday to Friday 8am until 5pm please telephone the Maxillofacial clinic where your procedure was carried out:

Royal Sussex County Hospital, Brighton

01273 696955 Ext. 64813

Princess Royal Hospital, Haywards Heath

01444 441881 Ext. 68308

Maxillo facial secretaries for general queries

01273 696955 Ext. 63695, Ext. 64756

For emergency advice during evenings, weekends and on public holidays, our partner organisation, Queen Victoria Hospital, East Grinstead has a doctor available to assist with any concerns.

Queen Victoria Hospital 01342 414000 Ext. 6635

Evening hours, Monday to Friday 5pm until 8am.

Weekend hours, Friday, 5pm to Monday, 8am.

Public holidays, 24 hours cover.

Please ensure you have your patient reference number to hand when you contact us.

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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