

Having a wisdom tooth removed under general anaesthetic

Oral and Maxillofacial Surgery

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Information for Patients

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Introduction

We are looking forward to seeing you on the Day Surgery Unit, and want to make sure that your visit is comfortable and successful. To help us do this, please read the following **important information**:

- If you are ill and cannot keep your appointment, please let us know as **early as possible**. Another patient may benefit from the cancellation.
- If you feel worried or nervous and want to talk to someone, nurses on the unit will be pleased to help in any way they can.

Please ring us on: 0116 258 5164 Monday to Friday 10am to 4:30pm.

What are wisdom teeth?

Wisdom teeth are the last adult teeth to develop right at the back of your mouth. Most people have 4, 1 in each corner. They usually start appear (erupt) in the late teens to early 20's. By this time the other 28 adult teeth are usually in place, which does not leave much room. This lack of space can cause them to erupt at an angle, "impacting" against the neighboring tooth, or not erupt at all.

Impacted wisdom teeth

An impacted wisdom tooth can cause pain, repeated infections or damage to nearby teeth. Wisdom teeth do not need to be removed unless they are causing problems, as the teeth may be in close to the nerves that give feeling to the lips, tongue and teeth on the lower jaw.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Reasons for removing wisdom teeth

Common reasons include:

- Repeated infections in the gums surrounding the tooth
- Infection at the tip of the tooth roots (dental abscess)
- Decay in the wisdom tooth or the tooth next to it
- Cysts that involve the wisdom tooth
- Corrective jaw surgery

Some of the issues with wisdom teeth can be treated with antibiotics and antiseptic mouthwashes, but they may be taken out if these treatments are not successful.

How is the surgery done?

Before the operation, the procedure will be explained to you again by the surgeon, including the possible risks and you will need to sign a consent form. The anaesthetist will also see you to explain about putting you to sleep.

You will have a general anaesthetic, which means you will be asleep. Local anaesthetic is placed in the area to help reduce bleeding during the surgery, and will also help with temporary pain relief once you have woken up. A cut is usually made in the gum and the gum pushed back. Some bone around the tooth may be removed to make space for the tooth to be removed. Sometimes the tooth may also need to be divided to aid removal. Dissolving stitches are used to put the gums back together .

What are the risks and complications?

As with all surgery, there are risks and complications. For this procedure they include:

- Bleeding or oozing of blood for up to 24 hours after the procedure.
- Pain or discomfort.
- Infection.
- Sometimes teeth, crowns and fillings may be unavoidably damaged, and your dentist will need to repair any problem.
- The tooth beside the wisdom tooth being removed **may** become sensitive for a short while after surgery.
- Dry socket (an infection that can occasionally happen, when the initial blood clot is lost early). You may need to see your dentist or return to the Maxillofacial department for antibiotics or a special dressing to help the area to heal.
- **An important risk** is the possibility of damaging nerves that run close to the lower wisdom teeth, which gives feeling to the lips, chin and the tongue, of the treated side. You will have numbness when you wake up due to the local anesthetic, but if this does not wear off in 2 to 3 hours, then the nerve may have been bruised. This is usually temporary, and clears up within

a couple of weeks, sometimes longer. Permanent damage is rare (less than 1% or 1 in 100 patients).

- Sometimes removal of the upper wisdom teeth may create a small hole between the mouth and the air sinus (air space that gets blocked when you have a cold). This is because the roots of these teeth naturally sits near or in the sinus floor. The hole (defect) is usually fixed at the time of surgery. Sometimes, the hole is small and not seen at time of surgery, and may only become obvious when you drink and the fluid leaks out the nose. In this case, you **may** need another procedure to close the opening.
- Sometimes a small piece of root may be left behind. This is usually the case if it is too close to the nerve to risk removal.
- Fracture of the lower jaw is rare and usually fixed at the time of surgery. The risk is increased with large jaw cysts and some other conditions. The incidence of this happening is less than 1% of patients or less than 1 in 100 patients.
- **Most patients have successful surgery and recover well.**

Are there any other choices?

If the teeth are causing symptoms, then there are not usually any other long term solutions apart from removal. But your surgeon may discuss removing just the crown of the wisdom teeth and leaving the roots in place (coronectomy) if the tooth is very close to the nerve. However, there is a risk of further infection/pain, which may need a second operation.

Recovery

You will have some discomfort for the first few days and will need to take painkillers. Be careful not to bite or burn yourself whilst numb from the local anaesthetic. You may be swollen and bruised and have difficulty opening the mouth, which increases in the first week and then takes another week to get better. Most people take a week off work, and 2 weeks to recover fully. Some people have discomfort around the jaw joints for a few weeks after surgery, but this settles with rest and a soft diet.

Before you are discharged we will explain what to expect and how to look after yourself as you recover. We will give you written information to take home.

Caring for the wound

First 24 hours:

- No spitting or rinsing of mouth.
- Avoid hot food and drink and alcohol.
- Avoid smoking for at least 48 hours.
- Be careful eating whilst numb.
- Take regular pain relief (avoid aspirin unless its apart of your regular medication).
- **Take it easy for the rest of the day. Students will need at least 2 days off.**

After 24hours:

- Carry on taking regular pain relief as needed.
- Use warm salty water (teaspoon of salt in a mug of warm water) as a mouthwash, for 30 seconds, up to 3 times a day for 10 to 14 days.
- If you've been prescribed antibiotics, finish the course. **Women who are on the contraceptive pill, should be aware that antibiotics can interfere with how the pill works, so another contraceptive method, such as condoms should be used.** If you have any problems with any medications we have prescribed, contact the department or your GP.
- Any stitches (sutures) will dissolve over the next 2 to 14 days.
- **If you have any problems within 2 weeks of being discharged, contact us on 0116 258 5164 Monday to Friday 10am to 4:30pm or you can contact NHS 111, or your Dentist for help and advice.**

What happens before my operation?

You will be seen in a pre-assessment clinic sometime before your operation. This is to make sure you are fit for day surgery. At this appointment you will fill out your paper work with the nurse and you will be given information about your operation. You will be told about the consent form that you will be asked to sign to give the surgeon permission to carry out your operation. This appointment is a good time to ask any questions you may have. Please write these down if that will help. Depending on your general health and your age, you may have some tests carried out. These will be discussed with you and may include an electrocardiograph (heart tracing/ECG) and blood tests. Please bring in all medication you are taking.

What arrangements must I make before my operation?

Before you can have surgery as a day surgery patient, you need to plan the following things:

- You must be collected by a responsible adult, who must take you home in a car or taxi following your operation
- You must have a responsible adult at home with you for at least 24 hours after your operation
- You must have a telephone at home
- You must not drive, cycle, operate machinery, drink alcohol, or be alone for a minimum of 24 hours after your operation **Important: Driving after an anesthetic is a criminal offence, and will affect your insurance cover.**

What do I need to do before my operation?

- Read your admission letter carefully.
- Do not eat or drink anything from the time stated in your letter.
- Do not wear any nail polish, false nails or makeup.

- Do not wear contact lenses.
- Do not wear any jewellery, except for a wedding ring. Do not bring any valuables with you into hospital. Leicester's Hospitals cannot accept responsibility for loss or damage to personal belongings.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable clothing and footwear to go home in.
- Do expect to wait on the unit before your surgery.

What do I need to bring with me on the day of the operation?

- **Your appointment letter.** The time you are given to arrive is not the time of your operation. The surgeon needs to see you before the start of the list, so you may be waiting for your operation for 2 to 4 hours
- **Any drugs, medicines or inhalers you are using.** Please take your necessary medication before attending. The pre-assessment nurse will advise you when you should take your medication. It is not usually necessary to stop warfarin (as long as the INR is less than 3.5), clopidogrel or aspirin before surgery. If in doubt discuss this with the maxillofacial team or your GP.
- A contact number for your lift home.
- A dressing gown and slippers, if you have them.
- Something to occupy you while you are waiting such as a book, magazine etc.

What will happen while I am on the day surgery unit?

- Come to day surgery ward and report to reception. Your details will be checked and you will be directed on to the ward, or to the waiting room where a nurse will collect you.
- The nurse will talk to you about your operation and ask you a few questions
- You will meet one of the maxillofacial team who will ask you to sign a consent form. Please ask your surgeon if there is anything you do not understand before you sign the form
- You will be visited by the anaesthetist, the doctor who will look after you while you are asleep
- You will need to change into a theatre gown. The nurse will tell you when to do this and then take you to theatre.

What happens after the operation?

You will return to the day ward and staff will make sure you are comfortable and offer refreshments. If you have any discomfort or sickness please let the staff know so that they can help you. You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to drink before you can go home but we will not give you anything to eat as this would disturb the

blood clots on the gum and cause bleeding. We will call you at home in the next day or two to check how your recovery is going. Very occasionally patients need to stay overnight if the nurse or doctor feels this is necessary.

Advice after you go home

We do not routinely review patients after their operation. But if you have a problem such as difficulty breathing, swelling that does not go down, bleeding that will not stop, increasing pain that does not get better with pain killers or numbness that is not improving after 2 weeks, then you can contact the following numbers for advice:

During office hours: **0116 258 5301** Maxillofacial department **0116 258 5164** Day surgery unit

Out of office hours: **0116 258 5375** Ward 7

Please remember:

- Take pain killers before the pain starts. Do not wait for it to get really bad.
- Take pain killers before you go to sleep so you are able to rest
- If your pain is very bad take the pain killers regularly- 4 times a day, so they keep your pain away.
- Take pain killers when you wake up, so they are working before you get out of bed.
- Pain killers can cause constipation, so you should drink plenty of water, and eat some high fibre foods like fruit, vegetables and cereals. You may also have been prescribed a laxative if your surgeon thinks it is needed.

Driving

You must not drive for at least 24 hours after a general anaesthetic. You will not be covered by your car insurance. Do not drive until you can keep control of your car in an emergency. Contact your insurance company if you are not sure.

Work

You can go back to work as soon as you are comfortable enough. This will depend on your job.

Sex

You may return to your usual activities once you are comfortable. If you have any questions, please ask the pre-assessment nurse or the ward nurses.

Physical activity

You can return to your normal activities as soon as you are comfortable. Unless advised not to by the surgeon.

Holidays

Flying too soon after an operation can increase the chance of problems and you may not be covered by your insurance. Please discuss this with your insurance company.

Important

Please read and sign at the end.

There are 5 things you must do before you come in:

1. Follow your fasting instructions.
2. Arrange for a responsible adult (over 18) to take you home in a car or taxi.
3. Arrange for a responsible adult to stay with you for 24 hours after your operation.
4. Read all the information leaflets you have been given.
5. If you smoke you need to stop smoking 48 hours before your operation.

There are 4 things you must not do for 24 hours after your anaesthetic

1. Do not drive a car or operate machinery, including kettles, irons, etc.
2. Do not carry children in case you feel dizzy.
3. Do not sign legal documents, as your judgement may be impaired.
4. Do not drink alcohol.

Patient agreement

I understand that if I do not follow the instructions about my operation it may be cancelled. I have been given information leaflets and I have read and understood them. I wish to have my operation done as a day case.

Patient's signature:

Pre-assessment nurse signature/grade:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk