

# Having wisdom teeth taken out using local anaesthetic

## Oral & Maxillofacial Surgery

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## Information for Patients

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### What are wisdom teeth?

Wisdom teeth are the last teeth to develop, right at the back of your mouth. Most people have 4, 1 in each corner. They usually start to appear in your late teens to early 20's, by which time the other adult teeth are usually in place. Often there is not enough room for them to come into the mouth. This lack of space can cause them to come through (erupt) in the wrong direction, often against the neighboring tooth, or not erupt at all.

These teeth that are stuck, or in the wrong place are called 'impacted'. Most impacted wisdom teeth are healthy, and may not be causing you any problems. Current NICE guidelines state wisdom teeth do not need to be removed, unless they are causing problems. There are risks involved with taking them out such as: numbness to the lips, teeth, chin and tongue, due to the fact that they are close to the nerve that provides sensation to these areas.

### Reasons for removing wisdom teeth

- Having lots of infections in the gums surrounding the tooth
- Infection at the tip of the tooth roots (dental abscess )
- Decay in the wisdom tooth, or causing the tooth next to it to decay.
- Cysts (balloon-like sacs filled with infection)
- Corrective jaw surgery
- Other less common reasons

Some of the issues with wisdom teeth can be treated with antibiotics and antiseptic mouthwashes. If this course of treatment is not successful they may need to be taken out.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## What happens next ?

Your dentist will refer you to the Maxillofacial unit if you have had any of the above issues. The surgeon you see at your consultation appointment will ask about your problem, and take a medical history. After a clinical examination of the area, you may need an X-ray. The surgeon will then talk to you about whether your tooth needs to be removed.

Depending on the degree of difficulty, the surgeon will recommend either a local anaesthetic (while you are awake), or a general anaesthetic (whilst you are asleep), to take out your wisdom tooth / teeth . Either way, the surgical procedure is the same.

## What does the operation involve?

On the day, your surgeon will confirm with you again the possible risks of the procedure and what it involves, before asking you to sign a consent form. Local anesthetic is placed in the area (whether you are awake or asleep) and a cut may be made in the area to create more room. Some bone may also need to be removed from around the tooth to make space for it to be removed.

Sometimes, the surgeon also may also need to cut the tooth in sections in order to remove it.

The gum will then be stitched back together with dissolving stitches (sutures).

## What are the risks and complications?

As with all surgery, there are risks and complications. These include:

- An **important** risk is the possibility of damaging the nerves that run close to the lower wisdom teeth, which provides sensation to the lips, chin ,teeth and front two-thirds of the tongue. You will have numbness after the procedure, 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. In a small number of cases this may be permanent (less than 1% or 1 in 100 patients)
- Bleeding or oozing of blood for up to 24 hours after the procedure
- Pain or discomfort
- Infection
- Occasionally teeth, crowns and fillings on nearby teeth may be unavoidably damaged. Your dentist will need to repair any problem.
- You may have temporary sensitivity from nearby teeth
- Dry socket is when the blood clot that first forms to helps the wound heal becomes dislodged or disappears. This can lead to infection. You may need to see your dentist, or call us for advice. Antibiotics or a special dressing can help the area heal.
- Sometimes taking out 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 theses teeth naturally sits near or in the sinus floor. This is usually repaired at the same time, but is sometimes so small, its not found at the time of surgery. You may only

notice it when you have something to drink and the liquid leaks out through the nose. In this case, you may need another procedure to close the opening.

- Sometimes a small piece of root may be left behind, especially if it is too close to the nerve to risk removal.
- In a very small number of cases, fracture of the lower jaw can happen. This is usually fixed at the time of surgery. There is a larger risk to this happening with large jaw cysts and some other conditions. If your surgeon thinks this may happen, they will talk to you about the risks and benefits at your consultation and you will have a general anaesthetic for the procedure (you will be asleep).

**The majority of patients have an uneventful surgery and recovery.**

## Are there any other choices?

If the teeth are causing symptoms, then there is not usually any other long term solutions, apart from removal. However, your surgeon may discuss with you just removing the crown of the tooth, leaving the roots in place (coronectomy). This may be considered if the tooth is very close to the nerve, or has other unusual differences. There is a risk in this case of pain or infection in the future, that might need another operation to remove the roots.

## What is the recovery period?

You will have some discomfort for the first few days, and will need to take pain relief. Do not eat or drink anything hot while you are numb from the local anaesthetic as you may bite or burn yourself. You may be swollen, bruised or have difficulty opening your mouth, which increases in the first week, and takes another week to get better. Most people go back to work in a couple of days. Discomfort around the jaw joints is common, and may last for a few weeks after the procedure.

## Looking after the wound:

### First 24 hours

- No spitting or rinsing of the mouth
- Avoid hot food/drink and alcohol
- Avoid smoking for at least 48 hours
- Be careful eating whilst numb
- Take regular pain relief ( avoid Aspirin, **unless** its part of your prescribed medication )
- Take it easy for the rest of the day.

### After 24 hours

- 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 have been prescribed antibiotics, finish the course . **If you are taking the contraceptive pill, you need to be aware that antibiotics can interfere with how the pill works, so another contraceptive method should be used.**

## Contact details

We do not normally review patients after their operation. If you have a problem or any concerns in the first 2 weeks **after** your surgery, please contact the department on **0116 258 5671** or see your dentist for advice.

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Previous reference:

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