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Having wisdom teeth taken out using local anaesthetic

Oral and Maxillofacial Surgery

Information for Patients

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What are wisdom teeth?

Wisdom teeth are the last teeth to grow. They are right at the back of your mouth. Most people have 4 wisdom teeth. There is 1 in each corner of the mouth. They often start to appear in your late teens to early 20's. By this time your other adult teeth have already grown. Sometimes there is not enough space for them. This means they may grow the wrong way, pushing against the tooth next to it, or not come through 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 National Institute for Health and Care Excellence (NICE) guidelines says that wisdom teeth do not need to be removed unless they are causing problems. Taking wisdom teeth out can have some risks. For example, numbness to the lips, teeth, chin and tongue. This is because these teeth are close to a nerve that gives feelings to these areas.

Reasons for removing wisdom teeth

- Having 2 or more infections in the gums around the tooth, needing antibiotics.
- 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.

What happens next?

Your dentist will refer you to the Maxillofacial unit.

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, or a specialist CBCT scan (3D scan). The surgeon will then talk to you about whether your tooth needs to be removed.

If your tooth is easy to remove, you can stay awake with medicines that numb the area for the procedure (local anaesthetic). For harder tooth removal you may need to be asleep for the procedure (general anaesthetic). In both cases, the way the tooth is removed is the same.

What happens during the procedure?

On the day, your surgeon will talk to you again about what will happen and any of the risks. They will then ask you to sign a consent form.

The surgeon will make the area numb using local anaesthetic, even if you are asleep using general anaesthetic. They may need to make a cut in your gum to create more room. Some bone may be removed from around the tooth to make space. Sometimes, the surgeon may need to cut the tooth into parts to remove it.

They will then stitch the gum back together using 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. This nerve gives feelings to the lips, chin and teeth. It also gives feelings to more than half of the front of the tongue. You will have numbness after the procedure because of the local anaesthetic. If this does not wear off in 2 to 3 hours then your nerve may have been bruised. This is often temporary and clears up within a few weeks or sometimes longer, up to 18 months. In a small number of cases this may be permanent. This happens in less than 1 in 100 patients.
- Bleeding or oozing of blood for up to 24 hours (1 day) after the procedure.
- Pain or discomfort.
- Infection.
- Sometimes the teeth, crowns and fillings on nearby teeth may be damaged. Your dentist will need to repair any problems.
- You may have temporary sensitivity in nearby teeth.
- Dry socket is when the blood clot that first forms to help the wound heal falls out or disappears. This can cause an 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 space that gets blocked when you have a cold (air sinus). This is because the roots of these teeths naturally sit near or in the sinus floor. We often repair this at the same time. Sometimes in a small number of cases it may not be 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. This can be the case if it is too close to the nerve and causes a risk to it.
- In a very small number of cases, there is a risk of getting a fractured lower jaw. This is often 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. You will have a general anaesthetic for the procedure.

Most patients have a smooth surgery and recover without any problems.

Are there any other treatment options?

If the teeth are causing symptoms, then there often is not any other long-term solutions than removing the teeth. Your surgeon may talk to you about just removing the crown of the tooth, leaving the roots in place (coronectomy). The surgeon may consider this option 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. You will need to have pain relief medicine. Do not eat or drink anything hot while you are numb from the local anaesthetic. This is because you may bite or burn yourself. You may have swelling or bruising. It might hurt for you to open your mouth at first. These symptoms can get worse in the first week and then get better in the second week. 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 (1 day)

- No spitting or rinsing of the mouth.
- Avoid hot food/drink and alcohol.
- Avoid smoking for at least 48 hours (2 days).
- 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 (1 day)

- Carry on taking regular pain relief as needed.
- Use warm salty water (1 teaspoon of salt in a mug of warm water) as a mouthwash. Do this for 30 seconds at a time. Do it 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 know that antibiotics can affect how the pill works. You should use a different contraceptive method.

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.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead
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