



## WISDOM TEETH

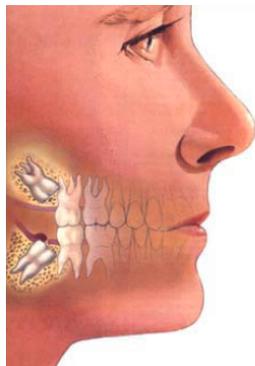
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### WHAT ARE WISDOM TEETH?

Most adults have 32 teeth by age eighteen. Different teeth have different functions, for instance the molar teeth are used for chewing and grinding food. The first molar teeth erupt within the mouth by age six, the second molars a few years later, while the third molars are the last teeth to erupt around age 18 - 20. These four third molars are also known as wisdom teeth.

### DO ALL WISDOM TEETH HAVE TO BE REMOVED?

If the wisdom teeth are aligned properly and can be reached for cleaning purposes, they generally don't have to be removed. However, most people have only enough space for 28 teeth in their mouths. Because the wisdom teeth are the last to erupt, they often don't have enough space to align themselves properly. Wisdom teeth with insufficient space often align themselves in unusual positions in an attempt to find some space to erupt within the mouth. Wisdom teeth with insufficient space may emerge only partly or remain completely embedded within the jaw; these wisdom teeth are called impacted. These unusual positions may jeopardize the health of adjacent teeth and necessitate removal in order to prevent future problems.

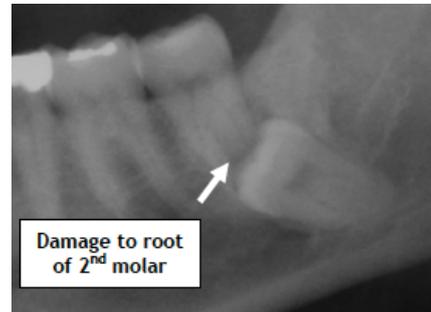


### WHAT CAN HAPPEN IF I DON'T HAVE MY WISDOM TEETH REMOVED?

A wisdom tooth is extracted to correct an actual problem or to prevent problems that may come up in the future. When wisdom teeth come in, a number of problems can occur:

- Your jaw may not be large enough to accommodate them, and they may become impacted and unable to break through your gums.
- Your wisdom teeth may break partway through your gums, causing a flap of gum tissue (operculum) to grow over them. This leads to trapping of food and germs, causing unhygienic conditions underneath these skin flaps; this result in an extremely painful infection, called pericoronitis. It may also cause the formation of occasional abscesses.

- One or more of your wisdom teeth may come in at an awkward angle, with the top of the tooth facing forward, backward, or to either side.
- Growing wisdom teeth also exert pressure on the surrounding tissues, leading to diffuse, ill-defined pain and discomfort.
- More serious problems can arise when impacted wisdom teeth lead to cyst formation or damage to the roots of adjacent teeth, which often result in loss of these teeth.



### HOW IS A WISDOM TOOTH REMOVED?

The relative ease at which your oral surgeon can extract your wisdom teeth depends on the position of the impacted teeth. Your surgeon will be able to give you an idea of what to expect during your pre-extraction examination. A wisdom tooth that is fully erupted through the gum can be extracted as easily as any other tooth. However, a wisdom tooth that is underneath the gums and embedded in the jawbone will require an incision into the gums and then removal of the portion of bone that lies over the tooth. Oftentimes for a tooth in this situation, the tooth will be extracted in small sections rather than removed in one piece to minimize the amount of bone that needs to be removed to get the tooth out.

### WHAT IS THE BEST WAY TO HAVE MY WISDOM TEETH REMOVED?

In general, wisdom teeth can be removed under general anaesthesia (in hospital) or conscious sedation; easy cases can sometimes be done even under local anaesthesia. Your maxillofacial and oral surgeon will be able to determine which anaesthetic technique is best suited for your particular case.

### WHAT DOES RECOVERY INVOLVE?

People differ a lot, so does the resultant effects of wisdom tooth surgery. How quickly you heal depends on the degree of difficulty of the extraction (a simple extraction of a fully erupted tooth versus a tooth impacted into the jawbone). In general, here's what to expect and some tips to speed up recovery:

*During the first 24 hours:*

- **Bleeding** may occur for several hours after tooth extraction. To control it, position a piece of clean moist gauze over the empty tooth socket and bite down firmly. Apply constant pressure for about 45 minutes. A moistened tea bag is an effective alternative. The tannic acid in tea helps healing blood clots to form (blood clots function similarly to a scab on an open wound). Repeat this process if a small degree of bleeding continues; if heavy bleeding continues to occur, contact your dentist or oral surgeon. Avoid rinsing or spitting for 24 hours after tooth extraction, avoid "sucking" actions (for example, don't drink beverages through straws or smoke) and avoid hot liquids (such as coffee or soup). These activities can dislodge the clot, causing a dry socket to develop.
- While your mouth is numb, **be careful** not to bite the inside of your cheek or lip, or your tongue.
- **Do not lie flat.** This may prolong bleeding. Prop up your head with pillows.



- Do not smoke for at least 24 hours after your surgery. The sucking motion can loosen the clot and delay healing. In addition, smoking decreases the blood supply and can bring germs and contaminants to the surgery area.
- **Facial swelling** in the area where the tooth was extracted typically occurs. To minimize swelling, place a piece of ice, wrapped in a cloth, on that area of your face on a schedule of 10-minutes on, followed by 20-minutes off. The scientific benefit of cold application has as yet not been proven, but patients often report a benefit in terms of pain control.
- Your surgeon will **prescribe medication to help manage pain**. It is in principle better **to prevent pain** by taking the prescribed medication for pain management accordingly for the first 48-hours as opposed to wait for pain before the pain killers are taken.
- **Antibiotics** that may have been prescribed prior to tooth extraction to treat any active infection around the wisdom tooth to be extracted, should continue to be taken until the full course has been completed.
- **Foods** should be chewed on the side of the mouth opposite the extraction. Avoid hot liquids and alcoholic beverages for at least 24 hours. In the case of difficult extractions, consume a soft or liquid diet for the first 24 hours.
- **Continue to brush your teeth**, but avoid the teeth directly neighbouring the extracted tooth during the first 24 hours. On day two, resume gentle brushing of your teeth.

#### *After 24 hours*

- Facial swelling in the area of the tooth extraction should be treated with heat after the first 24 hours of ice. Apply a moist warm towel to the area on a 20-minutes on, 20-minutes off schedule.
- Rinse your mouth with an antiseptic mouth rinse or warm salt water (1/2 teaspoon of salt in a cup of warm water) after meals and before bed.
- Stitches, if used and not of the self-dissolving type, need to be removed by your surgeon in about 1 week. If you do require stitches, ask what type you have been given.
- Complete healing doesn't occur for a few weeks to a few months following the extraction. However, usually within the first week or two, enough healing has taken place for use of your mouth to be reasonably comfortable in the area of the extraction.

### **WHAT ARE POTENTIAL COMPLICATIONS?**

Two of the more important complications include:

#### **Dry socket**

Dry socket is a common complication that occurs when either a blood clot has failed to form in the extracted tooth socket, or the blood clot that did form has been dislodged. Without clot formation, healing will be delayed. When it happens, dry socket typically occurs 3 or 4 days following the extraction and is accompanied by pain, ranging from slight discomfort to moderate and severe, accompanied by a foul mouth odour. Your oral surgeon will treat the dry socket by placing a medicated dressing in the socket. Dressing will need to be removed and replaced every 24 hours until symptoms subside.

#### **Paraesthesia<sup>1</sup>**

Paraesthesia is a less frequently occurring complication. Wisdom teeth entrapped in the jawbone are often close to nerves. Sometimes these nerves can be bruised or damaged during the tooth removal process. The result is a numbness, called a paraesthesia, and affects the tongue, lip or chin, lasting a few days, weeks, months or may even be permanent.

#### **Rare complications, including:**

- A fractured jaw if the tooth was firmly attached to the jaw bone.
- An opening into the sinus cavity when a wisdom tooth is removed from the upper jaw.



## FACTS TO THINK ABOUT

If your wisdom teeth are not causing problems, it may be difficult to decide whether to have your wisdom teeth removed to prevent possible dental problems later in life.

Consider the following:

- You may never have any problems with your wisdom teeth.
- It is rarely harmful to your health to have your wisdom teeth removed, but there are slight risks involved with any surgery.
- In younger people (late teens and early 20s), the wisdom tooth's roots are not fully developed and the jawbone is not as dense, so it is easier to remove the tooth. The easier it is to remove the tooth, the easier your recovery is likely to be.
- Most problems with wisdom teeth develop between the ages of 15 and 25.
- If you are older than age 30, you have only a small risk of developing problems with your wisdom teeth. Few people older than 30 develop problems that require removal of their wisdom teeth.
- If you have a medical condition that may get worse over time, and your teeth may cause problems, consider having your wisdom teeth removed while you are healthy.

## WHAT IS MY NEXT STEP?

You should meet with a maxillofacial and oral surgeon, who will examine your mouth and take an X-ray to assess the status of your wisdom teeth to determine whether removal is needed. Your surgeon will be able to advise you on the appropriate anaesthetic technique and possible risks involved in your particular case. Studies have shown that early removal can prevent potential future problems and a decreased surgical risk involved with the procedure.

## CITATIONS

1. Esposito M (2004). Impacted wisdom teeth. *Clinical Evidence* (12): pp 1930-1933.
2. Bui CH, et al. (2003). Types, frequencies, and risk factors for complications after third molar extraction. *Journal of Oral and Maxillofacial Surgery*, 61(12): pp 1379- 1389.

