NHS
Gloucestershire Hospitals
NHS Foundation Trust

Advice for patients having wisdom teeth removed

Introduction

This leaflet gives you information about having wisdom teeth removed and answers many of the commonly asked questions. If you have any further questions or would like a further explanation, please contact the Oral and Maxillofacial department using the contact information provided at the end of this leaflet.

What are wisdom teeth?

Your wisdom teeth are the last teeth to come through at the back of your mouth during your late teens or ‘age of wisdom’. You may have up to 4 of them, 1 in each corner of your mouth.

Why do wisdom teeth need to be removed?

In many people there is not enough room for the wisdom teeth to emerge properly from the gums. As a result the teeth may become stuck (impacted) against the tooth in front or the jawbone behind.

If this happens, the gum around the tooth may become infected. This can cause severe pain, swelling, jaw stiffness and even general illness. You may need antibiotics.

An impacted tooth may also decay, even though it might not be visible. This can lead to pain and/or damage to teeth next to it.

Usually, we will only suggest removal of your wisdom teeth if they have been giving you repeated problems or if we see signs of disease around the wisdom tooth/teeth during your consultation (in accordance with current NICE guidelines). This will have been discussed with you during your first visit.

How will the wisdom teeth be removed?

Some wisdom teeth are no more difficult than a normal tooth to remove and can be removed with a local anaesthetic (injection in the gum). This may be done by your dentist or in our outpatient clinic.

If the teeth are more awkward to remove, you may have been offered intravenous sedation as well as a local anaesthetic. This will make you feel sleepy, but you will still be able to talk to us. This may be carried out in our outpatient clinic or in the operating theatre.

If your teeth are judged to be particularly difficult to remove, you may have been offered a general anaesthetic. You will be completely asleep for the procedure and will be admitted to the main hospital. If you are suitable for a ‘day stay admission’ (you can go home the same day), this will have been discussed with you during your first visit.

How long will the procedure take?

Usually about 45 minutes, however some teeth are more quickly removed. At other times, it may take a little longer especially if more than 1 wisdom tooth is being removed.

What should I expect afterwards?

Discomfort
This is to be expected **but** is easily dealt with by simple pain relief such as ibuprofen or paracetamol taken regularly.

Always read the label for directions, especially if you take other medicines or if you have been given prescription pain relief.

Swelling and bruising
Again, this is to be expected at the operation site but is usually mild. The swelling will probably be at its most noticeable 1 to 2 days after the operation and may last for up to 2 weeks.

Jaw stiffness
There may be some restriction in opening your mouth wide. This may take a week or so to settle.

Stitches
Dissolvable stitches may be required. If so, they should disappear in a couple of weeks.

'Dry socket'
This complication usually happens a few days after the tooth has been removed but is not common. Dry socket is not technically an infection but is due to loss of the blood clot from the socket. Severe pain is common. Please contact us as straight-forward treatment is readily available. It is a little more common in smokers, so please do not smoke for at least a week before and after treatment.

Infection
Occasionally, an infection may develop in the socket, causing pain and swelling. You may need a course of antibiotics if this happens. Keeping your mouth clean with regular but careful tooth-brushing is very important in trying to prevent this.

Bleeding
There may be a little oozing of blood for a day or so following surgery. You will be given instructions after the operation to deal with this.

Root fragments
Extremely long or curved roots may break during surgery. These are usually removed, but small portions may be left, particularly if they are close to a nerve (lower jaw) or the sinus (upper jaw). These usually cause no long-term problems.

Numbness
Impacted teeth may be close to, or in actual contact with, the nerves that supply sensation to the teeth, gums, chin, cheek, lips and tongue. These nerves can become stretched or bruised when the tooth is removed, causing altered sensation. This may be complete or partial numbness, a tingling sensation or in some rare cases a painful sensation.

Usually this is temporary and will have settled by the time your mouth has healed; however, very occasionally the altered sensation may last for several months or may even be permanent.

Are there alternative treatment options?

If the roots of your lower wisdom tooth/teeth are judged to be particularly close to adjacent sensation nerves, then you may be offered a procedure called a ‘coronectomy’.

This involves the removal of the crown (the visible portion) of the tooth only, leaving the roots behind. This reduces the risk of bruising or stretching to the nerve.

There are only certain situations where this treatment is possible. Your surgeon will have discussed this with you during your first visit.

Will I be given instructions afterwards?

Full details for aftercare will be given following the procedure.

Going home

If you have had a local anaesthetic, you will be able to return home straight after your appointment. If you have had a general anaesthetic or sedation, it is essential that someone takes you home, and that there is a responsible adult to stay with you (and any children under 18 you may have) for 24 hours. For this period of time you should not:

- Drive a car, motorbike or ride a bicycle
- Drink alcohol
- Operate machinery or do anything requiring skill or judgement, including cooking
- Make important decisions or sign any documents

When can I return to work?

It is advisable to allow a day or 2 off work if you have had a local anaesthetic. If you have had intravenous sedation, a day or 2 extra may be sensible and you should allow up to a week off if you have had a general anaesthetic.

Review appointment

If your wisdom tooth/teeth were straightforward to remove, we may not need to see you again and most people recover with very few problems if they follow the post-operative instructions. However, if you have any concerns, please contact us.

Who to contact if you have concerns after the surgery

Most people have very few problems and following the advice in this leaflet is usually all that is needed. Therefore, we do not always review patients following surgery.

However, if you have a problem, please contact the **Oral and Maxillofacial Outpatient Department** via the hospital switchboard between 8:00am and 8:00pm.

Gloucestershire Hospitals Switchboard
Tel: 0300 422 2222
When prompted, ask for the Operator, then ask to be put through to the ‘On call Senior House Officer’ for the Oral and Maxilofacial Department.

Alternatively, you can contact your registered dentist for advice.

In an emergency, please go to the nearest Emergency Department.

Other useful contact information

New and follow-up clinic booking enquiries
Tel: 0300 422 6940
Monday to Friday, 9:00am to 4:30pm

Minor surgery (local anaesthetic with/without sedation) booking enquiries
Tel: 0300 422 3197
Monday to Friday, 9:00am to 4:30pm

Inpatient and Day Surgery Unit booking enquiries
Tel: 0300 422 8191
Monday to Friday, 9:00am to 4:30pm

Website

For further information, please visit the Oral & Maxillofacial Surgery webpage:

www.gloshospitals.nhs.uk/our-services/services-we-offer/oral-maxillofacial-surgery/

Feedback

We would welcome your feedback regarding your treatment. Please visit www.nhs.uk

Scroll to the bottom of the page and select the ‘Contact us’ link. On the next page, select ‘Give feedback or make a complaint’ then select the link below the heading ‘Give feedback about an NHS service.

Feedback can also be left on the Gloucestershire Hospitals twitter account: @gloshospitals

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.



1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance

Right Care Shared Decision Making Programme

NHS **https://aqua.nhs.uk/resources/shared-decision-making-case-studies/**

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