

Third molar (wisdom) teeth

This information leaflet is for patients who may need to have their third molar (wisdom) teeth removed. It explains why they may need to be removed, what is involved and any risks or complications that there may be. Please take the opportunity to read this leaflet before seeing the surgeon for consultation. The surgeon will explain what treatment is required for you and how these issues may affect you. They will also answer any of your questions.

What are wisdom teeth?

Third molar (wisdom) teeth are the last teeth to erupt into the mouth. People will normally develop four wisdom teeth: two on each side of the mouth, one on the bottom jaw and one on the top jaw. These would normally erupt between the ages of 18-24 years. Some people can develop less than four wisdom teeth and, occasionally, others can develop more than four.

A wisdom tooth can fail to erupt properly into the mouth and can become stuck, either under the gum, or as it pushes through the gum – this is referred to as an impacted wisdom tooth. Sometimes the wisdom tooth will not become impacted and will erupt and function normally. Both impacted and non-impacted wisdom teeth can cause problems for people. Some of these problems can cause symptoms such as pain & swelling, however other wisdom teeth may have no symptoms at

all but will still cause problems in the mouth. People often develop problems soon after their wisdom teeth erupt but others may not cause problems until later on in life.

What problems can wisdom teeth cause?

Wisdom teeth are at the back of the mouth and can be difficult to clean. This can lead to a number of problems; the most common problems are:

- Infection of the gum around the wisdom tooth (pericoronitis). This occurs in 50-60% of patients that we see and is the most common reason why wisdom teeth are removed. This type of infection can be severe and cause pain & swelling, however sometimes symptoms are mild.
- Tooth decay (dental caries) can occur in the wisdom tooth or the tooth in front. We see this in 25-30% patients. This may not cause immediate problems until the tooth decay affects the nerve of the tooth, then an abscess can form. Toothache pain will be a feature of this.
- Wisdom teeth can be affected by gum disease (periodontal disease) or contribute to gum disease on the tooth in front (5-10% of patients that we see). Patients may get no symptoms at all from this, but it can still cause problems.

- Cyst formation around the wisdom tooth. All teeth form within a sack and occasionally this sack can expand like a balloon. This is called a cyst. Over time this can become larger and cause problems. We see this in less than 1% patients.

These are the most common reasons why wisdom teeth may be removed. There are other reasons that are not listed and your surgeon will discuss these with you if required.

What are the treatment options?

Impacted wisdom teeth that cause problems will often be removed. Non-impacted wisdom teeth that are useful can sometimes be treated but some may still require removal.

What can I expect from wisdom tooth surgery?

There can be differences in the complexity of wisdom tooth removal. Some wisdom teeth are very simple to remove and may take only a few minutes to do; others can be more complex and may take up to 30-40 minutes to do.

For more complex wisdom teeth, the procedure may involve an incision (cut) into the gum to expose the tooth. A dental drill may then be used to remove bone from around the tooth to loosen it from the jaw. On occasions the tooth may then be sectioned and cut up into smaller pieces; this makes it easier to remove the tooth. Once the wisdom tooth has been removed the gum is put back together with stitches. Sometimes a

wisdom tooth can be removed easily and simply without the need for cutting the gum or for drilling. Your surgeon will discuss how simple or complex the surgery will be for you.

What type of anaesthetic is available?

Your surgeon will discuss with you which type of anaesthetic is most suitable for your treatment. There are a number of options:

- Local anaesthetic – this is an injection into the gum as you would have at the dentist for a filling. The injection takes a few minutes to numb your jaw and means that you will feel no pain during the procedure.
- Intravenous sedation and local anaesthetic – this will involve you having a sedative injection into a vein in your arm before you have the local anaesthetic. The sedative injection will make you feel relaxed & sleepy during the procedure. Most patients do not remember anything afterwards.
- General anaesthetic – this involves being put to sleep. It is usually only given if you are having complex wisdom tooth surgery. You will be able to go home on the same day.

Not all patients require, or are suitable for, a general anaesthetic. The complexity of the surgery, any medical conditions and other circumstances will be taken into account when deciding the most appropriate type of anaesthetic for you. You can be treated either as an out-

patient or day-case patient and do not need to stay overnight in hospital for wisdom tooth operations. You will need to attend with an escort (family member/friend) if having treatment with sedation or general anaesthetic.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What can I expect after surgery?

There is great variation in pain and discomfort experienced by patients after surgery. This generally depends on how complex and involved the surgery is. The average recovery time is between three to seven days.

Pain – pain is normal after surgery and you should expect pain from the operation site for three to seven days. Your surgeon will discuss with you which painkillers to take and give you a prescription if necessary.

Swelling – swelling is common and tends to be at a maximum, on the second and third day after surgery, reducing over about a week.

Bruising – this can occur on the cheek, face and occasionally on the upper part of the neck.

Bleeding – this will have stopped quickly after the operation. Blood stained saliva may be noticed for a day or two afterwards and is normal. More persistent bleeding can occur, but this is rare. Instructions will be given to you after your operation as to how to deal with this.

Jaw stiffness – mouth opening is likely to be sore and uncomfortable for three to four days and a soft-diet during this time may be better for you. You may also experience pain and stiffness of the jaw joints. This will normally disappear after a couple of days, but can occasionally last for up to two to four weeks.

Difficulty in swallowing – you may find swallowing uncomfortable for a few days after having your wisdom teeth removed. This is more common if you have had a general anaesthetic. A soft food diet may help reduce the discomfort of swallowing when eating.

Teeth sensitivity – sensitivity of the teeth next to the wisdom-tooth socket is common; good oral hygiene will resolve this, although it may last for several weeks.

Bad breath – you may experience bad breath; this is unlikely to last more than a week.

What are the complications of wisdom tooth removal?

Removal of wisdom teeth is a very common and safe operation but as with any operation there are risks of complications associated with it. Your surgeon will discuss how these risks may affect you.

Dry socket - this occurs in approximately 5-10% of patients and is due to a breakdown in the wound healing process (it is not an infection and does not require antibiotics). It normally occurs two to four days after the operation when pain will start to become worse and constant. It is more common if you smoke or if you are having lower wisdom teeth removed.

Infection - this occurs in less than 1% of patients. It may occur three to seven days after the operation. Pain & swelling may become worse at this stage with a notable bad taste and discharge from the wound. You may also feel unwell. We do not routinely give antibiotics after wisdom teeth removal, as the risk of infection is low.

Altered sensation of the lower lip, chin & tongue – wisdom teeth can sit close to two nerves. One nerve supplies the sensation for the lower lip, chin, lower teeth & gums. Another supplies the sensation for the tongue. Injury can occur to these nerves as a result of lower wisdom tooth removal - either as a result of the local anaesthetic injection (very rare) or the actual removal of the tooth. For the majority of patients the risk of nerve injury is very small but for some the risk can be high.

Nerve injury is usually temporary but in some cases can be permanent.

Injury to these nerves can cause altered sensation on the lower lip, the chin, the lower teeth, the gums around the lower teeth and/or the tongue. This altered sensation may take the form of a light 'pins & needles' sensation through to total numbness and loss of sensation. On very rare occasions it can result in neuralgia (nerve pain) associated with these areas.

Injury to the nerve of the lip/chin may occur because the roots of the wisdom tooth can be trapped close to the nerve. When the wisdom tooth is removed, the nerve may get injured, which can result in the altered sensation of the lip. It can affect a very small area through to the whole of the lip & chin. The frequency of nerve injury in the Oral Surgery department at Guy's Hospital is 6 in 1000 operations result in temporary damage and 3 in 1000 operations result in permanent damage.

Injury to the nerve of the tongue is rare. It can affect a small area of the tongue or the whole side of the tongue. The incidence of nerve injury to the tongue at Guy's Hospital is 6 in 1000 operations resulting in temporary damage and 1 in 1000 operations resulting in permanent damage.

We assess your risk of nerve injury from the dental radiographs (X-rays) that you will have had taken. On this radiograph we can see the canal through which the nerve runs to the lip/chin. If you are at high risk of nerve injury, you may be offered a CT scan to assess the risk

more accurately. This scan allows us to see the position of the tooth and the nerve canal, and to decide if the risk is high.

If you are considered to be at a high-risk of nerve injury, you may be offered an alternative treatment called a 'coronectomy'. This procedure reduces the risk of possible nerve injury to the lip/chin and involves the removal of the crown of the tooth (top part) only. The roots of the tooth are intentionally left behind so as to reduce the risk of nerve injury. If your surgeon considers you to be high-risk of nerve injury then they will discuss this treatment alternative in more detail. Not all patients at high-risk of nerve injury are suitable for this procedure.

Damage to adjacent teeth – when an adjacent tooth has a large filling or crown on it, it is possible that this can be dislodged during surgery. If this happens you will need to see your dentist for further treatment.

Jaw joint problems – removal of any tooth in the lower jaw will result in strain on the jaw joints (the jaw joints are found just in front of the ear). Although we try to minimise the strain on the jaw joints when we take teeth out, patients may on occasions experience pain and stiffness of the jaw joints after wisdom teeth removal. This will normally improve within a few weeks, but for some patients this can last longer.

Sinus problems – upper wisdom teeth can sit close to the air sinus. The air sinus is a hollow cavity in the top jaw. When upper teeth are removed there is a very small risk that the air sinus can become punctured. If

this occurs further surgery is sometimes required to repair it. Only a very small number of patients experience this complication.

Other complications can occur when taking out wisdom teeth. These are very rare and may only affect certain patients. If your surgeon thinks you are at risk of one of these, they will discuss how these complications may affect you. You will be given an opportunity to discuss any concerns that you may have.

Will I need time off work?

For simple wisdom tooth extractions, time off work may not be required and patients may return to normal activities the day after treatment. With more complex surgery, more pain and discomfort will be expected and this may require time off work. There is no minimum or maximum recovery time but two to four days is average for more complex wisdom teeth procedures. Patients requiring time of work can 'self-certificate' themselves with their employer for seven days. A doctor's 'fit-note' will not be issued to patients.

We would advise you to avoid strenuous exercise for a few days and depending on the type of anaesthetic you have, you should not drive a motorised vehicle (car, motorcycle, commercial vehicle, etc), bicycle or operate machinery:

- until the day after your procedure if you have intravenous sedation
- 48 hours after a general anaesthetic.

There are no restrictions on driving after having had a local anaesthetic injection into your mouth.

Will I have a follow-up appointment?

Most patients will not require a follow-up appointment after surgery. Your surgeon will decide if you would benefit from a follow-up appointment and arrangements will be made for this on the day of your surgery.

Care provided by students

Most wisdom teeth are removed by qualified dental surgeons (either consultants or specialists), dental surgeons training to be specialists or other qualified dental surgeons.

Guys Hospital is a teaching hospital where our students gain practical experience by treating patients. If you require simple wisdom tooth removal, you may be treated by students under supervision by a qualified dental surgeon.

Useful sources of information

- **Royal College of Surgeons in England:**
www.rcseng.ac.uk/patients/recovering-from-surgery/wisdom-teeth-extraction/who-is-this-leaflet-for
- **British Dental Health Foundation:**
www.dentalhealth.org/tell-me-about/topic/routine-treatment/wisdom-teeth
- **British Association of Oral Surgeons:**
www.baos.org.uk/resources/removalofwisdomteeth.pdf

Contact us

You can contact the Oral Surgery department at Guy's & St Thomas's NHS Foundation Trust on 020 7188 3885 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

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Further information

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 **e:** pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **f:** 020 7188 5953

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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t: 0848 143 4017 **e:** members@gstt.nhs.uk

w: www.guysandstthomas.nhs.uk

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