York and Scarborough Teaching Hospitals
NHS Foundation Trust

Should I have my teeth removed?

Information for patients, relatives and carers

Head and Neck

ⓘ For more information, please contact:

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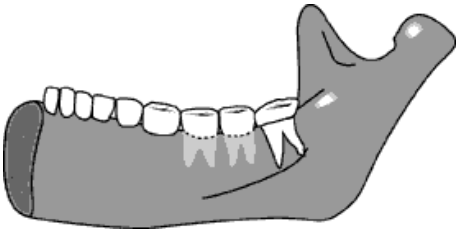
Information for the section on coronectomy taken from the leaflet “Coronectomy” published by the British Association of Oral Surgeons. Version (201711NDOV1), published (Nov 2017). Used with permission.

What are wisdom teeth?

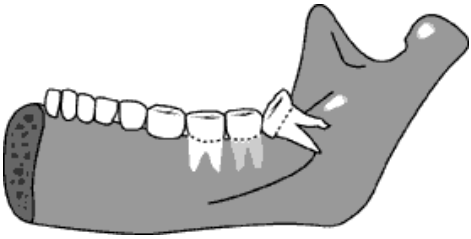
Your wisdom teeth (third molars) can be found at the very back of your mouth in the upper and lower jaws on both sides. They are usually the last teeth to come through, although some people do not have any. Most people find that they come through during their late teens or early twenties.

What are impacted wisdom teeth?

Sometimes part or all of a wisdom tooth stays under the gum. This is usually not a problem. If something is stopping the tooth from coming through into a normal position, the tooth is said to be 'impacted'. Sometimes these impacted teeth cause pain or other problems.



Correct position of a wisdom tooth



Impacted wisdom tooth

Should I have my wisdom teeth taken out?

In the past, people often had their wisdom teeth removed even if they were not causing any problems. It was thought that these wisdom teeth would eventually cause problems, so they were taken out 'just in case'. However, there is no good research or evidence to suggest that removing wisdom teeth 'just in case' is a good idea.

Guidelines have been produced giving advice on when wisdom teeth should be removed and when they should be left alone. These guidelines by the National Institute for Health and Care Excellence (NICE) are based on the most up-to-date evidence available, as noted in this leaflet, and influence our decision-making.

Reasons for taking wisdom teeth out

The following are the main reasons for having a wisdom tooth removed.

- Infection in the gums around the wisdom tooth.
- Decay in the wisdom tooth that cannot be treated by a filling.
- If the wisdom tooth is causing damage or decay to the tooth next to it.
- If a cyst forms around the wisdom tooth.

There are other less common reasons for having a wisdom tooth removed. Your dentist or surgeon can discuss these with you.

Coronectomy

What is a coronectomy?

Coronectomy is the term used to describe the partial removal of a tooth. It means that the top part of a tooth (the crown) is removed whilst the root is left in place. Your surgeon may recommend this procedure when the removal of both the crown and root could cause damage to the nerve that supplies feeling to the lower lip and chin.

Why do a coronectomy rather than a normal extraction?

Most coronectomies are done on impacted, partially erupted wisdom teeth. The nerve that supplies feeling to the lower lip and chin runs through the lower jawbone, close to the roots of the wisdom tooth. In some cases, the nerve may be very close indeed and removal of the whole tooth could cause damage to the nerve. If this happens, you might be left with numbness of the lower lip and chin or rarely a permanent feeling of burning or intense pain instead of numbness. This could affect your quality of life greatly.

If your surgeon thinks there is a high risk that removal of the whole tooth could cause these problems, they may suggest a coronectomy. The aim is to remove the part of the tooth causing problems (the crown) whilst leaving the root in place. As the root is the part of the tooth closest to the nerve, leaving it undisturbed reduces the risk of nerve damage.

How will my surgeon assess the risk of nerve damage?

In most cases, your surgeon can assess your tooth using normal x-rays. These provide a 2-D (flat) view of the tooth and in most cases give enough information for your surgeon to know if the whole tooth can be removed safely.

In some cases, your surgeon will want a more detailed view of the tooth and will recommend that you have a special scan. This is called Cone Beam Computed Tomography (CBCT) and is like a 3-D x--ray. With this view your surgeon will be able to see a very detailed view of the relationship between the tooth and the nerve.

Reasons for not taking wisdom teeth out

Not all wisdom teeth cause problems. If your wisdom teeth are not causing you constant/repeated pain or problems, there is usually no need to have them removed. Wisdom teeth can be more difficult to remove than other teeth and have specific risks associated with their removal.

When wisdom teeth are coming through, they might be sore for a short time. This is quite normal and is not usually a reason for having them removed.

Evidence states that removing wisdom teeth will not stop your other teeth from being crowded.

What are the benefits of the operation?

Removal or coronectomy of teeth often helps to remove a source of pain or infection. There may be other reasons, as documented under ‘Reasons for taking wisdom teeth out’ on the previous page.

What type of anaesthetic can I have?

Wisdom teeth may be removed under:

- local anaesthetic;
- local anaesthetic with sedation; or
- general anaesthetic.

Different types of anaesthetic can have different side effects. You can discuss these with your dentist or Surgeon.

The type of anaesthetic you receive will depend on several aspects, including:

- How difficult the dentist or surgeon thinks it will be to remove the teeth.
- Your medical history and risks associated with anaesthesia.

A local anaesthetic injection numbs the area around your tooth so you should not feel any pain when the tooth is removed.

Sedation may help you relax. It may also mean that you are less aware of what is going on and probably will not remember anything about the operation.

With a general anaesthetic you are unconscious during your operation and will have your wisdom teeth removed in a hospital.

What is involved in the procedure?

Some wisdom teeth are very simple to remove and take only a few minutes. Others that are deeply impacted may require some drilling of both the tooth and the surrounding bone, which can take as long as 30 minutes. The drilling will feel similar to the drill used by your dentist when removing decay from a tooth.

The surgeon assessing you during your consultation will be able to give you an indication of the likely procedure required. It is common to have dissolving stitches placed in your mouth to close the tooth socket.

How do I prepare for surgery in hospital?

If you have a general anaesthetic, you will be given a leaflet that contains more information about preparing for surgery. You can find more information on anaesthetics from the Royal College of Anaesthetists online at www.rcoa.ac.uk; follow the tab ‘For Patients and Relatives’

You will be asked to sign a consent form (FYCON122-1 Surgical Removal of Wisdom Teeth) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes, and you will also be offered a copy for your own records.

What happens after surgery?

Your dentist or surgeon may place gauze over the site of the extraction and ask you to keep pressure on it by biting your jaws together. This is to allow a blood clot to form in the empty tooth socket. Blood clots are part of the healing process, so try not to dislodge them.

In some cases, antibiotics may be prescribed if you have an ongoing infection.

You may need to take two to three days off from work after having a wisdom tooth removed, depending on the difficulty removing it.

For the 24 hours after removing your wisdom tooth, some things you should avoid include:

- rinsing your mouth out with liquid
- drinking alcohol and smoking
- drinking hot liquids such as tea or soup
- strenuous physical activity

What are the risks of having your wisdom teeth removed?

If you are going to have your wisdom teeth removed, there are side effects and risks to this.

Common side effects

After the operation:

- many people experience pain, swelling and stiffness of the jaw;
- many people may find it difficult to eat normally straight away because of pain and may need to change their diet for a short time following the operation;
- some people may get bruising on the face and neck;
- some people may need to take time off work, school or physical activities.

Not everyone will have all of these side effects. Most people will feel fine within a few days but sometimes it may take up to two weeks to recover fully.

Possible complications

A few people have more serious problems after their procedure and may need further treatment. Possible problems include the following:

Bleeding after the operation

There will be some bleeding in your mouth when your wisdom tooth is taken out. This will usually have stopped by the time you go home but sometimes can start again later on.

If it starts bleeding later, you should aim to apply firm pressure to the area for 30 minutes, usually by biting on gauze, a clean handkerchief or tea-towel. If it does not stop, please contact us.

Dry socket

Removing a wisdom tooth leaves a socket in the jawbone which needs time to heal. Sometimes the socket does not heal normally if the blood clot is lost. This is very painful and known as a dry socket. You are more likely to get dry socket if you smoke.

This is a common complication (up to 3 in 10 people can get this problem). Dentists treat dry socket by cleaning and dressing the area. Painkillers can help to relieve the pain.

Infection

Another uncommon complication (less than 5 out of every 100 people get this problem) that needs treatment, please contact our department if you feel that you have an infection.

Nerve damage

There are two nerves very close to the roots of your lower wisdom teeth. One of these nerves supplies feeling to your lower lip and chin, the other supplies feeling to your tongue. Sometimes these nerves may be injured when a wisdom tooth is taken out. This can cause numbness, tingling or an unpleasant sensation in your lip, teeth, gums, chin or tongue.
For around 1 in 100 people the tingling or numbness may be temporary. Around 1 in 1000 people will have permanent nerve damage.

Some parts of the tooth root/s may be left in-situ

In some circumstances, your tooth root/s may break and be left behind during removal. In rare cases where the fragments are very small, your dentist or surgeon may decide it is better to leave them in place rather than risk damaging the nerve. You will be informed if that is the case.
Occasionally these roots or those retained following coronectomy may become infected and require removal.

Damage to other teeth and loss of fillings

Other teeth may be damaged when a wisdom tooth is taken out, but this is very rare.

If it happens, your dentist or surgeon will inform you about it and provide further advice.

Oro-antral communication/fistula (OAC/OAF)

Upper wisdom teeth and upper back molar teeth are situated close to the maxillary sinus/antrum. This is the air filled space either side of the nose and behind the cheek bones.

Sometimes when these upper teeth are removed it can cause a communication (hole) between the mouth and this space resulting in an OAC or OAF. This means that when you drink fluid can escape through to your nose. If this occurs when the offending tooth is removed and the hole is obvious then it can be repaired at the same time. Sometimes it does not become apparent until after surgery, in which case it can still be treated.

Pain

It is normal to experience pain after wisdom tooth removal. The severity will be linked to the severity of impaction and other factors that will be discussed with you at the time of consultation.

Swelling

Swelling both inside and outside the mouth is common, particularly in the cheek area. It is usually worse over the first three days, after which it should gradually subside. It can last up to a week.

Bruising

Bruising to the skin of the face may also occur. Again, it is usually worse over the first three days, after which it should gradually subside. It can last up to a week.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Maxillofacial Clinic, York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 631313.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.
PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net. An answer phone is available out of hours

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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