A guide for patients and carers about

**Wisdom Teeth (Third Molars) Removal**

This information is for patients who may need to have their wisdom (third molar) teeth removed. It explains why they may need to be removed, what’s involved and any risks or complications. Please take the opportunity to read this leaflet before your consultation. The surgeon will explain the condition after your assessment, and what treatment options are available and how these may affect you. They will also answer any questions.

**What are wisdom teeth?**
Wisdom teeth are also called third molar teeth and are the last teeth to erupt into the mouth. Four wisdom teeth usually develop between the ages of 18 and 24; two on each side of the mouth; one on the bottom jaw and one on the top jaw. Some people develop fewer wisdom teeth and occasionally, more than four develop.

A wisdom tooth can become stuck if it fails to erupt properly into the mouth. This can be under the gum or as it pushes through the gum. This is referred to as an impacted wisdom tooth. Both impacted and non-impacted wisdom teeth can cause problems, some of which cause symptoms such as pain and swelling. However, there may be no symptoms at all, but the tooth will still cause problems in the mouth. Mouth problems or symptoms can be present as soon as the tooth erupts or cause no issues 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 include:

- **Infection of the gum around the wisdom tooth (pericoronitis)**
  This occurs in 50 to 60 per cent of patients and is the most common reason why wisdom teeth are removed. This type of infection can be severe and cause pain and swelling, however symptoms can be mild.

- **Tooth decay (dental caries)**
  Can occur in the wisdom tooth or the tooth in front. It affects 25 to 30 per cent of patients. This may not cause immediate problems until the tooth decay affects the nerve of the tooth, then an abscess can form. Toothache will most likely be a symptom.

- **Gum disease (periodontal disease)**
  Wisdom teeth can be affected by gum disease or contribute to gum disease on the tooth in front. Patients may have no symptoms but it can still cause problems. This occurs in five to 10 per cent of patients.

- **Cyst formation around the wisdom tooth**
  All teeth form within a sack and occasionally this sack expands like a balloon. This is called a cyst. Over time this can become larger and cause problems. This affects less than one per cent of patients.
There are other reasons that wisdom teeth may need to be removed. The surgeon will discuss the reasons with you.

**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?**
Some wisdom teeth are very simple to remove and may take only a few minutes to do. Others can be more complex and removal may take between 30 and 40 minutes.

For more complex wisdom teeth, the procedure may involve a cut (incision) 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, making it easier to remove. Once the wisdom tooth has been removed the gum is stitched back together. Your surgeon will discuss how simple or complex the surgery will be for you.

**What type of anaesthetic is available?**
Your dentist or surgeon will discuss with which type of anaesthetic is most suitable with you. The complexity of the surgery, any medical conditions and other circumstances will be taken into account when deciding the most appropriate type.

We are able to provide treatment with local anaesthetic at our Intermediate Minor Oral Service (IMOS) in South Hornchurch. This is an injection into the gum, like 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.

Other options available in hospital include intravenous sedation and local anaesthetic. This will involve having a sedative injection into a vein in your arm before you have the local anaesthetic. The sedative injection will make you feel relaxed and sleepy during the procedure. Most patients do not remember anything afterwards.

General anaesthetic is usually only given if you are having complex wisdom tooth surgery. For most patients this will be done as a day-case and you will usually be able to go home on the same day. Not all patients require, or are suitable for, a general anaesthetic.

If you are having treatment with sedation or general anaesthetic, you will need to attend with an escort. This could be a family member or a friend.

**Giving consent (permission)**
We will involve you in decisions about your care and treatment. We will explain all the risks, benefits and alternatives before we ask you to give consent. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a member of the team.

You must confirm your consent for the procedure before treatment starts. If you decide to go ahead, you will be asked to sign a consent form. This confirms 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.
What can I expect after surgery?

- **Pain** after surgery is normal but varies for each person. The level of pain generally depends on how complex the surgery is. The average recovery time is between three and seven days. Your surgeon will discuss which painkillers to take with you and give you a prescription if necessary.

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

- **Bruising** can occur on the cheek, face and occasionally on the upper part of the neck.

- **Bleeding** will have stopped quickly after the surgery, however, blood stained saliva may be noticed for a day or two afterwards. This is normal. More persistent bleeding can occur, but this is rare. Instructions will be given to you after your surgery about to how to deal with this.

- **Jaw stiffness** may be present for three to four days. Opening your mouth is likely to be sore and uncomfortable. A soft-diet during this time may be better.

- **Difficulty swallowing** for a few days. This is more common if you have had a general anaesthetic. A soft diet may help reduce the discomfort of swallowing when eating.

- **Sensitive teeth**, particularly next to the wisdom-tooth socket is common. Good oral hygiene will resolve this, although it may last for several weeks.

- **Bad breath** 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 surgery there are risks and complications associated with it. Your surgeon will discuss how the risks below may affect you.

**Dry socket**
This occurs in approximately five to 10 per cent of patients. It 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 one per cent of patients. It may occur three to seven days after the operation. Pain and 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 and tongue**
Wisdom teeth can sit close to two nerves. One nerve supplies the sensation for the lower lip, chin, lower teeth and 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 and 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 or 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. It can affect a very small area through to the whole lip and chin.

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.
We assess your risk of nerve injury from the dental x-rays (radiographs) that you will have had taken. On the x-ray we can see the canal through which the nerve runs to the lip and chin. If you are at high risk of nerve injury, you may be offered a referral to the Oral Surgery Department, where 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 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 and chin and involves the removal of the crown of the tooth (top part) only. The roots of the tooth are intentionally left behind to reduce the risk of nerve injury. If this is appropriate, your surgeon will discuss the onward referral with you and the treatment 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 in it, it’s 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, 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 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 can 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 off work can self-certificate with their employer for seven days. A sickness certificate 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 vehicle (car, motorcycle, commercial vehicle etc.), ride a 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 if required.
**Emergency treatment**

Urgent treatment means treatment that the dentist considers necessary to relieve severe pain or prevent your oral condition deteriorating before you can make a routine appointment.

If you are in a current course of treatment or immediately following a course of treatment and are experiencing pain or swelling, please call our surgery on 0300 123 9376 (option one) or if you need urgent care or advice outside of normal working hours, please phone 111. Alternatively, you can contact your original dentist.

**Contact us**

The team always aims to provide a high standard of care and an efficient service. If you would like to comment about the service you have received, please contact us or our Patient Advice and Liaison Service (PALS) (details below).

**Phone:** 0300 790 0158  
**Email:** kcht.communitydentalservice@nhs.net

**Write to us:**
Dental Service  
Kent Community Health NHS Foundation Trust  
First Floor  
Capital House  
Jubilee Way  
Faversham  
Kent ME13 8GD

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**Do you have feedback about our health services?**

**Phone:** 0300 123 1807  
8am to 5pm, Monday to Friday  
**Text:** 07899 903499  
**Email:** kentcht.PALS@nhs.net  
**Web:** www.kentcht.nhs.uk/PALS

**Patient Advice and Liaison Service (PALS)**
Kent Community Health NHS Foundation Trust  
Unit J, Concept Court  
Shearway Business Park  
Folkestone  
Kent CT19 4RG

If you need communication support or this leaflet in another format, please ask a member of staff or contact us.

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