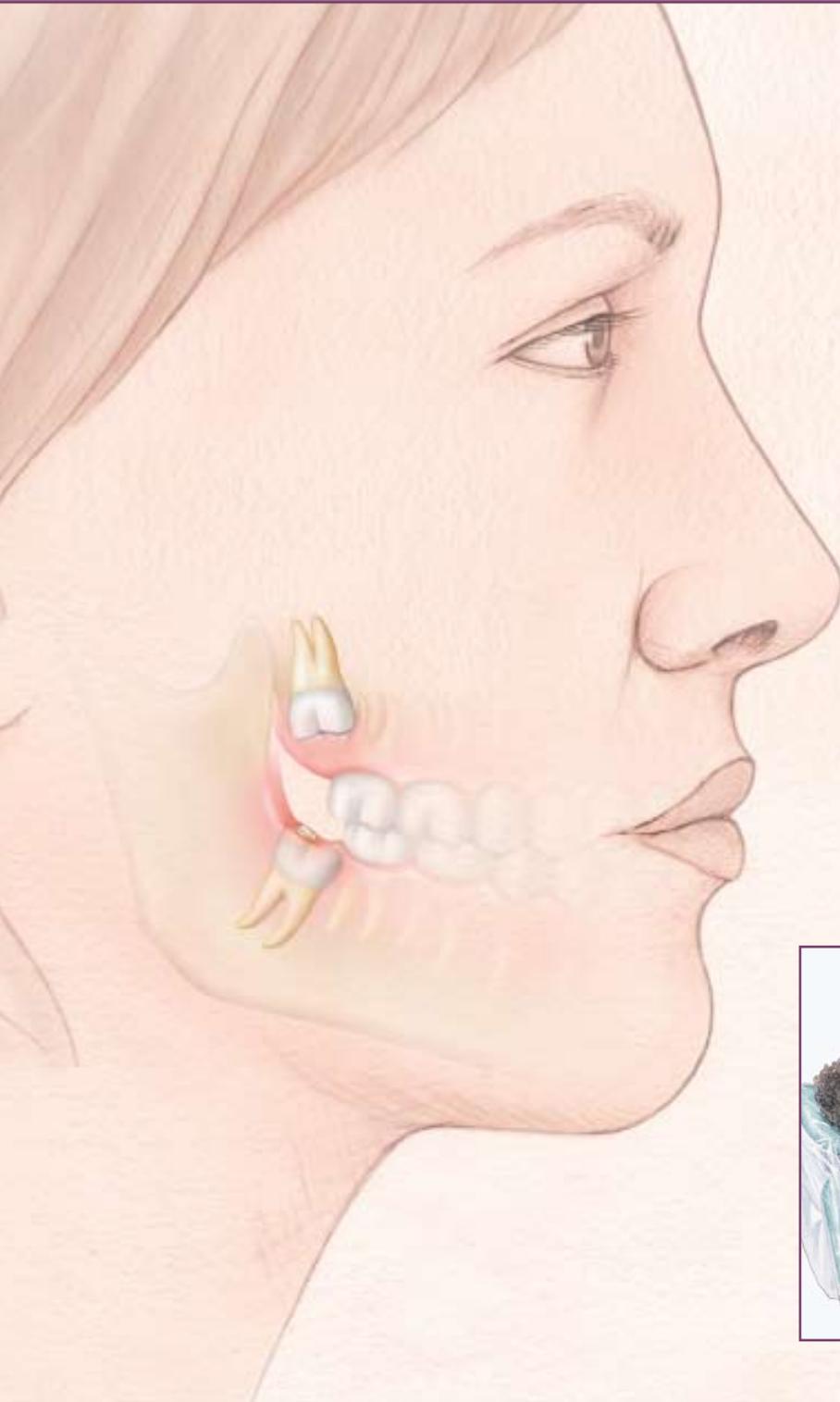


Wisdom Teeth Removal

Your Condition and Treatment



The Trouble with Wisdom Teeth

Wisdom teeth, also called third molars, are the last permanent teeth to develop. They most often **erupt** (break through the gum) during a person's late teens or twenties. Wisdom teeth are known for the dental problems they can cause. Removing the wisdom teeth can help take care of symptoms you're experiencing now. It may also prevent future problems.

What Can Go Wrong

Many people's jaws are too small for wisdom teeth to grow in properly. They often become **impacted** (unable to fully erupt). Another common problem is that wisdom teeth are hard to reach and clean. Complications may not develop until years after the teeth first erupt or become impacted. Problems that may occur now or in the future include:

- Pain
- Infection
- Gum disease
- Decay in the wisdom teeth and nearby teeth
- Crowding of nearby teeth, which can push them out of alignment
- Interference with certain kinds of dental or orthodontic work



Wisdom teeth can cause sudden or ongoing dental or jaw pain.

Choosing Removal

If your wisdom teeth are causing pain or infection, your dentist is likely to advise removing them right away. But even if you don't have symptoms, your dentist may still recommend removal. This booklet can tell you more about the benefits and risks of having your wisdom teeth removed.

Your Dental Evaluation

Before suggesting that you have your wisdom teeth removed, your dentist will do a thorough evaluation. This includes an exam and x-rays of your teeth and jaws. Your dentist may refer you to a specialist for further evaluation and for the surgery.

Your Examination

Your dental exam includes:

- A review of your dental history
- Questions about any medical problems that could affect treatment
- An exam of your teeth and gums to assess your oral health
- An exam of the visible parts (if any) of your wisdom teeth
- A check for signs of infection, such as swelling or tenderness

Your Dental Professionals

Your **general dentist** will most likely do the first evaluation. He or she may also perform the surgery to remove your wisdom teeth. Or your general dentist may refer you to an **oral surgeon** (also called an oral and maxillofacial surgeon). An oral surgeon is a dentist who specializes in surgery of the mouth and jaw, such as wisdom tooth removal. He or she may conduct further evaluation before the surgery. This product refers to the person who extracts the wisdom teeth, no matter the specialty, as a “surgeon.”



X-rays can help your dentist determine whether problems with your wisdom teeth are likely.

Dental X-rays

X-ray images can show the positions of teeth that haven't fully erupted. They can also show decay and other problems, such as bone loss. This helps plan your treatment. Two kinds of dental x-rays are used:

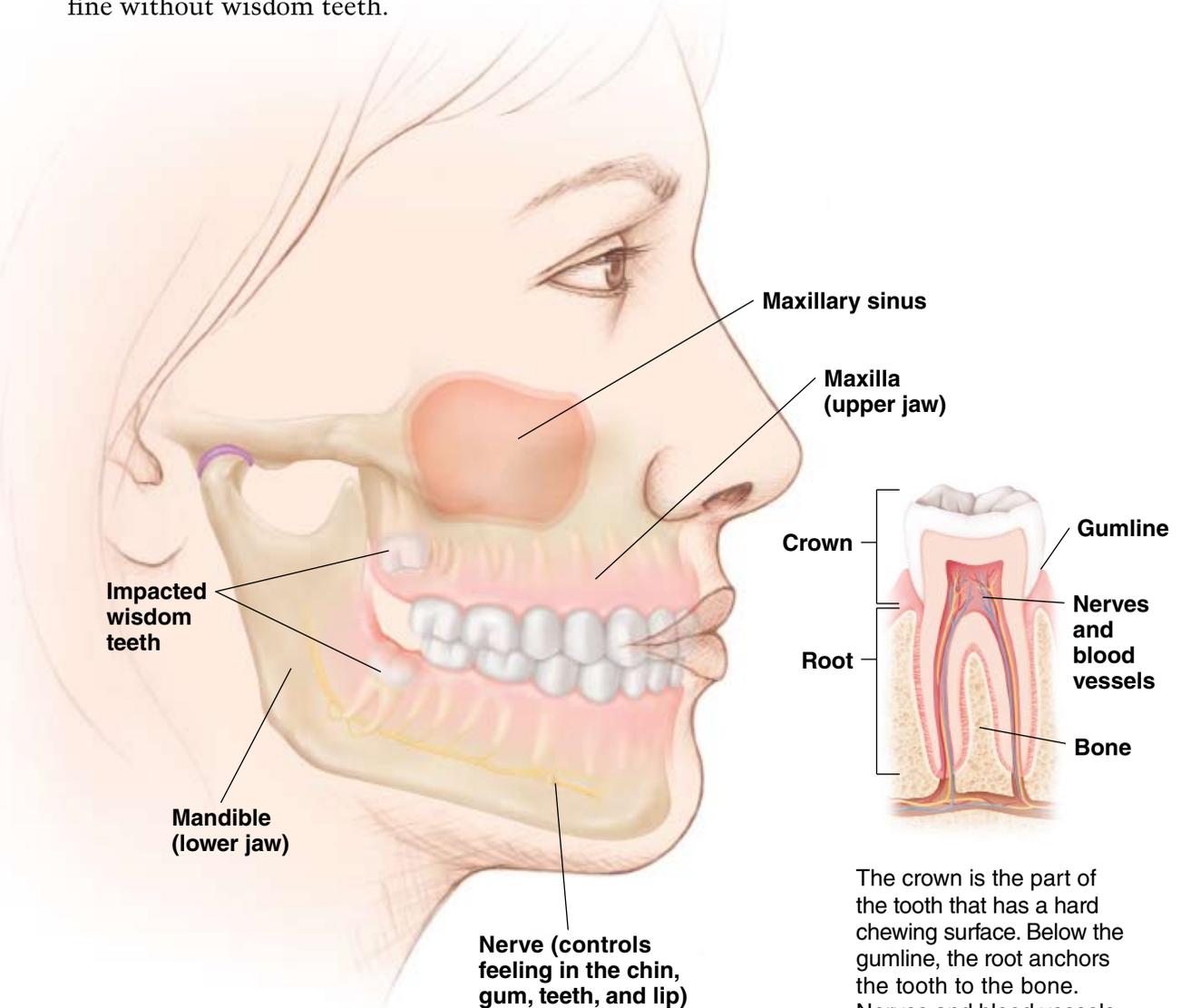
- **Intraoral x-rays** show small images of 3 to 6 teeth at a time, plus a portion of the jawbone. These x-rays are often taken as part of a dental checkup.
- **Panoramic x-rays** show a complete image of all the teeth and both jaws. They can tell your dentist more about the health of your jawbones. They can also show how close the roots of your wisdom teeth are to nerves, arteries, and other structures in or near the jaws.

Understanding Your Wisdom Teeth

Wisdom teeth are very much like your other permanent teeth. The main difference is that they are the last to develop and grow in (when you're "older and wiser"). Most people have four wisdom teeth, one in each corner of the mouth. Some people naturally lack one or more of their wisdom teeth.

Wisdom Teeth and Your Dental Anatomy

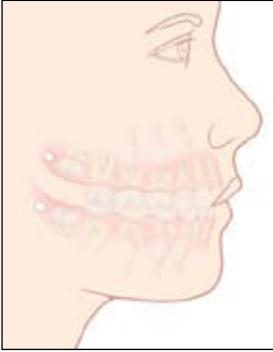
There are several types of teeth. Each type is designed either for biting or for chewing. The wisdom teeth are molars, or chewing teeth. Both the upper and lower jaws have three molars on each side. The wisdom teeth are the last in line, which is why they're called "third molars." Because there are eight other molars to do the chewing, most people can get along fine without wisdom teeth.



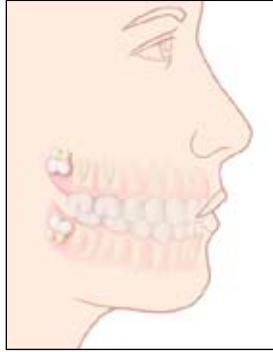
The crown is the part of the tooth that has a hard chewing surface. Below the gumline, the root anchors the tooth to the bone. Nerves and blood vessels enter and exit the tooth through the roots.

How Wisdom Teeth Develop

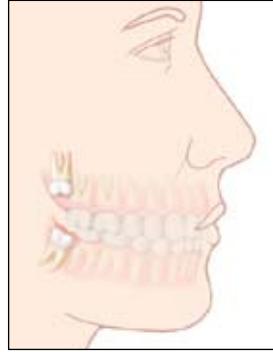
All teeth form within the jawbones. As the roots grow, the tooth's crown gradually pushes toward the gum until it erupts. After a tooth has broken through the gum, the roots continue to lengthen. It takes years for the roots to develop completely. The jawbones become denser and more rigid over time.



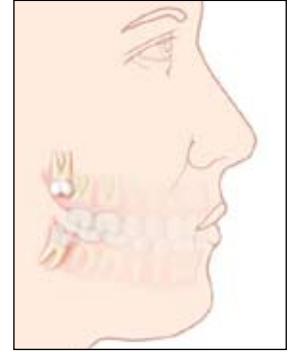
Around age 9, wisdom teeth start to form inside the jawbones. The jawbones have a lot more growing to do, so they are not yet at their full density.



By the late teens, wisdom teeth roots have developed and are lengthening. The crown of each wisdom tooth may begin to erupt.



By the early 20s, each wisdom tooth has erupted or is impacted. The roots may still be forming. The jawbones have finished growing.



By about age 40, the roots of the wisdom teeth are solidly anchored in the bone. The jawbones have reached their adult density.

Impacted Wisdom Teeth

Impacted wisdom teeth can grow in almost any direction. They may grow in straight or at an angle. Even if they grow in straight, there may not be enough room in the jaw to allow them to fully erupt.



Straight upward (vertical position), but without room to erupt into a healthy position.



Angled away from the other teeth (distoangular position).



Parallel to the gumline (horizontal position).



Angled in toward the other teeth (mesioangular position).

Problems Caused by Impacted Teeth

Wisdom teeth can cause acute (sudden) problems, chronic (ongoing) problems, or no problems at all. Removing the teeth before symptoms develop can prevent or reduce future complications. Dental x-rays can help your dentist find existing problems. X-rays may also help show whether your wisdom teeth are likely to cause problems in the future. But it's not always clear whether your wisdom teeth will give you trouble. Potential problems include:



Acute pericoronitis (gum infection). As the tooth breaks through the gum, the gum can become infected, causing pain, swelling, and sometimes bleeding.



Chronic periodontal (gum) disease. Problems flossing at the back of the mouth can lead to gum disease. Or it may result if bacteria and food debris collect under the gum tissue covering an impacted tooth. Gum disease can lead to loss of the adjacent second molar.



Tooth decay. Wisdom teeth can be hard to clean because they're at the back of the mouth. This can lead to decay of both the wisdom tooth and the tooth next to it.



Crowding. An impacted tooth can push on nearby teeth, forcing them out of alignment. This can interfere with your bite. Crowding can also damage individual teeth



Poor position. A tooth that grows pointing in toward the tongue or out toward the cheek can irritate nearby tissue. It may interfere with your bite. Problems can also occur if there is no corresponding tooth in the opposite jaw for the tooth to bite on.



Cysts and tumors. A tooth that's embedded in the bone is encased in a sac. This sac can fill with fluid, forming a cyst. A cyst can expand and destroy surrounding bone. In rare cases, a tumor forms in this area.

Your Treatment Plan

If one or more of your wisdom teeth are likely to cause problems, your surgeon may recommend removal. This can relieve your symptoms and protect your dental health. In some cases, you may be advised to wait or to try other treatments first.

Early Removal Is Often Recommended

Your surgeon may advise removing the wisdom teeth now, even if you have no symptoms. This is because wisdom teeth roots mature and become more firmly anchored to the bone as you age. This makes removal more difficult. It also increases the risk of complications. And people heal more slowly as they grow older.

Other Options May Be Possible

The position of wisdom teeth roots may make removal unwise. Or surgery may not be recommended because of another health problem. Other options include:

- **Close follow-up.** You'll have regular exams and x-rays to check for signs of complications.
- **Medications.** These can be used to control some symptoms and treat infections.
- **Minor surgery.** In some cases a procedure such as an operculectomy (removal of gum tissue overlapping the tooth) may help.



Your surgeon will help you decide on a plan suited to your needs.

Risks and Complications

Any surgical procedure has risks. The risks of wisdom teeth removal vary depending on your age and the position of the teeth. Risks include:

- **Sore joints and muscles.** Jaw soreness, bruising, or swelling is normal after removal. Problems with the jaw joint or difficulty opening the mouth fully can also occur. These problems often heal in a week or two. But sometimes they last longer and require treatment.
- **Dry socket.** After surgery, a blood clot fills the extraction site. A clot that dissolves or dislodges too soon after surgery can cause pain and slow recovery. Dry socket is treated with a special dressing.
- **Infection.** This is often treated with antibiotics or by draining the infection.
- **Side effects of anesthesia.** Sedation or general anesthesia can cause nausea, sore throat, and other side effects.
- **Sinus problems.** The maxillary sinus cavity may be entered during surgery. This can require further treatment.
- **Nerve injury.** This can cause loss of taste or areas of numbness, tingling, or pain in the teeth, gum, tongue, or lips. In most cases, the nerve heals over time, but further treatment may be needed.
- **Weakening of the jaw.** If bone has been removed, the jawbone may become more prone to fracture.

Removing Your Wisdom Teeth

Wisdom teeth are often removed in the surgeon's office or in an outpatient surgical center. Your experience depends on the position of the teeth, the number of teeth being removed, and other factors. Your surgeon may advise removing all of your wisdom teeth in a single procedure, even if they are not all causing problems. Or your surgeon may advise separate procedures for each side of the mouth.

Preparing for Surgery

Your surgeon can tell you how long the surgery is likely to take. Including recovery from anesthesia, it may last between 45 minutes and 2 hours. Before surgery, be sure to:

- **Arrange time off from work or school.** You'll need a day or more to rest and begin to heal.
- **Tell your surgeon about any medications you normally take.** Your surgeon may advise some medication changes.
- **Follow your surgeon's instructions on eating and drinking before surgery.** You may be asked not to eat or drink anything after the midnight before surgery.
- **Wear loose, comfortable clothing.** Choose a shirt or blouse with short sleeves. This makes inserting an intravenous (IV) line easier.
- **Arrange for a ride home.** An adult family member or friend should drive you home after surgery. Don't drive yourself, and don't take public transportation!

Anesthesia Options

The type of anesthesia you receive depends on your surgeon's recommendation and your preference. Your insurance coverage may also be a factor. Tell your surgeon if you have had problems with anesthesia in the past. Types of anesthesia include:

- **Local anesthetic.** This numbs the area around the tooth to be extracted. Local anesthetic is used even if another type of anesthesia is also given to you.
- **Sedative.** This helps you stay relaxed but awake during surgery. Nitrous oxide ("laughing gas") is one type of sedative. Other sedatives are given in pill form or by IV.
- **General anesthesia.** This puts you to sleep during surgery. Your surgeon may advise using it if the extraction is likely to be difficult. Or it may be an option if you prefer to be asleep.



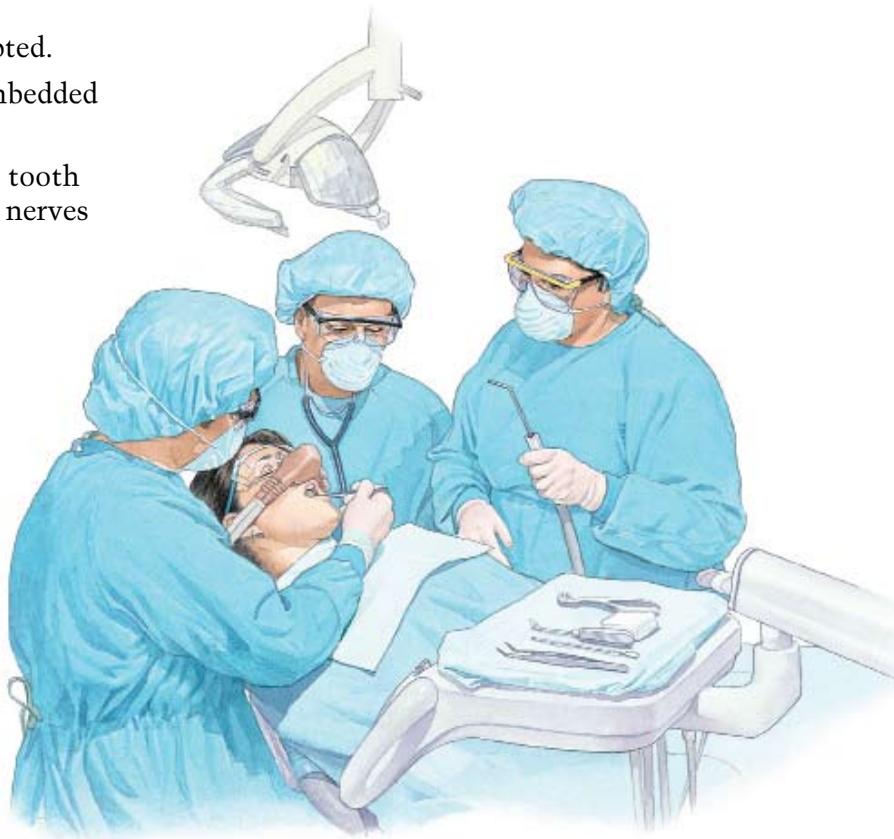
The person who drives you should wait in the reception area while surgery is going on.

How Your Tooth May Be Removed

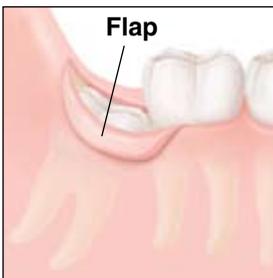
Methods of extraction can vary. An incision in the gum may be needed to reach the tooth. Some of the bone around the tooth may also be removed. In rare cases, only the crown of the tooth is removed (coronectomy). Details of the procedure will depend on:

- The position of the tooth.
- Whether the tooth has erupted.
- How deeply the tooth is embedded in the bone.
- How close the roots of the tooth are to the sinuses or certain nerves or blood vessels.

One or two people will assist your surgeon and help monitor you during surgery.



Removing the Tooth



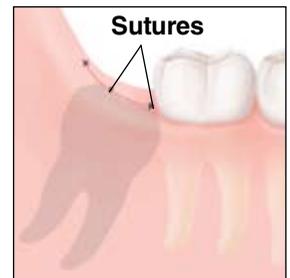
An incision may be made in the gum. This creates a flap of gum tissue that can be folded back to expose the bone and the tooth.



In some cases, the surgeon may be able to loosen the tooth and extract it with forceps.



The tooth may need to be sectioned (cut into pieces). Bone around the tooth may also need to be removed.



After the tooth has been removed, any incision that was made is closed with sutures.

Your mouth needs time to heal. Some bleeding is normal on the first day after surgery. You may also see some bruising and swelling on your face for about the first week. To promote faster healing, get enough rest, eat and drink nutritious foods, and take care of the extraction site. Follow any special instructions from your surgeon.



When icing your cheek, keep a thin cloth between your skin and the cold source.

After Surgery

During the first day or two after surgery:

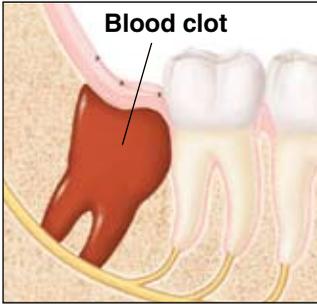
- **Control bleeding.** Bite down on the gauze dressing over the extraction site. Use constant pressure. Bleeding should stop within 2 hours. (Some oozing for a few days is normal.)
- **Take medication as directed.** Your surgeon may prescribe pain medication. Or he or she may suggest using over-the-counter medication instead. You may also be prescribed antibiotics to prevent infection.
- **Reduce swelling.** Apply an ice pack to your cheek for 10 minutes at a time. Take a break of at least 5 minutes between applications. **Don't drink hot liquids**, since heat may increase swelling or bleeding.
- **Get enough rest.** Take it easy for at least 24 hours after surgery. And go to bed early.
- **Drink nutritious liquids.** Once bleeding has stopped, try drinking vegetable juice, 100% fruit juice, protein drinks, or milk.
- **Protect the extraction site.** To avoid dislodging the blood clot, don't brush your teeth or rinse your mouth the first day. Don't smoke, or drink through a straw, since suction can dislodge the clot.

Call Your Doctor If:

- The pain becomes more severe on the day after surgery or can't be controlled with pain medication.
- Bleeding becomes hard to control or comes in spurts.
- You have a fever or chills.
- Swelling around the extraction site worsens.
- You have itching, a rash, or other symptoms that may be due to an allergic reaction to your medication.
- You have persistent nausea or vomiting.

The Healing Process

Healing after wisdom teeth removal takes a few months. First, a blood clot forms in the socket where the wisdom tooth was removed. Within a day or two, the socket starts filling with repair tissue. This lays the foundation for bone tissue to grow. When new bone tissue fills the socket, healing is complete.



A few hours after surgery, a blood clot develops to fill the socket.



About 3 weeks after surgery, repair tissue has filled the socket.



Within 3 to 6 months after surgery, the socket is filled with new bone.

Helping Your Mouth Heal

- **Return gradually to your normal diet.** Start with soft foods such as oatmeal, bananas, or mashed potatoes. You can eat solid food when you feel able to.
- **Brush and floss your teeth gently.** Wait until the day after surgery. Then, take care when cleaning around the healing site.
- **Keep the extraction site clean.** Starting the day after surgery, rinse your mouth after each meal for about a week. Use antiseptic as directed, or a mixture of 1 cup warm water and $\frac{1}{2}$ teaspoon salt.



Things to Avoid

- **Don't drive** while you're taking prescription pain medication.
- **Don't drink alcohol** for as long as you're taking pain medication.
- **Don't smoke** for at least a week after surgery. This allows faster healing. The longer you keep from smoking, the better. Quitting permanently is best of all.
- **Don't eat crunchy or sticky foods**, such as popcorn or caramel, for at least 2 weeks. Also, avoid drinking thick liquids (such as a milk shake) through a straw.



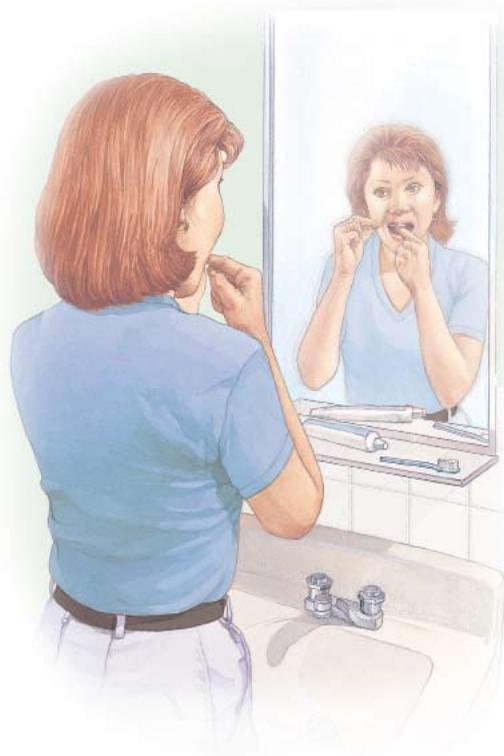
Keeping Your Mouth Healthy

Within a week after surgery, you'll see your surgeon for a follow-up exam. This is to make sure you're healing without complications. Stitches may also be removed at this visit. Meanwhile, practice good oral hygiene to help keep your mouth healthy while you're healing and in the future.

For a Healthy Smile

To keep your teeth and gums healthy:

- **Brush.** Use a soft brush and a fluoride toothpaste. Brushing after each meal or snack is ideal.
- **Floss daily.** Regular flossing can prevent gum disease and tooth loss.
- **Eat sensibly.** Frequent snacking, especially on sweet foods, sweet drinks, or starchy foods, makes you more prone to tooth decay.
- **Have regular dental checkups and cleanings.** The American Dental Association recommends twice-yearly visits for most people. Ask your dentist whether you need more frequent visits.



After you heal from surgery, you can brush and floss as usual.

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