

## **CORONECTOMY**

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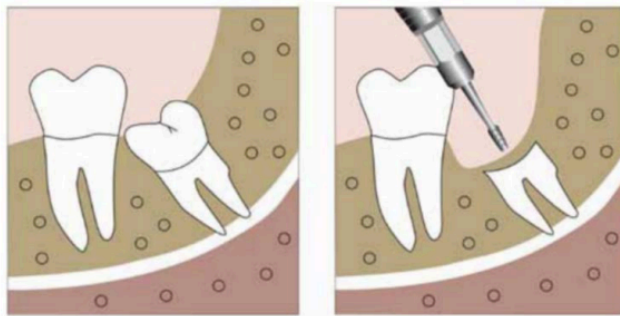
Lower wisdom teeth can lie close to a nerve inside your lower jawbone that supplies feeling but not the movement to the lower teeth, lip and chin.

The relationship of the nerve can be seen on normal x-ray radiographs, but sometimes a 3D image is required to assess it further.

There are times when the position of your tooth may pose a significant risk of permanent nerve injury should it be removed.

An alternative treatment option that decreases the risk of nerve injury is called CORONECTOMY.

In the coronectomy technique, the crown of the wisdom tooth is removed (decoronation) leaving the tooth roots behind in an attempt to minimise the risk of nerve damage. As the site heals, bone usually grows over the top of the remaining roots and/or the roots migrate away from the nerve.



Coronectomy technique (Ahmed et al, 2011)

Intentionally leaving the roots behind reduces the risk of bruising or stretching of the nerve. There is still potential for nerve damage but the risk is reduced.

There are only certain situations where this procedure is recommended. If the tooth has deep decay the roots will not be healthy and cannot be left behind. If you have certain medical conditions, they cannot be left either.

It is possible that the wisdom tooth roots will have to be removed at the time of surgery if they are mobile.

The roots may become infected in the future and need removing with a second surgical procedure. The site may have delayed healing and need to be monitored closely with review appointments. The post-operative phase is still the same as removing the whole tooth including potential for swelling, bleeding and pain.

If you have any questions, please discuss this with your surgeon.