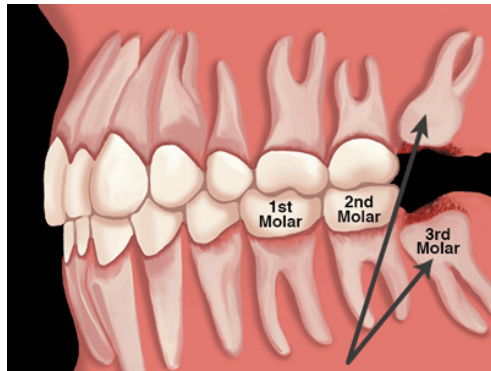


WISDOM TEETH

Written by Dr Mark Daniel Atkinson

Wisdom teeth, or third molars, are the last teeth to erupt in your mouth. There may or may not be sufficient space for these teeth to come into position in proper alignment. If the teeth do not come into your dental arch properly, they are termed '*impacted*.' The number of wisdom teeth that people have varies but four is most common (two each jaw).

Most patients are aware of their wisdom teeth as they start to come through and cause teething pain alike to when you were a baby. This usually presents between ages 16-25 but may present in older patients too.



Do all wisdom teeth need to be removed?

The short answer is no. Wisdom teeth be painful or not painful with the presence or absence of disease. The presence of disease is a definite indication for removal.

Examples include:

- Untreatable tooth decay
- Abscesses
- Cysts or tumours
- Disease of the tissues around the tooth
- Damage to the adjacent tooth
- Or, if the tooth is in the way for other dental treatment to be carried out.

Teeth may be symptomatic (painful) yet still be disease free, and teeth with disease may be asymptomatic. It is therefore advisable to discuss your clinical findings with your dental practitioner. Regular check ups and radiographs are recommended.

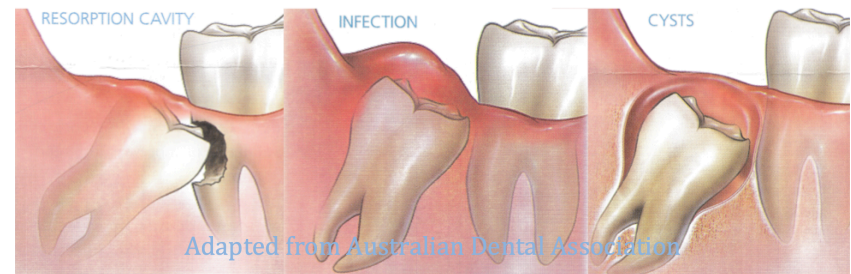
Impacted wisdom teeth that are free from disease and are not painful should not be operated on because:

- There is no reliable research to suggest that this practice benefits patients
- Patients are exposed to the unnecessary risks of the surgery

Patients who have impacted wisdom teeth that are not causing problems should still visit their dentist for their usual check-ups. Wisdom teeth may need to be removed in the future.

It may be recommended that your wisdom teeth (one or more) be removed. You may be referred to an Oral Surgeon for this procedure by your dentist. This is usually dependent on the difficulty of your particular teeth, the experience of your practitioner, or if you wish to see a Specialist.

Patients often present due to infection and inflammation of the gum around their wisdom tooth (pericoronitis) as it breaks through. At its worst it can cause facial swelling if severe. Due to the close proximity to your airway, it is always advisable to seek urgent attention by a dental practitioner to assess. Treatment may be as simple as improving oral hygiene, administration of a short course of antibiotics or removal of the wisdom tooth.



How are wisdom teeth removed?

In general wisdom teeth are removed surgically. This will include making a small incision in your gum, removing a small portion of bone around the tooth, dividing the tooth into segments to lift them out, then closing the gum back over with dissolvable stitches.

Types of Anaesthetic

The decision is to be made on the type of anaesthesia used for the procedure. If the surgery is fairly simple, LOCAL ANAESTHETIC may be most appropriate. This is the same as when you have a dental filling placed. A small amount of anaesthetic is administered around the tooth.

For some people, it may be recommended to reduce anxiety with the use of SEDATION. Mild forms are with a tablet or nitrous oxide, or moderate forms with intravenous sedation (into a vein). During sedation, you remain awake for the procedure but have reduced awareness of the procedure.

A GENERAL ANAESTHETIC may be more appropriate and is administered by a Specialist Anaesthetist in a hospital/day surgery. It may be more appropriate in people who:

- Have wisdom teeth that may be more difficult to remove
- Do not want to remain awake during the surgery
- Need multiple teeth removed

What are the risks involved?

All surgery carries some degree of risk and it is important that you understand what they are. You can then weigh up the benefits and risks of wisdom teeth extraction.

There are a number of expected outcomes and adverse complications that could arise from the extraction and surgical removal of teeth or surgery of the mouth. These include, but are not limited to, the following:

1. Pain
2. Swelling
3. Infection
4. Excessive bruising or bleeding
5. Difficulty in chewing with limited jaw opening (trismus)
6. Nerve damage to one of the following:
 - i. Lingual nerve – sensory nerve to the tongue and taste buds.
 - ii. Inferior alveolar nerve – sensory nerve to lower teeth and lower lip.
 - iii. Buccal nerve – sensory nerve to the cheek.

Damage may lead to changes in sensation including complete loss, decreased sensation or altered/unpleasant sensation (e.g. pins and needles, spontaneous pain). The change is normally transient but may be permanent.

7. A small fragment of the root may fracture and be left in the jaw if its removal would require extensive surgery or result in further complications
8. Injury to adjacent teeth or soft tissues
9. Opening into the maxillary sinus that is located above your upper teeth, which may require additional treatment or surgery to correct it
10. Displacement of the tooth that may require additional surgery for retrieval
11. Allergic reaction to the anaesthetic or other drugs or products used
12. Secondary surgery in the case of further complications, or referral to other specialist for additional treatment

This list is not meant to alarm you. Health practitioners will always talk at length at any potential complications. The frequency of occurrence of the above complications varies and will be specific to your case. It is recommended you talk to your surgeon to clarify your relative risk.



What is the recovery after surgery?

Post-operative recovery is based on three factors:

1. Health status of patient.
2. The type of surgery carried out
3. Compliance with post-operative instructions.

Recovery for wisdom teeth usually takes one to two weeks. This does not mean you will be bed bound for two weeks. However, it is advisable to not have any rigorous activities or important events on during this time. For case specifics, discuss this with your surgeon.

You will be given appropriate post-operative instructions after the procedure with a script for appropriate pain relief and other medications if indicated.

Wisdom teeth myths

Do wisdom teeth cause crowding?

There is a no definitive answer in the literature to support or refute this claim. However, general consensus is that the evidence is more suggestive that retention does not cause crowding. As we age our teeth tend to drift forwards physiologically. Additionally, this drift still occurs in those whose wisdom teeth did not develop or were removed. Special warning should be emphasised on patients who have had orthodontics. Unless permanent retention or retainers are worn, teeth crowding will relapse regardless of wisdom teeth presence. There may still be other indications for the removal of your wisdom teeth; however, the decision will always be to weigh up the risks and benefits of removing these teeth. If dental crowding is a chief concern of yours, please discuss this with your Oral Surgeon, Orthodontist or dental practitioner.

Knees on chest

It is completely normal to be apprehensive about surgery especially in your mouth. However, many horror experiences and myths do circulate that do not reflect what should occur. Some anxiety may stem from treatment being carried out in an inappropriate setting. If you are anxious, it is advisable to book for a consult first and talk through your concerns with the surgeon. Other alternatives may be more feasible such as treatment under sedation or general anaesthetic (asleep). This will be safer for all involved. Other horror stories have arisen by treatment being carried out by those with lack of experience. For an experienced surgeon, predictable timings for the procedure can be given. Specialist Oral Surgeons have had rigorous training in this field so procedures are normally less than 60 minutes and this includes removal of four deeply impacted wisdom teeth. It is guaranteed that knees will be nowhere near your chest!

Hopefully the information in this sheet will answer most of your questions about your wisdom teeth. If you have any further questions, discuss this with your dental practitioner or Oral Surgeon.

Dr Mark Daniel Atkinson

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