

Wisdom Teeth Management

A PATIENT'S GUIDE



Oral and maxillofacial surgeons:
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An impacted wisdom tooth can damage neighboring teeth or become infected. It also can invite bacteria that lead to gum disease.



In recent years, a lot of discussion about wisdom teeth (also known as third molars) has occurred. Why should they be removed? When should they be removed? Do they have to be removed? It seems everyone has an opinion, but there is one undeniable truth:

When it comes to your wisdom teeth, the worst thing you can do is ignore them!

WHAT ARE WISDOM TEETH?

Wisdom teeth are the last teeth to develop and appear in the mouth. They enter the mouth behind the upper and lower second (or 12-year) molars between the ages of 17 and 25, a time of life that has been called the “Age of Wisdom.”

WHAT IS AN IMPACTED TOOTH?

Teeth are considered impacted if they are unable to erupt into the mouth because there is not enough room.

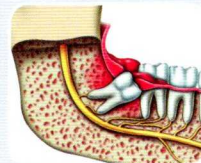
WHY ARE IMPACTED WISDOM TEETH A CONCERN?

An impacted tooth may be painful and can contribute to a variety of problems, including:

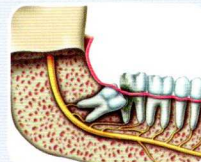
- Infection
- Damage to neighboring teeth and roots
- Tooth decay
- Periodontal disease
- Receding gums
- Loosened teeth
- Bone loss
- Tooth loss

More serious problems may occur if the sac surrounding the impacted tooth becomes filled with fluid and enlarges to form a cyst.

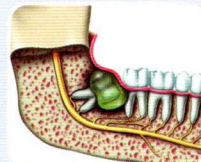
As the cyst grows, it may hollow out the jaw and permanently damage neighboring teeth and the surrounding bone and nerves. Rarely, if a cyst is not treated, a tumor may develop from its walls, and surgery may be needed to remove it.



(a) Infection

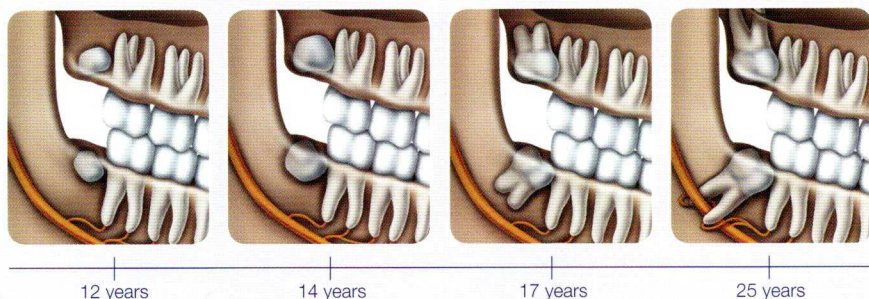


(b) Crowding, damage



(c) Cyst

Complications may arise from impacted teeth (figures a, b and c).



Wisdom Teeth Growth by Age

Wisdom teeth are easier to remove when the patient is younger because their roots are not completely formed, the surrounding bone is softer, and there is less chance of damaging nearby nerves or other structures. Removal of wisdom teeth at a later age becomes more complicated because the roots have fully developed (possibly involving the nerve) and the jawbone is denser.

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“PAIN-FREE” DOES NOT MEAN
“DISEASE-FREE.”
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WHAT IF MY TOOTH HASN'T CAUSED ANY PROBLEMS YET?

“Pain-free” does not mean “disease-free.”

Because they are located in the back of the mouth, wisdom teeth are very difficult to keep clean. As a result, the bacteria that cause gum disease may exist in and around the teeth, leading to problems before pain or other symptoms let you know something is wrong.

Research also suggests these bacteria may travel through your bloodstream and contribute to other health problems, including:

- Diabetes
- Heart disease
- Kidney disease

Other studies suggest gum disease in expectant mothers could be associated with a greater likelihood of preterm and low-birthweight babies.

WHEN SHOULD I HAVE MY WISDOM TEETH REMOVED?

Every patient and every case is unique. Therefore, a decision regarding surgery must be made after:

- A careful examination of your mouth.
- A radiographic examination involving X-rays or a CT scan.
- A discussion with your dentist and oral and maxillofacial surgeon.

Depending on the results of your dental examination, your oral and maxillofacial surgeon may:

- Extract the complete tooth.
- Partially remove the tooth (coronectomy).
- Observe the tooth over time for changes in condition.

In general, dental professionals agree third molars should be removed whenever there is evidence of:

- Periodontal disease
- Cavities that cannot be restored
- Infections
- Cysts or tumors
- Damage to neighboring teeth

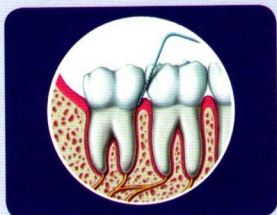
Third molars may not require surgery if they are:

- Completely erupted and functional
- Painless
- Free of cavities
- Disease-free
- In a position that can be kept clean and healthy

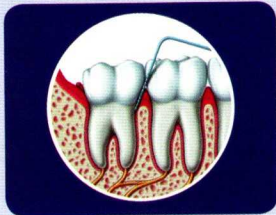
If – after discussing your situation with your family dentist or oral and maxillofacial surgeon (OMS) – you decide to keep your wisdom teeth for the time being, it's important to agree on a long-term plan for monitoring the health and condition of these teeth and their surrounding gum tissue.

Most oral and maxillofacial surgeons recommend the following maintenance routine:

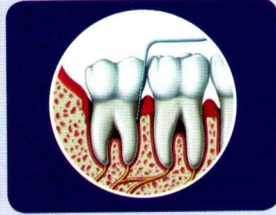
- Schedule a dental check-up at least annually.
- X-rays or CT scans should be taken to see the wisdom teeth and surrounding bone.
- A clinical examination should be performed annually to determine whether any disease is developing.
- Particular care must be taken to clean and floss the area as part of your daily oral health regimen.



Healthy gum tissue is pink and does not bleed when you brush your teeth or when your dentist explores with a dental probe. Healthy gums do not have "periodontal pockets" that allow the dental probe to penetrate between the tooth and gum tissue.



In the **early stages of gum disease**, the gums bleed when probed or brushed. The dentist's probe will penetrate up to four millimeters deep between the tooth and gum tissue.



In the **later stages of gum disease**, the periodontal pockets may increase to a depth greater than four millimeters with accompanied bone loss and loosened teeth.

IT ISN'T ALWAYS WISE TO WAIT UNTIL YOUR WISDOM TEETH START TO BOTHER YOU BEFORE HAVING THEM REMOVED.

A young adult's wisdom teeth have incomplete root systems, making the surgery to remove the teeth less complicated and the healing process quicker.

As wisdom teeth grow, their roots lengthen and may become entangled with the sensory nerves that run through the lower jaw or the sinus area. In these cases, the wisdom teeth may be more difficult to remove and complications more likely to occur.

No one can predict when third molar complications will occur, but when they do, the circumstances can be much more painful and the teeth more difficult to treat if done later in life.

PREPARING FOR SURGERY

Consultation: Before surgery, the OMS will discuss the procedure and tell you what to expect. This is a good time to ask questions or discuss your concerns. Be sure to let the doctor know about any illnesses you have and the medications you are taking.

On the day of surgery: Most wisdom tooth extractions are performed routinely with little or no discomfort in the oral and maxillofacial surgery office. Patients should:

- Plan to wear comfortable clothing with short sleeves or sleeves that can be easily rolled up.
- Not eat or drink anything for six to eight hours before the procedure if the surgeon has recommended intravenous anesthesia.
- Arrange for someone to take them home after the procedure.

Your surgeon will provide additional instructions before the day of surgery.

Immediately following surgery: You will rest in a recovery room until your surgeon determines you are able to return home. You will receive detailed instructions on what to do and what to expect after your surgery. If you have any questions, be sure to ask them before you leave the office.

THE SURGICAL PROCEDURE

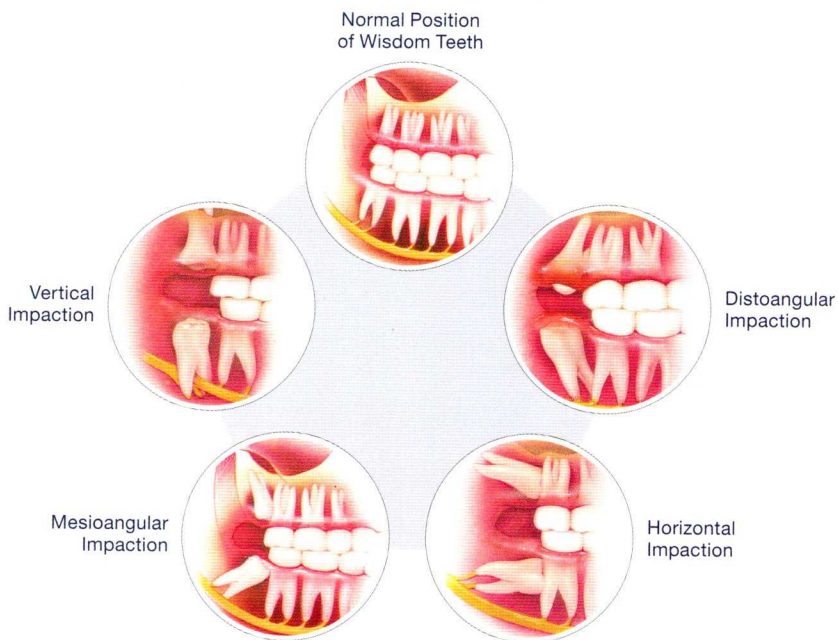
Anesthesia: Surgery to remove your wisdom teeth is performed in the oral and maxillofacial surgeon's office under a local anesthesia, intravenous sedation or general anesthesia. Your OMS will recommend the anesthetic that is right for you.

The time required for the surgery and the type of surgical procedure used depends on several factors:

- Position of the teeth
- Length and curvature of the roots
- Thickness of the bone surrounding the teeth
- Your physical condition and health



NORMAL POSITION AND TYPES OF IMPACTION



This illustration shows the normal position of wisdom teeth and the different types of impactions. The relative ease with which a wisdom tooth may be removed depends on several conditions, including the position of the tooth and root development.

If the wisdom teeth have fully erupted, it may be possible to simply remove each tooth intact from its socket in the bone using instruments designed for this purpose.

If gum tissue is covering the tooth, an incision will be required to turn back the gum and expose the tooth.

If bone covers the tooth, the surgeon will remove sufficient bone to expose the tooth and allow its removal.

If an incision was needed to remove the tooth, your OMS may place some sutures to help the wound heal.

Immediately following surgery: You will rest for a time in the oral and maxillofacial surgery office before you leave for home with your companion.

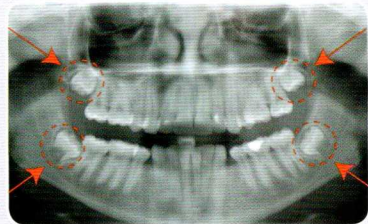
AFTER YOUR SURGERY

What to Expect

Before leaving for home, your surgeon will give you specific post-surgical instructions and prescriptions for medications that will make your post-surgery experience more comfortable. The following are some additional suggestions you may find helpful:

- An ice pack may be used during the first 48 to 72 hours to help reduce temporary swelling and discoloration of the skin.
- Moist heat applied to the face may be helpful if your jaw is sore and you are unable to open your mouth as wide as usual.
- If bleeding is excessive after you return home, or if you experience increased pain after the first 72 hours following surgery, contact your oral and maxillofacial surgeon immediately for instructions.
- Gently open and close your mouth to help exercise the jaws and restore normal movement.
- Eat soft food and drink fluids during the first two days after surgery, but avoid using straws because the suction could disturb clotting.
- Do not rinse your mouth vigorously until clotting is complete, although gentle rinsing with salt water may be recommended by your surgeon to aid healing.
- Avoid eating hard or sticky foods that might damage your jawbone, particularly if bone was removed during surgery.
- Do not smoke because this may disturb blood clots and the healing process.
- Resume brushing your teeth the second day after surgery, but avoid disturbing blood clots with the toothbrush.

Medication prescribed by your surgeon will help with any discomfort, and you should generally be able to resume normal activities within a relatively short period of time.



A panoramic X-ray will show the presence of impacted wisdom teeth and any problems they may present for neighboring teeth, the jawbone and other structures.

KNOWN RISKS AND COMPLICATIONS

Wisdom tooth surgery is a common procedure that usually produces few, if any, serious complications. However, as with any surgical procedure, you should be aware of the following possible complications and discuss them with your oral and maxillofacial surgeon before surgery:

- **Infection** – Any infection should be taken seriously and reported to your surgeon, who will prescribe appropriate antibiotics to treat the problem. Signs of infection include fever, abnormal swelling and pain, salty or prolonged bad taste, and pus formation.
- **Injury** – Neighboring teeth, filling material or bridge work located near the wisdom teeth may be damaged during extraction.
- **Dry socket** – If a blood clot prematurely dissolves or does not form properly in the empty socket (e.g., due to smoking or food impaction), the socket remains “dry” for a period of time and heals more slowly than usual. A dry socket can be quite painful because it leaves the bone in the socket exposed to air, food and fluids. If you experience increased pain a few days after surgery, contact your surgeon. Steps can be taken to reduce discomfort while healing takes place.
- **Numbness or altered sensation** – In some cases, major sensory nerves are located near wisdom teeth, and it is possible one or more of these nerves could be irritated during surgery. If this happens, you may experience altered or total loss of feeling in the lip, tongue, cheek, chin, gums or teeth – depending on the nerve that is involved. Although numbness beyond a relatively short period of time in any location is uncommon and usually temporary, it may be permanent in rare instances.
- **Sinus complications** – Upper wisdom teeth sometimes are located near the large maxillary sinus, and the roots may even penetrate into the sinus cavity. When removed, these wisdom teeth may leave an opening in the sinus that will usually heal without a problem. Rarely, drainage or sinus pain may occur following tooth removal. If these complications develop, contact your oral and maxillofacial surgeon.

- **Root fragments** – Occasionally, tooth roots are extremely long or fragile, and a piece may break off during surgery. Typically, the fragment is removed, but if it is close to a nerve or the sinus cavity – or if its removal would jeopardize adjacent teeth – the surgeon may decide to leave the fragment in place. This rarely presents long-term problems, and the fragment can be monitored with X-rays.
- **Jaw fracture** – In very rare cases, the removal of wisdom teeth can weaken the jawbone, particularly if the jaw is thin and the teeth are severely impacted. If a fracture occurs, X-rays will reveal the location, and your surgeon can treat the problem. Care should be taken to avoid eating hard, crunchy foods that place undue stress on the jaws until healing is completed.
- **Jaw joint pain or abnormal jaw function** – While this is a rare occurrence, further treatment may be necessary if you experience such pain. Prior to surgery, be sure to inform your oral and maxillofacial surgeon about any pre-existing joint problems in your jaw.

Oral and maxillofacial surgeons (OMSs) are an important link in the referral network for dentists and physicians. To find an oral and maxillofacial surgeon in your community, visit the “Find a Surgeon” database at MyOMS.org, or call the American Association of Oral and Maxillofacial Surgeons at 800-822-6637.



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The American Association of Oral and Maxillofacial Surgeons (AAOMS) is the professional organization representing more than 9,000 oral and maxillofacial surgeons in the United States. AAOMS supports its fellows' and members' ability to practice their specialty through education, research and advocacy. AAOMS fellows and members comply with rigorous continuing education requirements and submit to periodic office anesthesia evaluations.

The information provided in this publication is not intended as a substitute for professional medical advice, diagnosis or treatment. It is provided to help you communicate effectively with your oral and maxillofacial surgeon. Always seek the advice of your oral and maxillofacial surgeon regarding an oral health concern.