

Removal of wisdom teeth under general anaesthetic

What are wisdom teeth?

Wisdom teeth are the last teeth to erupt at the back of the mouth and due to lack of space often become jammed in position, this is called impaction. When a wisdom tooth is impacted it is often only partially visible in the mouth; as a result the gum over the tooth can become a source of infection. This can lead to significant pain and often difficulty in opening the mouth. When this occurs, removal of the tooth is often recommended. If, however, the tooth has caused no problems, it is often recommended that it is left in place.

How are wisdom teeth removed?

Wisdom teeth are often removed under general anaesthetic (or occasionally under local anaesthetic). If the tooth is not fully visible in the mouth the gum over it will often need to be cut and some bone gently removed to allow access to the tooth itself. The tooth is then removed and often stitches will be placed, these are resorbable and will not need to be removed.

What are the alternatives?

The alternative to surgery is to leave the wisdom tooth/teeth in place with no treatment; however, an impacted wisdom tooth can cause a number of problems including:

- Repeated infection around the tooth, which will cause pain and swelling.
- Food packing between the tooth and gum. This can cause decay in the tooth or the one next to it.
- The tooth becoming surrounded by a fluid filled sack called a cyst.

What are the potential risks and side effects?

- **Pain and Swelling** - It is likely that there will be some discomfort and swelling after the surgery and is most evident during the first three days.
- **Bleeding** - As with most surgical operations there is a risk of bleeding from the operation site during and after surgery.
- **Infection** - This may develop after an extraction even if none was evident prior to the surgery.
- **Dry Socket** - This can occur when the **blood clot** within the healing socket is disrupted and most commonly occurs two to five days following extraction. The risk is significantly increased if you smoke either before or after surgery.
- **Numbness of Lower Lip, Chin and Tongue** - Sometimes the nerves that lie close to the roots of the lower wisdom teeth are bruised during the procedure this can cause tingling or numbness in your lip, chin or tongue and (rarely) altered taste. About one in ten people will have some numbness that might last for several weeks and less than one in 100 people will have permanent numbness. This affects sensation only, it does not affect function or appearance. Only you would be aware of it.
- **Damage to a Nearby Tooth or Filling** - When a wisdom tooth is removed the tooth or a filling next to it may occasionally become loosened or broken which will require repairing by your dental practitioner at a later date.
- **Stiff Jaw** - It is quite common to have a stiff jaw resulting in limited mouth opening, this will normally settle within two to four weeks.

What are the expected benefits of treatment?

- To prevent further episodes of infection.
- To eliminate pain.
- To prevent cavities.
- To prevent cheek biting.

What should I do before I come into hospital?

- Please avoid smoking for at least 72 hours before your operation as this will increase the risk of infection and dry socket.
- If your operation is in the morning, have nothing to eat after midnight. You may continue to drink water only up to 06:30 am on the day of admission. If your operation is in the afternoon, have nothing to eat after 07:00 am and water only until 11.30am.
- Please bring any tablets and medication that you are currently taking.

Will I have an anaesthetic?

Yes the operation will be carried out under general anaesthetic.

How will I feel afterwards?

Local anaesthetic is also used during surgery so you will wake up feeling numb around your mouth. You may also feel swollen and bruised. Some people feel nauseous. Painkillers will be supplied for the first week.

How long will I be in hospital?

Patients normally come into the hospital on the day of their operation and go home two to four hours after the procedure. If you need more time to recover, you might be advised to stay in the hospital overnight. You will need someone to collect you and stay with you for the first night.

What should I do when I go home?

You will be given advice and full written instructions before leaving the hospital.

Will I have to come back to hospital?

Most patients do not need to come back to the hospital for a follow-up appointment

When can I return to work/college?

It depends on the person, the type of procedure and the type of job or study you do. Most people need at least two days off, one week is usually recommended. It is important to remember that you will not be able to drive or operate machinery for 48 hours after having a general anaesthetic.

What if my condition worsens whilst waiting for treatment?

If you experience pain whilst waiting for your appointment visit your dentist who should be able to help you either by applying a dressing or prescribing medication.

Sources of information

Conquest Hospital:

Maxillofacial Unit - Tel: 0300 141 500 Ext: 773208

Eastbourne District General Hospital

Maxillofacial and Orthodontic Unit - Tel: 0300 141 500 Ext: 771757

Out of hours:

In an emergency, go to your nearest Emergency Department (A&E).

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 - Email: esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr. A.B. Moody - Maxillofacial Consultant, Mr M.D. Williams - Maxillofacial Consultant,
Mr C. J. Surwald - Maxillofacial Consultant

The directorate group that have agreed this patient information leaflet:
Outpatients

Next review date: January 2024
Responsible clinician/author: Lesley Davies, Helen Hemsley