

## Removal of a tooth or teeth under local anaesthetic

### Removal of teeth under local anaesthetic

Before the tooth extraction process is begun the surgeon will of course need to anaesthetise ("numb up") both the tooth that will be extracted and the jawbone and gums that surround it. Unfortunately, at this point in time there is still no way for a surgeon to predictably administer a local anaesthetic except as an injection.

### What are the alternatives?

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

- Repeated attacks of infection around the tooth which causes swelling and pain.
- Food packing in the tooth.

### What are the potential risks and side effects?

- **Pain and swelling** - it's likely that there will be some discomfort and swelling after the surgery which is usually worse for 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 they were not infected before the extraction. This is a common complication and is due to the fact that the mouth is teeming with bacteria and cannot be sterilized prior to the extraction.
- **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** - **This risk is usually associated with the removal of lower wisdom tooth.** There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies the feeling of your lower lip, chin and lower teeth and the other supplies feeling to your tongue and helps with taste. Sometimes these nerves may get bruised when a wisdom tooth is removed which can cause tingling or numbness in your lip, chin or tongue and altered taste. About one in ten people will have some numbness that last for several weeks and about one in 100 people will have the numbness permanently.
- **Sinus problem** - sometimes the cheek sinuses will be opened after removal of the upper back teeth as the roots of these is close to the sinuses. This creates a connection between your mouth and nose allowing the passage of liquids between the two. Some of these holes settle on their own but some need another operation.
- **Damage to nearby tooth or filling** - occasionally when a tooth is removed the tooth or filling next to it may become chipped or loosened.
- **Lip soreness and bruising** - while the tooth is being removed there will be some pressure or stretching of the lip by the surgical instruments used. This may cause temporary bruising.
- **Stiff jaw** - during the operation, the muscles of the face will have been stretched which causes the jaw to feel stiff after the surgery. Jaw stiffness normally settles within two to four weeks.
- **Fractured jaw** - when a deeply impacted lower wisdom tooth is removed it can result in a fracture of the jawbone. This is very rare and usually only occurs after removal of deeply buried wisdom teeth in older patients.

## What are the expected benefits of treatment?

- To prevent further episodes of infection
- To reduce the chance of unexplained pain.
- To avoid cavities in wisdom teeth and the teeth around them.
- To avoid cheek biting.

## What should I do before I come into hospital?

- Please avoid smoking for at least 72 hours before your operation to reduce the risk of infection and pain.
- Please eat normally before your operation and take your tablets and medication as usual.

## How will I feel afterwards?

Your mouth will be numb, and the numbness will take a couple of hours to wear off. Please do not eat or drink until you get your sensation back.

## How long will I be in hospital?

You will normally come into the hospital on the day of your operation. You will go home after the operation on the same day.

## What should I do when I go home?

You will be given aftercare advice and a printed instruction sheet before you go home. It is important that you follow this advice, feel free to ask questions if anything is unclear.

## Will I have to come back to hospital?

There will normally be no need for you to return to the hospital for follow up unless we specifically arrange for you to be seen or if you have any concerns of your own.

## 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.

## Who should I contact if I need some more help?

### Conquest Hospital:

Maxillofacial Unit - Tel: 0300 131 4500 Ext: 773207

### Eastbourne District General Hospital

Maxillofacial and Orthodontic Unit - Tel: 0300 131 4500 Ext: 771756

### 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 on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are 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 our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto: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.

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## Reference

The following maxillofacial surgeons have been consulted and agreed this patient information:

Mr C J Surwald, Maxillofacial Consultant.

Mr M Shastri, Maxillofacial Consultant.

The directorate group that have agreed this patient information leaflet:  
Diagnosis, Anaesthetic and Surgery - Outpatients

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Responsible clinician: Lesley Davies  
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