

Patient information

Coronectomy (Partial Removal of a Lower Wisdom Tooth)

What is a coronectomy?

A coronectomy is the planned removal of the crown (top part) of a wisdom tooth while leaving the roots in place within the jawbone. The aim is to reduce the risk of damage to the nerve that supplies feeling (not movement) to the lower lip and chin. This may be done under Local or General Anaesthetic.

Why would I need this procedure?

You may be offered a coronectomy if your wisdom tooth is causing problems such as pain or infection, and imaging shows that the roots are very close to the inferior alveolar nerve. Removing the whole tooth in these cases carries a higher risk of nerve damage.

A coronectomy is recommended to reduce this risk while still treating the problematic part of the tooth.

Your surgeon assesses this risk using standard dental x-rays and special 3D scan called a Cone Beam CT (CBCT) If the roots are judged to be very close to the nerve, a coronectomy may be recommended. Leaving the roots behind significantly reduces the risk of permanent numbness or tingling.

Not all teeth are suitable for coronectomy. Teeth that are decayed or have infection involving the roots cannot safely be treated this way.

What are the symptoms that have led to me having this procedure?

Symptoms may include:

- Pain or discomfort from the wisdom tooth
- Swelling or infection of the gum around the tooth
- Bad taste in the mouth
- Difficulty cleaning the area leading to decay
- Food trapping around the tooth

What are the alternatives?

Treatment options, depending on your symptoms and x-ray findings, the options may include:

1. No surgery – monitoring by your dentist if there are no significant symptoms
2. Complete removal of the wisdom tooth
3. Coronectomy (partial removal of the tooth)

What are the potential risks and side effects?

During or after surgery:

- Removal of the roots – if the roots become loose during surgery, they may need to be removed at the same time
- Root movement – in some cases, retained roots slowly move upwards and may need removal later

- Infection or delayed healing of the retained roots Studies suggest that around 7-15% of patients may need further surgery.

General risks after wisdom tooth surgery:

- Pain and swelling – common and may last up to 1–2 weeks
- Restricted mouth opening – usually temporary
- Bleeding – usually minor and short-lived
- Infection or dry socket
- Bruising of the face or neck
- Nerve injury Two nerves lie close to lower wisdom teeth:
 - Inferior alveolar nerve – sensation to lower lip and chin
 - Lingual nerve – sensation to the tongue

A coronectomy reduces the risk of nerve injury, but a small risk remains.

If nerve bruising occurs, you may notice numbness or pins and needles. This is usually temporary but may take many months to improve and, rarely, may be permanent.

What are the expected benefits of treatment?

- Reduced risk of damage to the nerve supplying the lower lip and chin
- Lower chance of permanent numbness compared with full tooth removal
- Removal of the part of the tooth causing infection or pain
- Relief from pain and infection

What should I do before I come into hospital?

Follow any instructions provided by your clinical team. These may include fasting if you are having a general anaesthetic and arranging transport home after the procedure.

Where will the procedure take place?

Under Local Anaesthetic: In the Maxillofacial department in our Minor Operations Clinic in Eastbourne District General Hospital or Conquest in Hastings

Under General Anaesthetic: Day Surgery or Main Theatres in Eastbourne District General Hospital

Will I have an anaesthetic?

Yes. The procedure may be carried out under:

- Local anaesthetic (you will be awake but the area will be numb),or
- General anaesthetic (you will be asleep)

Your surgeon will discuss the most suitable option with you.

How will I feel afterwards?

You may experience:

- Pain and swelling
- Mild bleeding
- Difficulty opening your mouth

These symptoms are usually temporary and improve over 1–2 weeks.

How long will I be in hospital?

If performed under local anaesthetic: you can usually go home the same day

If performed under general anaesthetic: this is usually a day-case procedure where you will be able to go home on the same day

What should I do when I go home?

- Take pain relief as advised
- Maintain good oral hygiene
- Use saltwater mouth rinse or Corsodyl Mouthwash after 24 hours 3-4 times a day for a week
- Eat soft foods if needed
- Avoid smoking
- Apply ice packs (wrapped in cloth) for the first 24 hours

How soon will I be able to resume normal activities?

Most people can return to normal daily activities within a few days. Strenuous activity should be avoided for several days after surgery.

Will I have to come back to hospital?

Not everyone requires a routine follow-up.

You may:

- Be reviewed within 2 months if needed or
- Be placed on a 6-month Patient Initiated Follow-Up (PIFU) pathway

When can I return to work?

Most patients require a few days off work, depending on the nature of their job and recovery.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

Oral and Maxillofacial Surgery Department
American Association of Oral and Maxillofacial Surgeons (AAOMS)
British Association of Oral and Maxillofacial Surgeons (BAOMS)
British Association of Oral Surgeons (BAOS)
Gloucestershire Hospitals NHS Foundation Trust

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.

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

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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:
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The directorate group that has agreed this patient information leaflet:
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