



ABOUT WISDOM TOOTH REMOVAL

Wisdom teeth usually emerge from the gum between the ages of 17 and 24. They are the last of the large grinding teeth at the back of the mouth (molars). Some people never develop wisdom teeth but you could have up to four - one in each corner of your mouth.

Wisdom teeth don't usually cause any problems and so don't need to be removed. However, if there isn't enough space for them to grow at the back of your mouth (impacted wisdom teeth), they can cause pain, swelling or infection.

Having your impacted wisdom teeth surgically removed (extracted) can help relieve your symptoms. It may be possible for your dentist to remove your wisdom teeth or he or she may refer you to a dental surgeon.

What are the alternatives?

Antibiotics can help treat an infection, but symptoms tend to flare up again. Having wisdom teeth removed is often the only way to permanently relieve your symptoms.

Preparing for your operation

- Your surgeon or dentist will explain how to prepare for your operation. For example, if you smoke you will be asked to stop, as smoking increases your risk of getting a wound infection and slows your recovery.
- The operation is usually done as a day case under local anaesthesia. This completely blocks feeling in the gum and you will stay awake during the operation. You may be offered a sedative to help you relax during the operation. If you go to a hospital, you may be given general anaesthesia. This means you will be asleep during the procedure. Your surgeon or dentist will advise which type of anaesthesia is most suitable for you.
- If you are having a general anaesthetic, you will be asked to follow fasting instructions. Typically, you must not eat or drink from 10pm the night before a general anaesthetic.
- You will be asked to sign a consent form (see overleaf). This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

What to expect afterwards

- You will need to rest until the effects of the general anaesthetic or sedation have passed.
- After a local anaesthetic it may take several hours before the feeling comes back into your jaw. Take special care not to bump or knock the area.
- You will be able to go home when you feel ready.
- If you had a general anaesthetic or sedation you will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.
- Your nurse will give you some advice about looking after your teeth and gums before you go home. You may be given painkillers, antibiotics and mouthwash solutions to take home. Dissolvable stitches will disappear on their own in seven to 10 days. Non-dissolvable stitches are removed a week after surgery.
- Schedule a follow-up appointment in a week.

RISKS AND COMPLICATIONS ASSOCIATED WITH WISDOM TOOTH REMOVAL

Any surgery is subject to risks of complications which occur during or after the procedure, though only in rare cases.

Common complications associated with any surgery

- Excessive bleeding during or soon after the operation, requiring another operation to stop the bleeding
- Infection, requiring antibiotics to treat it
- Unexpected reaction to the anaesthetic

Complications specific to wisdom teeth removal

- **Dry socket** – A very common complication that occurs when a blood clot over the wound fails to develop or is dislodged, thereby exposing the bones and nerves to air, food and fluids. It is noted by a dull aching sensation in the gum or jaw three to four days after surgery accompanied by a bad smell, and can last about 5 to 7 days. In such a case the dentist covers the socket with a medicated dressing that will be removed and replaced frequently until the socket has completely healed. Smokers are usually highly vulnerable to this complication.
- **Paresthesia** - At times nerves in the jaw that are closest to the tooth roots are damaged during surgery or as a result of swelling following surgery. This can result in temporary numbness or “pins and needles” in the tongue, lower lip or lower jaw. The condition is known as paresthesia, with older patients being at higher risk in contracting the condition as their tooth roots are longer and closer to the nerve. There is also risk of the sensation becoming permanent in certain rare cases.
- Accidental damage to other teeth during the extraction

I have read and understand that the surgery is subject to risks of complications which occur during or after the procedure

I consent to have the treatment

SIGNATURE

DATE

Please hand this signed consent to your dentist prior to the treatment

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