



WISDOM TEETH

This online patient advisory is intended to provide you with general information. It is not a substitute for advice from your oral and maxillofacial surgeon. You are encouraged to discuss the benefits and risks of treatment with your surgeon. This is an abridged version of the ANZAOMS patient education pamphlet: "Wisdom teeth and what to do about them". Available from your surgeon, the complete four-page pamphlet discusses the problems caused by impacted wisdom teeth, when to extract wisdom teeth, treatment decisions, surgery, anaesthesia, recovery and possible complications of surgery.

Also called third molars, wisdom teeth are usually the last teeth to come through the gums.

Most people have insufficient space in their jaws for wisdom teeth to erupt easily through the gums. If there is not enough space, the tooth will become impacted.

Some wisdom teeth cause no trouble. However, impacted wisdom teeth can cause severe problems.

If one or more of your wisdom teeth become troublesome, your oral and maxillofacial surgeon may recommend that they be removed.

Removal of troublesome wisdom teeth should usually be done as soon as possible, before symptoms worsen.

Problems caused by impacted wisdom teeth include infection, crowding of nearby teeth, pain, cysts, ulcers, food traps and resorption cavities of adjacent teeth.

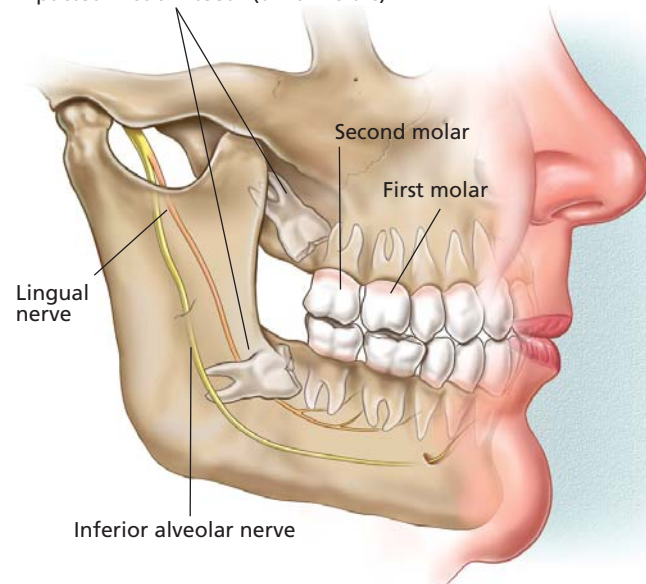
Removal of wisdom teeth

To remove a wisdom tooth, your surgeon needs to make an incision to open the gums. A small portion of bone may be removed, and the tooth may be divided into segments to facilitate easier removal of the tooth's crown and roots. The surgery is designed to minimise the risks of injury to nearby nerves and other teeth.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about ALL medicines that you take and other health problems you may have. Some may interfere with treatment, surgery, anaesthesia and recovery.

Impacted wisdom teeth (third molars)



A wisdom tooth can become impacted and require extraction by your oral and maxillofacial surgeon. As shown above, an impacted wisdom tooth may be close to major nerves. The lingual nerve is in the soft tissue on the tongue-side of the jaw and varies in its position. The inferior alveolar nerve courses through the middle of the mandible and may be very close to the impacted wisdom tooth.

A decision to have surgery

As you make the decision whether to have the wisdom teeth removed, be sure that you understand the risks, benefits and limitations of surgery. If you do not have surgery, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

Anaesthesia

Wisdom teeth may be removed under local anaesthesia, local anaesthesia with conscious sedation, or general anaesthesia. Discuss the options with your surgeon.

Possible risks and complications

Modern techniques to remove wisdom teeth have greatly improved the safety of the surgery and recovery, but there are risks of complications, as with all types of surgery. Risks of complications and more information are more fully outlined in the complete ANZAOMS patient education pamphlet and should be discussed with your oral and maxillofacial surgeon.

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