KRAMES®

WISDOM TEETH REMOVAL

Understanding Your Condition and Treatment

The Trouble with Wisdom Teeth

Wisdom teeth, which are known for the dental problems they may cause, are the last permanent teeth to develop. They most often **erupt** (break through the gums) during a person's late teens or twenties. Removing the wisdom teeth can help take care of any symptoms you may already have. Removal may also prevent future problems.

What Can Go Wrong with Wisdom Teeth

Many people's jaws are too small for wisdom teeth to grow in properly. This means that they often become **impacted** (unable to fully erupt). And even if wisdom teeth have fully erupted, they are often hard to reach and clean properly. This can lead to tooth decay and other problems. Complications may not develop until years after the teeth first erupt or become impacted. Problems that may occur now or in the future include:

- Pain
- Infection
- Cysts
- Gum disease
- Decay in the wisdom teeth and nearby teeth
- Interference with certain kinds of dental or orthodontic work

Choosing Removal

If your wisdom teeth are causing pain or infection, your dentist will likely advise removing them. Even if you don't have symptoms, removal may still be recommended. Work with your dentist to understand the benefits and risks of wisdom teeth removal. Ask any questions you have in order to fully understand what this procedure might mean for you.

Your Dental Evaluation

Before suggesting that your wisdom teeth be removed, your dentist will do a full evaluation. This includes an exam and x-rays of your teeth and jaws. Your dentist may refer you to a specialist for the surgery itself.

Your Examination

Your dental exam includes a review of your dental history. It also includes:

- Questions about any medical problems that could affect treatment.
- An exam of your teeth and gums to assess oral health.
- An exam of the visible parts (if any) of your wisdom teeth.
- A check for signs of infection, such as swelling or tenderness of the gums.

Your Dental Professionals

Your **general dentist** will most likely do the first evaluation. He or she may also perform the surgery to remove your wisdom teeth. Or, you may be referred to an **oral surgeon,** who specializes in surgery of the mouth and jaw. He or she may perform further evaluation before the surgery. Note: This booklet refers to the person who extracts the wisdom teeth, no matter the specialty, as a "surgeon."

X-Ray Imaging and Tests

Your dentist will use x-ray images to see the positions of teeth that haven't fully erupted. These tests can also show decay and other problems, such as bone loss. This helps plan your treatment. Several types of dental x-rays may be used:

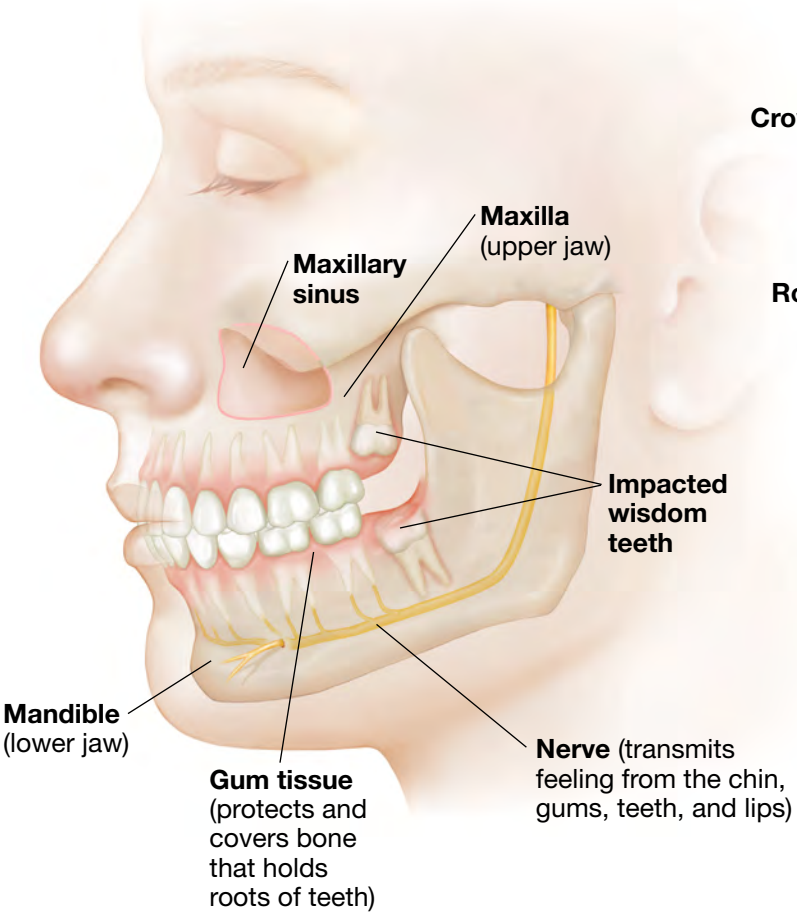
- **Intraoral x-rays** show small images of three to six teeth at a time, plus a portion of the jawbone.
- **Cone beam computed tomography (CBCT)** shows 3-D images of the teeth and jaw.
- **A panoramic x-ray** shows all the teeth and both jaws in one image. It shows how close the roots of your wisdom teeth are to nerves, arteries, and other structures in or near the jaws.

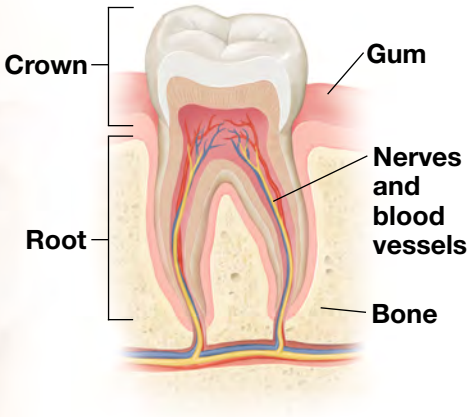
Understanding Wisdom Teeth

Wisdom teeth are much like other permanent teeth. They're just the last to develop and grow in (when you're "older and wiser"). Most people have four wisdom teeth—one in each corner of the mouth. Some people naturally lack one or more of their wisdom teeth.

Wisdom Teeth and Your Dental Anatomy

Each type of tooth is designed either for biting or for chewing. The wisdom teeth are **molars,** or chewing teeth. Both the upper and lower jaws have three molars on each side. The wisdom teeth are the last in line, which is why they're called "third molars."





The crown is the part of the tooth that has a hard chewing surface. Below the gumline, the root anchors the tooth to the bone. Nerves and blood vessels enter and exit the tooth through the roots.

There are eight other molars for chewing, so most people get along fine without wisdom teeth.

DID YOU KNOW?

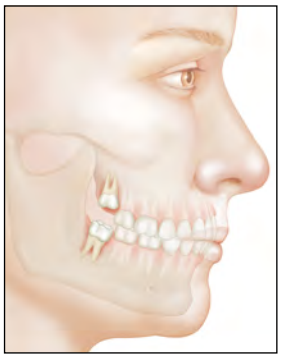
How Wisdom Teeth Develop

All teeth form within the jawbones. As the roots grow, the tooth's crown slowly pushes toward the gums until it erupts. After a tooth has broken through, the roots continue to lengthen. The jawbones become denser and more rigid over time.

Around age 9, **wisdom teeth start to form inside the jawbones.**

By the late teens, **roots of the wisdom teeth have developed and are lengthening. The crown may begin to erupt.**

By the early 20s, **each wisdom tooth has erupted or is impacted. The roots may still be forming.**



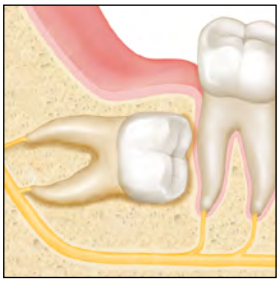
By about age 40, **the roots of the wisdom teeth are solidly anchored in the bone.**

Impacted Wisdom Teeth

Impacted wisdom teeth can grow in almost any direction. They may grow in straight or at an angle. Even if they grow in straight, there may not be enough room in the jaw to allow them to fully erupt.

Straight upward

Angled away from the other teeth



Parallel to the gumline

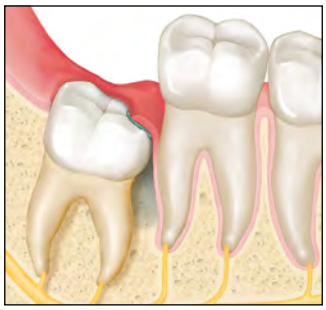
Angled in toward the other teeth

When Teeth Are Impacted

Wisdom teeth may cause acute (sudden) problems, chronic (ongoing) problems, or no problems at all. Removing the teeth before symptoms develop can prevent or reduce future complications. But it's not always clear whether wisdom teeth will cause trouble.

Problems with Impacted Teeth

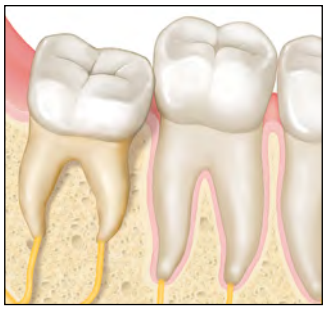
Acute pericoronitis (gum infection). As the tooth breaks through, the gums can become infected. This causes pain, swelling, and bone loss.



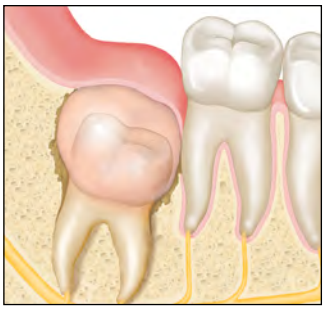
Chronic periodontal (gum) disease. Bacteria and food debris can collect between the teeth and under the gum tissue over an impacted tooth. This leads to inflammation.

Tooth decay. Wisdom teeth can be hard to clean. This can lead to decay of both the wisdom tooth and the tooth next to it.

Resorption. An impacted tooth may press on the root of a nearby tooth, causing it to dissolve. This weakens the tooth.



Poor position. A tooth that grows pointing toward the tongue or toward the cheek can irritate nearby tissue. It may interfere with your bite.



Cysts. A cyst can form around a tooth that's embedded in the bone. This can destroy the bone around the tooth.

Your Treatment Plan

If one or more of your wisdom teeth are likely to cause problems, your surgeon may recommend removal. In some cases, you may be advised to wait or to try other treatments first.

Early Removal

Your surgeon may advise removing the wisdom teeth now, even if you have no symptoms. This is because the roots of wisdom teeth become more fully formed as you age. As a result, removal gets more difficult and the risk of complications increases. Also, people may heal more slowly as they grow older.

Exploring Other Options

If surgery is not recommended, you may have other options. These include:

- **Close follow-up.** You'll have regular exams and x-rays to check for signs of complications.
- **Medications.** These can be used to control some symptoms and treat infections.
- **Minor surgery.** In some cases, a procedure to remove gum tissue over the tooth may help.

Risks and Complications

Risks and complications of surgery to remove wisdom teeth include:

- **Sore jaw joints and muscles, problems with the jaw joint, or trouble opening the mouth fully**
- **Dry socket (a condition that occurs when a blood clot does not form or is dislodged from the extraction site)**
- **Infection**
- **Side effects of the anesthesia**
- **Sinus problems**
- **Weakening of the jaw (rare)**
- **Nerve injury**

Removing Your Wisdom Teeth

Wisdom teeth may be removed in the surgeon's office or in an outpatient surgical center. Your experience depends on the position of the teeth, the number of teeth being removed, and other factors. Your surgeon may advise removing all of your wisdom teeth in a single procedure. Or, he or she may advise separate procedures for each side of the mouth.

Preparing for Surgery

Including recovery from anesthesia, your surgery may last between 45 minutes and 2 hours. Before surgery:

- **Arrange time off from work or school.** You'll need a day or more to rest and begin to heal.
- **Make a list of all medications you normally take and show it to your surgeon.** This includes over-the-counter medications, herbs, and supplements. Also mention if you take blood thinners, such as aspirin. Your surgeon may advise some changes before surgery.
- **Follow your surgeon's instructions on eating and drinking before surgery.** You may be asked not to eat or drink anything after the midnight before surgery.
- **Wear loose, comfortable clothing.** Wear a shirt or blouse with short sleeves. This makes it easier to insert an intravenous **(IV)** line for anesthesia.
- **Arrange for a ride home.** An adult family member or friend should drive you home after surgery. Don't drive yourself, and don't take public transportation!

Wear a shirt or blouse with short sleeves on the day of your surgery.

Types of Anesthesia

The type of anesthesia you receive depends on several factors. Your insurance coverage may be one of them. Tell your surgeon if you have had problems with anesthesia in the past. You may receive:

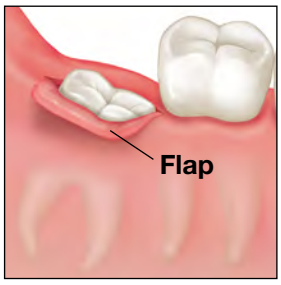
- **Local anesthetic** to numb the area around the tooth. It's used even if another type of anesthesia is also given.
- **A sedative** to help you stay relaxed while awake during surgery. Sedatives are given in pill form, as a gas you inhale, or by IV.
- **General anesthesia** to put you to sleep during surgery. It may be used if the extraction is likely to be difficult.

Removing the Tooth

Methods of extraction can vary. An incision in the gum may be needed to reach the tooth. Some of the bone around the tooth may also be removed. In rare cases, only the crown of the tooth needs to be removed. Details of the procedure will depend on:

- The position of the tooth.
- Whether the tooth has erupted.
- How deeply the tooth is embedded in the bone.
- How close the roots of the tooth are to the sinuses or certain nerves or blood vessels.

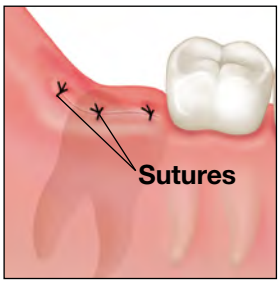
Removing a Tooth



An incision is made in the gum. The flap of tissue can then be folded back to expose both bone and tooth.

In some cases, the surgeon may be able to loosen the tooth and extract it with forceps.

Or, an impacted tooth may need to be cut into pieces for removal. Bone may also be removed.



After the tooth has been removed, the gums will be closed with sutures.

Your Recovery

Some bleeding is normal the first day after surgery. You may also see bruising and swelling on your face for the first week. To promote healing, get enough rest, eat and drink nutritious foods, and take care of the extraction site. Follow all instructions from your surgeon.

After Surgery

During the first day or two after surgery:

- **Control bleeding.** Starting right after surgery, bite down on the gauze dressing over the extraction site. Use constant pressure. Bleeding should stop within 2 hours. (Some oozing for a few days is normal.)
- **Take medication as directed.** Your surgeon may prescribe pain medication. Or he or she may suggest an over-the-counter medication instead. Antibiotics to prevent infection may also be prescribed.
- **Reduce swelling.** Apply an ice pack to your cheek for 10 minutes at a time. Take a break of at least 5 minutes between applications. *Don't drink hot liquids.* Heat may increase swelling or bleeding.
- **Rest** for at least 24 hours after surgery.
- **Drink healthy liquids.** Once bleeding has stopped, drink vegetable juice, 100% fruit juice, protein drinks, or milk.
- **Protect the extraction site.** To avoid dry socket, don't brush your teeth or rinse your mouth the first day. Don't smoke or drink through a straw.

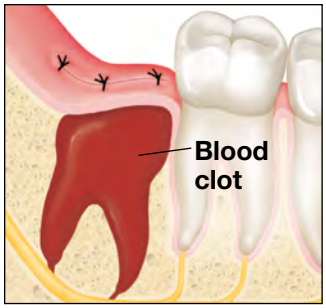
When to Call Your Surgeon

Call your surgeon right away if:

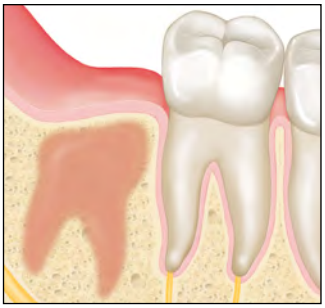
- **You have problems breathing or swallowing**
- **The pain is worse the day after surgery or isn't controlled with medication**
- **Bleeding is hard to control or comes in spurts**
- **You have a fever of 100.4°F (38°C) or higher**
- **Swelling around the extraction site worsens**
- **You have itching or a rash (these may indicate an allergic reaction to your medication)**
- **You have ongoing nausea or vomiting**

The Healing Process

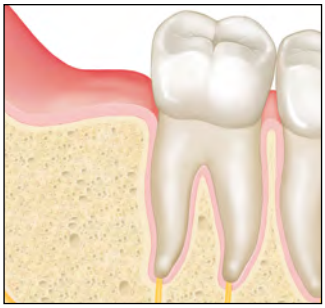
Healing after wisdom teeth removal occurs in stages. Full healing takes a few months. When new bone tissue fills the socket, healing is complete.



Shortly after surgery, a blood clot develops to fill the socket.



About 3 weeks after surgery, repair tissue has filled the socket.



Within 3 to 6 months after surgery, the socket is filled with new bone.

Helping Your Mouth Heal

- **Return gradually to your normal diet.** Start with soft, cool foods such as scrambled eggs, bananas, or yogurt. Eat solid food when you feel able.
- **Brush and floss your teeth gently.** Wait until the day after surgery. Take care when cleaning around the healing site.
- **Keep the extraction site clean.** Starting the day after surgery, rinse your mouth after each meal for about a week. Use antiseptic as directed, or a mixture of 1 cup warm water and 1/2 teaspoon salt.

AVOID drinking through a straw. Suction can dislodge the clot.

Things to Avoid

- **Don't drive** while you're taking prescription pain medication.
- **Don't drink alcohol** if you're taking pain medication.
- **Don't eat crunchy or sticky foods,** such as popcorn or caramel, for at least 2 weeks.
- **DON'T SMOKE** for at least a week after surgery to promote faster healing. The longer you keep from smoking, the better. Quitting permanently is best.

Keeping Your Mouth Healthy

Within a week or two after surgery, you'll see your surgeon for a follow-up exam. This is to make sure you're healing properly. Stitches may also be removed at this visit. While you heal, be sure to keep your teeth and mouth clean. And see below for tips on having a healthy smile for life.

For a Healthy Smile

To keep your teeth and gums healthy:

- **Brush.** Use a soft brush and a fluoride toothpaste. Brush after each meal or snack.
- **Floss daily.** Regular flossing can prevent gum disease and tooth loss.
- **Eat sensibly.** Frequent snacking, especially on sweet foods, sweet drinks, or starchy foods, makes tooth decay more likely.
- **Have regular dental checkups and cleanings.** The American Dental Association recommends twice-yearly visits for most people. Ask your dentist whether you need more frequent visits.

Also available in Spanish

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