Ian Corbett

Specialist Oral Surgeon

Orthodontic Surgery

We will liaise with your orthodontist as to surgical needs. With many years’ experience and thousands of procedures carried out, we have worked with orthodontists throughout the North of England, we can give an opinion in complex cases and advise on the correct treatment for you.

Extractions

There are several surgical procedures that are undertaken as part of a course of orthodontic treatment. The simplest of these is the extraction of primary, or baby teeth, which may be used to encourage eruption of adult teeth, or extraction of adult teeth themselves, when there is insufficient room in the mouth for a full number of teeth and the orthodontist will decide on which teeth should be removed. Most of these extractions can be carried put quickly and simply using local anaesthesia or ‘numbing’. Occasionally the extractions may be a little more complex or this may be the first treatment experience and we may recommend that the extraction is carried out under sedation.

There may be a small amount of bleeding from the extraction site on the day, and pain should be managed with simple analgesia such as paracetamol or ibuprofen for 1-2 days.

Exposure of Teeth

Occasionally teeth may fail to erupt by themselves and need a little assistance. In order that the orthodontist can help the teeth find their way into the mouth they need to attach a temporary link onto the tooth which they can use to apply light pressure. To do this, they may ask that we uncover the tooth, by removing a small amount of gum and occasionally bone so that they can see the tooth. The tooth will appear through the hole which heals around it. The orthodontist may make a small plastic ‘brace’ which fits into the roof of the mouth, held on with clips to the teeth, to wear after surgery. This helps with keeping the surgical window open and protects the site and is usually worn 24/7 for two weeks.

If the tooth is deeply buried, we can assist by uncovering the tooth, attaching a small gold chain to its surface, and then covering the tooth back over, using dissolvable stitches. The orthodontist can then use the chain to tease the tooth through its normal path into the mouth. The area heals quickly, the stiches lasting 1-2 weeks.

Extraction of Canine Teeth

One of the most commonly missing teeth is the adult up canine teeth, which have a habit of moving quite a distance from where they should be. They may also cause damage to adjacent teeth or form small cysts around their crowns. Your orthodontist may recommend that the canine tooth is extracted. Erupted canines can often be removed under local anaesthetic, whereas canine teeth which are unerupted often require more complex surgery, which may be best carried out under general anaesthetic. We will be happy to advise you on the best option and can arrange referral for general anaesthesia as required, we do not carry out general anaesthesia in the clinic.

Odontomes and Supernumerary Teeth

Occasionally we grow additional small tooth like structures or full-size additional teeth. These extra teeth may get in the way of the normal tooth and stop it from erupting, in which case we may be asked to remove them to allow the permanent tooth to erupt normally. Sometimes the extra teeth do not prevent eruption but deflect the permanent tooth, so it ends up in the wrong place or at the wrong angle. For the orthodontist to correct the tooth position the extra tooth must first be removed. The complexity of surgery will depend on the size and position of the additional teeth, and we will be happy to give you an opinion on the best options for treatment.

Soft Tissue Surgery

The most common procedure undertaken are fraenectomies. A fraenum is a small web of skin joining the inside of the upper or lower lip, or the under surface of the tongue (tongue-tie) to the gums around the teeth. If the web from the lip passes near the teeth it can cause a gap between the teeth, usually between the two front teeth. If you have decided with your orthodontist to close this gap, then removing the small piece of skin between the teeth can help stop the gap reappearing. A diamond shaped area is removed and from the lip through the teeth to the other side. Some dissolvable stitches may be placed on the lip side to help healing. The area between the teeth is left to heal by itself, and although it may look dramatic immediately after surgery heals very well and very quickly.

Tongue-tie is often treated in babies as it can prevent feeding, however milder forms may not cause problems until the permanent teeth erupt, when the web may catch on the teeth. Tongue-tie may also lead to minor speech changes. It is possible to remove the web which can allow a greater movement of the tongue and prevent trauma. The procedure is like the fraenectomy, with dissolvable stitches used.

Soft tissue procedures can usually be carried out under local anaesthetic. If stitches are placed these are fine and generally disappear in a week to 10 days. The lips and tongue are sensitive, and it is advisable to stay to a soft and cool diet for the first 1-2 days, with regular analgesia. The mouth should be kept clean with a simple salt-water mouthwash or antibacterial mouthwash.

Post-Surgery

There are few procedures in teens that should stop daily activities post-surgery, and we will be happy to advise. It is often possible to return to school the same day after local anaesthetic procedures, or at least the next day! If you have had sedation for a procedure, you must be looked after for 24 hours and should not return to work or school during this time.

Your orthodontist will usually review you two weeks after surgery. A surgical review appointment is generally not required, although we will of course be happy to arrange one if you wish and provide a postoperative advice telephone service.