Ian Corbett

Specialist Oral Surgeon

Surgical Removal of Teeth

Some teeth can be removed simply using dental forceps to hold and lift the tooth from its socket. If there is not enough tooth to hold, the roots are unfavourable, or the tooth is under the surface of the bone then a short surgical procedure is required to remove them.

Surgical removal of a tooth can usually be done under local anaesthetic and takes around 30 minutes. You may wish to consider sedation if you are anxious about the procedure, and we may offer sedation for longer or more complicated procedures to make you more comfortable.

Once the tooth is numbed, we begin by lifting and folding back a small flap of gum to uncover the surgical area. If necessary, we will then remove a small amount of bone to uncover the tooth or roots; this feel like having a filling prepared by your dentist, you will feel vibration and hear noise. This lets us see tooth and helps removal. We often cut the tooth or root to be removed into smaller pieces which allows us to remove less bone and makes removal easier. Once we have the tooth out, we rinse the area clean and put the gum flap back into place. This usually needs stitches to hold it in position while it heals. The stitches we use are dissolvable and become loose and fall out with time. You do not need to return to have the stitches removed.

After your surgery, the numbness will last for around 2 hours. We will give you advice on which painkillers to take and when. In most cases you will need to take painkillers regularly for the first 2-3 days, with discomfort for up to two weeks as the area heals. We will give you instructions on keeping your mouth and the surgical site clean. We do not routinely prescribe antibiotics, as unnecessary use of antibiotics encourages resistance and stops them from working. We will advise you if you need antibiotics and will prescribe the correct one for you.

After Surgery

A small amount of bleeding after surgery is expected and you may notice blood stained saliva for 1-2 days and we will give you instructions on how manage this. Hot temperature food and drinks encourage bleeding and it is best to stick to warm food for the first couple of days.

You may notice some swelling or bruising of your face in the area of the surgery. Some people and patients on certain medicines may bruise easily and this can look quite dramatic. Cold packs may help to minimise swelling, such as frozen peas wrapped in a towel; do not place ice directly onto your skin. The swelling and bruising often increase during the first two to three days before gradually going away over two weeks. During the first 2-3 days you may also find it difficult to open your mouth wide, this can be due to inflammation in the jaw muscle near the surgical site and due to prolonged mouth opening during your surgery and will return to normal after the first few days.

Teeth either side of an area of surgery may be sensitive after tooth removal as surfaces previous protected by the missing tooth are exposed. Using a ‘sensitive teeth’ toothpaste may help this, the teeth becoming less sensitive with time.

Wisdom Teeth

Removal of a wisdom tooth is very similar to surgical removal of other teeth and roots, with a gum flap, bone removal, cutting of the tooth and stitches. Coronectomy, in which only the crown of the wisdom tooth is removed is the same procedure, but the roots are left in place. Occasionally the roots also need to be removed if they become loose during cutting, or later in a second surgery if they become infected.

Infection

As with any surgery there is a small risk of infection to the surgical site in the first few days after surgery. This is reduced by following aftercare instructions. We will ask you to watch out for increasing pain, tense or warm swellings and a discharge noticed as a bad taste or smell. You may begin to feel unwell or have a raised temperature. You should contact us immediately if you notice any of these signs and we will arrange to see you as you may need antibiotics. In the unlikely event that you have pain or difficulty swallowing or difficulty breathing we would ask you to contact your local hospital or attend an accident and emergency department immediately.

Sometimes after extraction of a tooth and commonly with lower molar teeth removal you may get a ‘dry socket’, or osteitis. This may feel like an infection, with pain and a bad taste and smell, but is caused by loss of the protective clot from the socket. This allows food and bacteria into the site which irritates the exposed bony walls. A dry socket does not need to be treated with antibiotics and is cleaned and a dressing placed into the socket. This occurs in around one in every ten wisdom teeth extractions. We will give you aftercare instructions to help minimise the risk of a dry socket.

Sinus Involvement

Upper molar teeth sometimes have their roots sitting within the air spaces, or sinuses, within the cheek bones. Occasionally when an upper tooth is removed it leaves a small window between the mouth and sinus, called an oro-antral communication. If the window is left open it can allow normal bacteria from the mouth into the sinus causing infection, or sinusitis. Drinks and food may also pass into the space. You may be referred to have the window sealed if this has happened during an extraction, or to have a tooth out where this is something that might be predicted to happen from radiographs taken before the extraction. Sometimes a piece of tooth may have also found its way into the sinus during an extraction and this may also need to be removed. Closing the window is done by raising a small flap of gum and covering the socket with it. This is stitched into place and usually heals very well. Occasionally the hole returns and a second surgery is needed and we will give you instructions on how to look after the seal, including avoiding sneezing and nose blowing.

Nerve Injury

The feeling in your lower teeth, chin and lip, and taste to the front of your tongue is supplied by a nerve which runs through the lower jaw in a narrow bony tunnel. It passes alongside and under the roots of the lower teeth. When we numb your lower teeth, we inject a solution near to the nerve to achieve this. Rarely the injection, or more commonly surgery on the teeth roots may injure the nerve. Nerve injury happens in around 1 in every 100 wisdom teeth removals. Usually the injury is temporary and causes a tingling or ’pins and needles’ feeling in the lip and chin, a numb feeling like the injection has not worn off, or sometimes an uncomfortable feeling; as there is a nerve on each side of your jaw it only affects one side of your lip, chin or tongue. This may last from days to weeks and if it has not gone after three months it is generally permanent. As the nerve supplies feeling only, your mouth and face will move normally, and other people will not be aware of the nerve injury. Although this may be worrying at the start, most patients tend to get used to the feeling and need no further treatment. There are surgical operations to repair the nerve, and if this were to happen, we would investigate the injury and discuss the options with you.

Other Teeth

Occasionally teeth next to the tooth being removed are damaged during surgery. This usually happens if there is decay in the tooth, a large filling, or the tooth has gum disease. We will warn you if this expected. We will provide you with a temporary filling at the time if necessary and will report this to your dentist. Your dentist will discuss treatment options and restore the tooth. Unfortunately, as this is a common complication of surgery, we will not be liable for the cost of any additional treatment.

We will explain the procedure and risks of your surgery with you at your consultation and ask you to sign a consent form before your treatment. If you have any questions or concerns please feel free to discuss these with us at any time.