

REMOVAL OF IMPACTED TEETH

Patients scheduled to have impacted teeth removed should be familiar with certain information. If there are further questions please do not hesitate to ask.

1. **WHAT IS AN IMPACTED TOOTH?** All teeth are formed deep within the jawbones. They usually erupt into the mouth. When a tooth is blocked from reaching its normal position by another tooth or bone, it is called an impacted tooth.
2. **WHY SHOULD IMPACTED TEETH BE REMOVED?** If not removed most impacted teeth will eventually cause a problem. The most common problem is infection of the gum tissues around the tooth (pericoronitis). This infection is always painful and can potentially spread throughout the head and neck. Other common problems associated with impacted teeth include decay of the tooth under the gum, damage to the roots of adjacent teeth, and formation of cysts. Pain, infection and destruction of bone in the area can be the result. In addition, they may cause crowding of teeth and orthodontic relapse.
3. **WHEN SHOULD IMPACTED TEETH BE REMOVED?** Younger patients (about 14-17 years old) usually have fewer problems associated with this type of surgery. They are less likely to develop dry sockets, sinus injuries, numb lips, and gum defects around adjacent teeth. This is because the roots are shorter and the bone is softer (more bone marrow). Therefore, once impacted teeth are diagnosed, they should be removed at the earliest convenient time.
4. **HOW ARE IMPACTED TEETH REMOVED?** The procedure for removing these teeth requires an incision in the gum, exposing and removing the bone around the tooth, and, often, sectioning the tooth into smaller pieces.
5. **CAN THE PATIENT EAT PRIOR TO SURGERY?** If a general anesthetic or intravenous (IV) sedation is planned, there should be no food or liquids taken for eight hours prior to the procedure. Eating prior to anesthesia can result in severe bodily harm. However, you should take your routine daily medicine prescribed by your doctor with a sip of water (Exception: blood thinners and insulin replacement).
6. **WHAT ARE THE ANESTHESIA RISKS?** They may include nausea, inflammation of the veins (less than 5%), and allergic reactions [a rash, swelling, or even a medical emergency may occur, but that's extremely rare (less than .01%)].
7. **WHAT ARE THE MOST COMMON PROBLEMS AFTER SURGERY?**
 - A. **DISCOMFORT:** May require prescription pain medications. Persistent soreness is often present for several days.
 - B. **SWELLING:** Usually worse on one side than the other. Takes about 2-3 days to reach its peak. Then, subsides over the next week.
 - C. **DECREASED MOUTH OPENING:** Because there has been surgery involving the muscles, they often become stiff and limit the amount of mouth opening for several days. Rarely, the joint itself is affected. Mention it to your surgeon if it is persistent.
 - D. **BLEEDING:** Some mild oozing is normal for up to 24 hours. There may be slight bleeding from the area when you brush your teeth for the first week.
 - E. **INFECTION:** Infections are rare during the first few days after surgery. If an infection does occur, it is more likely 4 to 8 weeks after surgery. Treatment is usually uncomplicated, but you should see your surgeon.
 - F. **PAINFUL TOOTH SOCKET:** Loss of the blood clot may cause throbbing pain and a delay in healing. This is easily treated with a medicated dressing.
 - G. **NUMBNESS:** Impacted teeth may be in close proximity to the nerves that supply sensation to the teeth, gums, tongue, cheeks, chin and lips. Occasionally these nerves are injured when the tooth is removed, causing numbness and tingling. If this happens, the nerve usually repairs itself. In some cases, numbness is permanent.
 - H. **SINUS INJURY:** Because upper (back) posterior teeth are near the sinus cavity, the removal of these teeth may cause an opening (hole) in the sinus cavity. The sinus usually heals, but further treatment may be necessary.
 - I. **RETURN TO WORK/SCHOOL:** Most people go back to work/school in 2-3 days, however, it depends on how you feel and the physical nature of your activities. It may take a gradual progression of 7-10 days to get back to peak performance in physical activities.

Anatomic Diagram on back

