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ORAL & MAXILLOFACIAL SURGEON



DENTOALVEOLAR SURGERY

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A COMPREHENSIVE GUIDE

What is dentoalveolar surgery?

Dentoalveolar surgery involves the teeth and the surrounding bone and soft tissue.

Dentoalveolar surgery covered in this leaflet can be divided into the following categories

- 1 Extraction of a tooth or retained root
- 2 Aid to orthodontic treatment
 - ▶ Removal of an abnormal labial frenum
 - ▶ Removal of an odontome (malformed primitive tooth)
- 3 Aid to root canal therapy
- 4 Jaw bone augmentation to assist with fitting of dentures
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This guide is for general information only. Dr van Mourik will assess you individually, and recommend treatment which is most appropriate for you.

These days we do everything we can to avoid extracting a tooth, but there are times when extraction is the best option.

Situations where a tooth or tooth root needs surgical extraction:

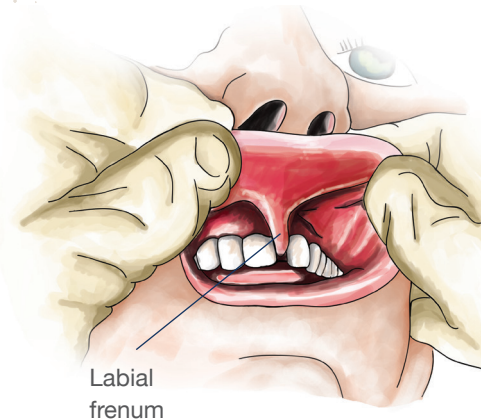
- A badly decayed tooth which is beyond repair and could cause an infection.
- A dead tooth with an infected nerve or failed root filling.
- An impacted tooth which can interfere with other teeth. This often happens with wisdom teeth.
- An extra (supernumerary) tooth that could become stuck (impacted) or interfere with other teeth.
- A cracked tooth that cannot be repaired.
- A retained tooth root which is left after a tooth broke.
- To create space for other teeth to be moved orthodontically.

Some teeth and tooth roots require special skills to remove safely

In certain situations, you will need an oral and maxillofacial surgeon to remove your tooth or tooth root. Examples of difficult extractions which may require a specialist surgeon:

- If your tooth is in an abnormal position.
- If the tooth is submerged under the gum and bone.
- If there is a nerve near the tooth.
- If the tooth roots are large and curved.
- If the tooth is fused to the jawbone.
- If the tooth is severely broken down.
- If you have crowns or large fillings in adjacent teeth.

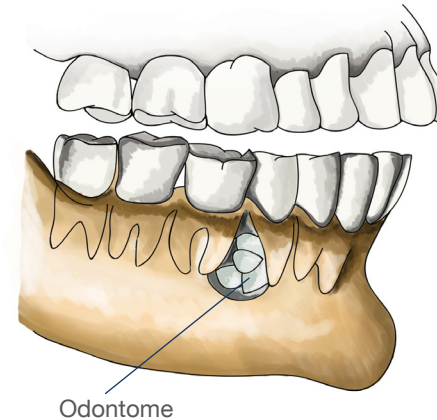
In these surgical extractions Dr van Mourik will most likely need to make an incision in your gum to access the tooth. Sometimes a piece of bone is removed, and the tooth may be divided into segments to make it easier to remove. Dissolvable stitches will then be used to close the incision.



Removal of a labial frenum

Some people have an abnormally long fibrous piece of gum tissue between their top front incisors. It can cause a large gap between the front teeth.

If having orthodontic work, this piece of tissue may need to be removed first. This will improve the effectiveness of the orthodontic treatment.



Removing an odontome

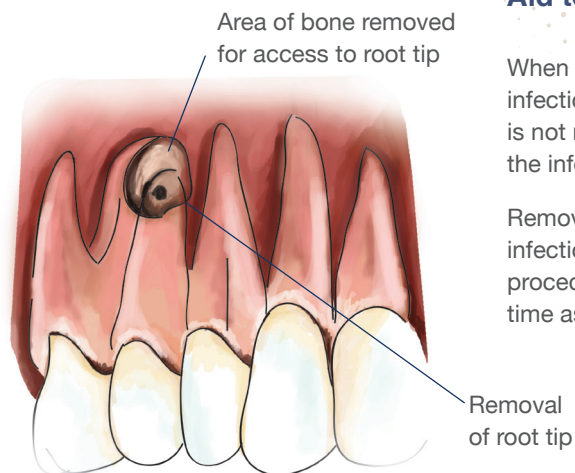
An odontome is a malformed tooth that has not developed properly. If left in place it can cause swelling and inhibit the eruption of other teeth. It can also affect your bite.

It is usually recommended to remove an odontome as soon as practical.

Aid to root canal therapy

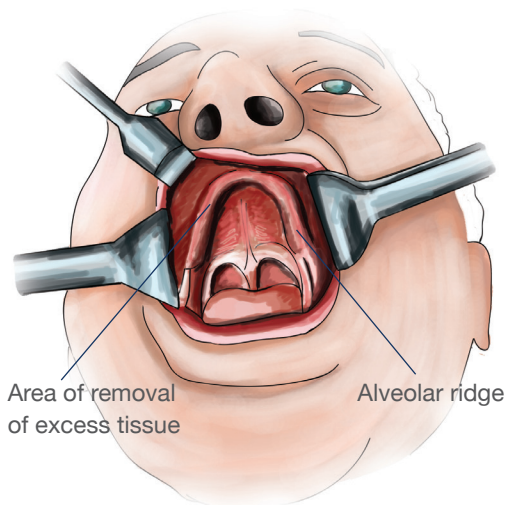
When the nerve and pulp in a tooth dies, infection can move into the root tip. If it is not removed, the tooth can be lost and the infection can spread.

Removing the root tip can clear up the infection and help save the tooth. The procedure is usually done at the same time as root canal treatment.



Jaw bone augmentation to assist with fitting of dentures

In order to be fitted with partial or complete dentures, you may need to have excess gum or scar tissue removed. There may also be areas of bone that need to be smoothed down or built up (grafted) to provide a stable basis for the denture.



Biopsy of oral and jaw pathology

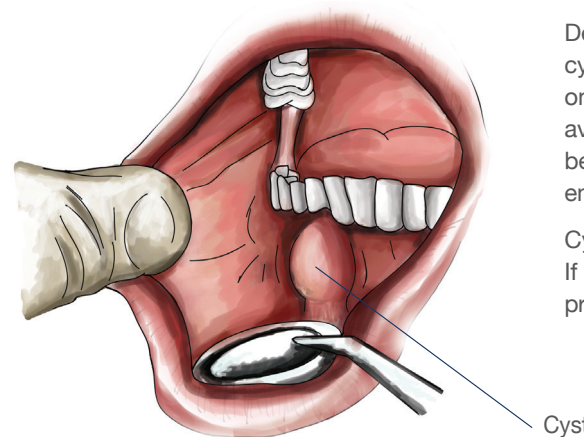
When abnormal tissue is found in your mouth, Dr van Mourik may take a biopsy sample by removing a small piece of tissue. He will send the sample to a pathologist for analysis. The next steps will depend on the results of the biopsy.

Sometimes the biopsy results are not clear and if this is the case, you may need to have a second biopsy.

Removal of cysts and other lesions in jaw bone and surrounding soft tissue

A cyst is a fluid-filled sac that can cause discomfort and infection. It can occur on your upper or lower jaw. If a cyst becomes large, it can damage and cause loss of nearby teeth. There are 2 ways of treating a cyst:

1. Enucleation - The cyst is opened and the lining is removed.
2. Marsupialisation - The cyst is opened and part of the lining is removed. The rest of the lining becomes a normal part of the mouth tissue.



Depending on the size and location of the cyst, Dr van Mourik may need to remove one or more teeth but he will try and avoid this if possible. Once the cyst has been removed, bone should grow into the empty space.

Cysts do not go away by themselves. If you have a cyst that is causing you problems, it is important to have it removed.

Dr van Mourik will discuss the options with you and the choice of anaesthetic will depend on the difficulty of the surgery, your general health and your personal preference. If you have previously had a reaction to an anaesthetic drug, please advise Dr van Mourik.

Local anaesthetic

This is an option if the surgery is simple. The local anaesthetic will numb your teeth, gums and parts of your face around your nose and jaw. It can be done in Dr van Mourik's private surgery.

Intravenous (IV) sedation

Some people benefit from a sedative drug administered into a vein during local anaesthesia. It will make you feel sleepy and relaxed. If your procedure is done with IV sedation it will be in Dr van Mourik's private surgery.

General anaesthetic

You can have your dentoalveolar surgery performed in an accredited private hospital with general anaesthetic administered by a specialist anaesthetist.

If you have had general anaesthetic or intravenous sedation for your surgery you should not drive, operate machinery or make important decisions for at least 24 hours after your operation. If it is done under local anaesthetic, you can drive home yourself.

Dr van Mourik will give you detailed post-operative instructions. To maximise your chance of making a quick recovery without complications, please pay careful attention to these instructions.

Work/School

Depending on the surgery, you may need to take time off work or school.

Pain management

Normal painkillers such as Nurofen® and Panadol® are usually all you will need. They may be required for 1 to 2 weeks after the surgery.

Swelling

Swelling and bruising often occur after surgery, they will slowly resolve over 1 to 2 weeks depending on the extent of your procedure.

Diet

A soft food diet is recommended for at least 2 days after surgery. After 1-2 weeks you should be eating and drinking normally.

Oral hygiene

Cleanliness is crucial to reduce the chances of post-operative infection. Gentle brushing of the operation site usually commences the day after surgery.

Smoking

Do not smoke for at least 2 weeks after surgery as it can delay healing.

Possible complications

It is unusual to have complications if a skilled oral and maxillofacial surgeon performed your dentoalveolar surgery. However, all surgeries have some potential risks and complications. The risks are higher if:

- You have poor general health including diabetes and/or immunosuppression.
- You smoke
- You have poor oral hygiene or periodontal disease
- The procedure was difficult or complicated

Dr van Mourik makes every effort to minimise risk. Most people having surgery will not have any complications. He will discuss the risks with you to make sure you are well informed before any surgery is performed.

If you are concerned about any potential risk or complication, please discuss with Dr van Mourik. The risks of dentoalveolar surgery include:

Pain and swelling usually resolves in 1 to 2 weeks.

Vomiting after general anaesthetic is not uncommon.

Infection. This is generally treated with antibiotics and improved oral hygiene. Serious infection can occur and occasionally requires hospital treatment.

Excessive bleeding. Occasionally this occurs. If this happens, apply firm pressure by biting on a gauze pad. If bleeding continues contact Dr van Mourik.

Dry socket. After a tooth is removed, a blood clot forms to protect the bone. If this gets washed away, the bone is exposed and this can cause a painful dry socket until it heals. You can help prevent dry socket by following Dr van Mourik's instructions on post-surgery care.

Numbness or altered sensation. It is possible for a nerve to be bruised or injured during the procedure resulting in numbness, pain or tingling in your mouth and face. It usually heals by itself but occasionally it can be permanent.

Lip sores. Stretching of the lips during surgery can cause lip sores and bruising. They are not common and usually heal over time.

Endocarditis is an infection inside your heart. It is a particular risk in people with heart defects, artificial heart valves or other heart problems.

Difficulty opening your mouth. After surgery, opening and closing your jaw can be uncomfortable. As the swelling subsides, jaw movement and comfort will improve.

Damage to nearby teeth. There is a small chance that an adjacent tooth or filling can become fractured or loosened during the surgery.

Sinus problems. The roots of some upper teeth are close to the sinuses. During removal of these teeth, a passage can form between your mouth and the sinus cavity. This normally heals over time. In some cases, further treatment may be necessary.

Dislocation of the jaw joint (TMJ joint) may occur, especially if you have had it happen before.

Loss of bone can occur after bone augmentation.

Fracture of jaw bone. Occasionally dentoalveolar surgery can cause the jaw bone to fracture. This may require further treatment.


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