

Kristian
DR KRISTIAN VAN MOURIK

ORAL & MAXILLOFACIAL SURGEON



WISDOM TEETH

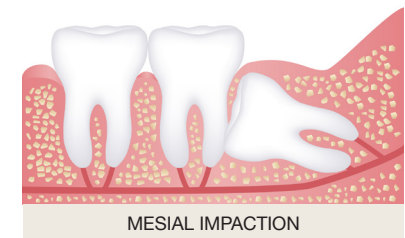
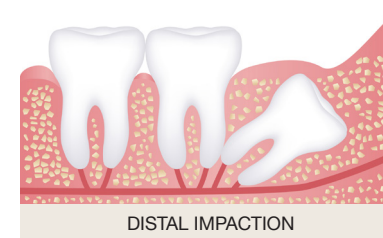
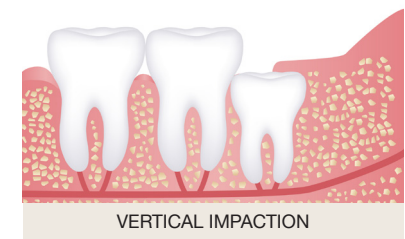
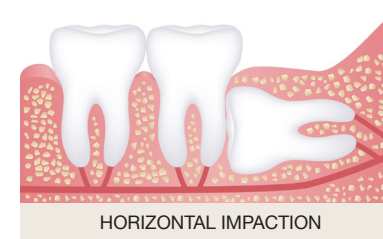
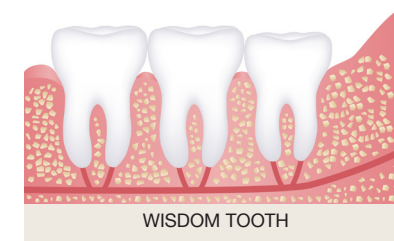
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A COMPREHENSIVE GUIDE

What are wisdom teeth?

Wisdom teeth are your third set of molars. They sit right at the back of your mouth and they are the last teeth to come through. Generally, people have 4 wisdom teeth, though some people may not have a full set. Some people may even have one or more extra wisdom teeth.

Wisdom teeth normally start moving into position and breaking through your gums when you are between 16 and 20 years old, though for some people they arrive later. If your jaw is wide enough and your dental hygiene is good, your wisdom teeth will not need to be removed.

However, it is common for one or more wisdom teeth to become stuck (impacted) as they try to come through. Some impacted wisdom teeth cause no trouble; however, many people end up with pain and an increased risk of possible complications.



This guide is for general information only. Dr van Mourik will assess you individually, and recommend treatment which is most appropriate for you.

What are wisdom teeth 2

Problems caused by an impacted wisdom tooth 3

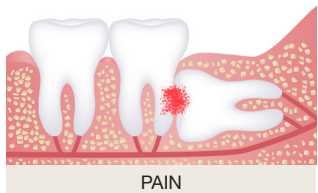
Your treatment options 4

Wisdom tooth removal procedure 5

Recovery and care after the procedure 6

Possible complications of the surgery 7

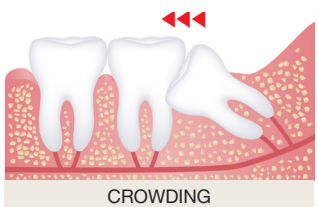
Problems caused by an impacted wisdom tooth



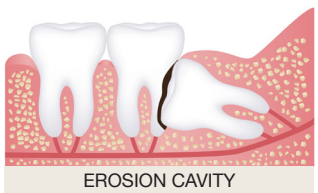
Pain: Impacted wisdom teeth put pressure on neighbouring teeth and can cause pain which may radiate up to your ear or down your throat. Pain can also come from an infection around a wisdom tooth.



Infection: Impacted wisdom teeth often become infected, causing red, swollen gums and radiating pain. Infection can also cause bad breath, difficulty swallowing, a bad taste in your mouth and generally feeling unwell. Severe infections can spread to the lungs and heart and become life threatening.



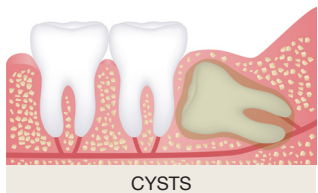
Crowding and damage to orthodontic work: Wisdom teeth can push neighbouring teeth out of position. Displacement of teeth from wisdom tooth pressure may even occur after your teeth have been orthodontically straightened.



Erosion of neighbouring teeth: When an impacted wisdom tooth continues to put pressure on neighbouring molars it can cause the molars to erode, also caused a 'resorption cavity'.



Tooth decay: Food can become trapped between your wisdom tooth and the neighbouring tooth. It can be difficult to remove. This can cause cavities in both teeth.



Cysts: Cyst formation is common around unerupted teeth. Cysts can displace teeth and cause damage to bone, gums and teeth.

Ulcers: Sometimes a wisdom tooth grows out of your gum sideways, so it rubs against the inside of your cheek and can cause an ulcer.

Treatment options: The decision to remove your wisdom teeth

After examining your mouth and jaws as well as your x-rays. Dr van Mourik will ask you about your dental and medical history. Then he will discuss the diagnosis with you. He may recommend removal of one or more wisdom teeth.

You may decide to go ahead or wait and think about it.

Are there alternatives to surgery?

Some wisdom teeth which have come completely through the gums and are easy to keep clean may not cause trouble and will not need removal.

If your wisdom teeth are impacted and causing problems such as infection it is usually recommended that they be removed.

If you have an infection, antibiotic treatment can help in the short term, however, the infection will most likely come back again. Sometimes these infections can become complicated, particularly in people with other health problems.

Why it is better to have wisdom teeth removed when you are young

When young, your wisdom tooth roots are not fully formed and the surrounding bone is softer. This means you can expect faster healing and less postoperative pain.

Wisdom tooth removal procedure

Anaesthesia

Dr van Mourik will discuss the options with you and the choice of anaesthetic will depend on the number of teeth to be removed, 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 nose and jaw. Procedures performed under local anaesthetic are done in Dr van Mourik's private surgery.

Intravenous (IV) sedation

You may benefit from a sedative drug administered into a vein during local anaesthesia. It makes you feel sleepy and relaxed. If your procedure is done with IV sedation, it will be performed in Dr van Mourik's private surgery. For safety reasons you will have an anaesthetist who is a specialist medical doctor to conduct your IV sedation.

General anaesthetic

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

How the procedure is performed

The procedure to remove a full set of wisdom teeth can take 15 to 45 minutes depending on the complexity of the surgery.

Dr van Mourik will first make an incision in your gum. A small portion of bone may be removed, and the tooth may be divided into pieces to make it easier to remove.

Extracting wisdom teeth is trickier than extracting other teeth because they are at the back of your mouth and access is limited. Major arteries and nerves lie right next to your lower wisdom teeth. The surgery is carefully designed to minimise the amount of trauma to the jaw bone and reduce the risk of injury to nearby nerves, blood vessels and other teeth.

Recovery and care after wisdom tooth removal

If you have had general anaesthetic or intravenous sedation for your surgery you shouldn't drive, operate machinery or make important decisions for at least 24 hours after your operation. If 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

Most people return to work 3 to 4 days after surgery, while few have to take 1 to 2 weeks off. This will depend on the number of wisdom teeth being extracted, the extent of the surgery and your general health.

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. Swelling can vary from very little to severe, extending down your neck to your chest and affecting your jaw movement and ability to talk and eat.

Diet

A soft food diet is recommended for 3 to 4 days after surgery. By 1 to 2 weeks you will most likely be eating and drinking normally.

Oral hygiene

Cleanliness is crucial to reduce the chances of a post-operative infection.

Possible complications of wisdom tooth removal

It is unusual to have complications if a skilled oral and maxillofacial surgeon removes your wisdom teeth. However, all surgeries have some potential risks and complications. The risks are higher if you:

- Have poor general health including diabetes and/or immunosuppression.
- Smoke
- Have poor oral hygiene or periodontal disease
- Have had radiotherapy to your jaw
- The extraction 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 complications, please discuss with Dr van Mourik. The risks of wisdom tooth removal include:

Dry socket. After a wisdom 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.

Infection. This is generally treated with antibiotics and improved oral hygiene.

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

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

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

Damage to nearby teeth. There is a small chance that a tooth or filling next to a wisdom tooth can become chipped or loosened during the surgery.

Sinus problems. The roots of some upper wisdom 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.

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


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