

After your surgery

WHAT TO EXPECT

Your surgeon and/or the office staff will give you specific instructions to follow after surgery is completed. You can expect some bleeding for a while, and you will probably be asked to bite gently on gauze for a few hours after surgery to allow a blood clot to form in the extraction site(s). Even a little blood can seem like a lot to you, don't be alarmed by gentle oozing of blood for a few hours after surgery. However, if bleeding is excessive after you return home, contact your surgeon immediately for instructions.

Ice packs applied to the face following surgery will help to reduce swelling, but expect some swelling to occur during the normal healing process. This swelling may increase for the first 48 to 72 hours and then begin to subside. There may be some discoloration of the skin during healing, first black-blue in colour, then turning yellow and disappearing in a few days. There may also be pain for several days following surgery. Your surgeon will prescribe the appropriate pain medication for your needs.

DIET

As your mouth heals following surgery, your jaw may be sore and may not open as wide as usual. After a few days, moist heat applied to the face may be helpful, and gentle opening and closing of the mouth can help exercise the jaws and restore normal movement. In the extraction sites, the formation of a blood clot following surgery is important for the healing process, so be careful not to disturb this clot when eating. For the first two days following surgery, eat soft foods and drink fluids, but avoid using a straw. The suction could disturb clotting. Do not rinse your mouth vigorously until clotting is complete, although gentle rinsing with salt water may be recommended by your surgeon to aid healing. Avoid eating hard or sticky foods that might damage your jawbone, particularly if bone was removed during surgery. And remember that smoking can disturb blood clots and the healing process. Clean your mouth gently with a toothbrush after the first day following surgery, but avoid disturbing blood clots with the toothbrush.

KNOWN RISKS AND COMPLICATIONS

The removal of wisdom teeth is a common procedure that usually produces few, if any, serious complications. However, as with any surgical procedure you should be aware of possible complications and discuss them with your surgeon prior to consenting to surgery.

Following are potential complications you should understand

1. Infection – Any time body tissues are invaded, as in surgery, there is a slight chance of infection setting in afterwards. Any infection should be taken seriously and reported to your surgeon, who will prescribe appropriate antibiotics to eliminate the problem. Signs of infection to watch for include fever, abnormal swelling and pain, salty or prolonged bad taste, and pus formation.

2. Injury – Damage to fillings in adjacent teeth, to the teeth themselves, to bridgework, or to surrounding bone can potentially occur.

3. Dry socket – This term is used to describe a condition that can develop in the empty tooth socket, when normal blood clotting is disturbed following surgery. If a blood clot does not form properly in the socket for some reason, for example smoking or food impaction, the socket remains "dry" for a period of time and heals more slowly than usual. A dry socket can be quite painful because it leaves the bone within the socket exposed to air, food and fluids. If you experience such pain within a few days following surgery, contact your surgeon. Steps can be taken to reduce discomfort while healing takes place.

4. Numbness – In some cases major sensory nerves serving the mouth are in close proximity to wisdom teeth, and it is possible that one of more of these nerves could be irritated during surgery. If this happens paresthesia or anesthesia can result, which means partial or total loss of feeling in the areas served by the nerve. This numbness or tingling sensation can affect the lip, tongue, cheek, chin, gums or teeth, depending on the nerve that is involved. Usually the numbness is temporary, but in rare cases can be permanent.

5. Sinus Complications – Sometimes upper wisdom teeth are near the large maxillary sinus, and the roots may even penetrate into the sinus cavity. An opening into the sinus with drainage, or sinus pain (sinusitis), may occur following tooth removal. Usually these complications are temporary, but if they persist contact your surgeon.

6. Root Fragments – Occasionally roots are extremely long or fragile and a piece of root may break off during surgery. Usually the fragment is removed, but if it is close to a nerve or if its removal would jeopardize adjacent teeth, the surgeon may decide to leave the fragment in place. This usually presents no long-term problems, and the fragment can be monitored using x-rays.

7. Jaw Fracture – In very rare cases, the manipulations required for removal of wisdom teeth can fracture the jawbone, particularly if the jaw is thin and the teeth are severely impacted. X-rays will reveal the location of the fracture, and your oral and maxillofacial surgeon can treat the problem. Even if the jaw has not been fractured, it may be weakened due to removal of bone during surgery. Care should be taken to avoid eating hard, crunchy foods that place undue stress on the jaws until healing is completed.

8. TMJ – (Jaw Joint) pain or abnormal function is rare following wisdom tooth removal, but this can occur. If it does, further treatment may be necessary.

PAYMENT FOR SERVICES

At least partial reimbursement for wisdom teeth removal is often available through various dental or medical insurance benefit plans. However, the surgery fee is your responsibility, regardless of how much your insurance covers. Before surgery, read our dental and/or medical insurance policy or check with your insurance representative concerning your coverage. Your oral and maxillofacial surgeon's office has its own financial policies, so be sure to discuss payment arrangements prior to your surgery appointment and make sure both parties fully understand these arrangements. Your surgeon or the office's financial coordinator will be happy to answer any questions you have about fees and payment.



Dr. Claude David SPRCP inc.

Clinique de chirurgie buccale et maxillo-faciale

WISDOM TEETH

patient's guide

Dr. Claude David D.D.S.

**Oral & Maxillofacial Surgery
Implant Surgery • Esthetic Surgery**

Toll free, 1-866-330-4030 • 514-630-4030

cdavid@drclaudedavid.com

Reference: A Patient's Guide to Wisdom Teeth, AAOMS, 1993.



Dr. Claude David SPRCP inc.

Clinique de chirurgie buccale et maxillo-faciale

What are wisdom teeth?

Wisdom teeth, or third molars, are the last teeth to develop and appear in the mouth. They are called "wisdom teeth" because they usually appear during a person's late teens or early twenties, which has been called the "age of wisdom". The normal position of wisdom teeth is behind the upper and lower second, or 12-year molars. Many times the jaws of modern humans are not normally large enough to accommodate the four wisdom teeth. This is why wisdom teeth cause more problems than any other teeth in the mouth. In fact, for nine out of ten people at least one wisdom tooth remains underneath the gum due to lack of space in the mouth.

IMPACTED WISDOM TEETH

When a wisdom tooth is blocked from erupting or coming into the mouth normally, it is termed "impacted". A tooth may be only partially impacted, meaning it grows in crooked and breaks through the gum only partially, or it may fail to break through at all and thus remains totally impacted. Serious problems can develop from partially impacted teeth, such as pain, infection, and crowding of, or damage to, adjacent teeth. For totally impacted teeth, more serious problems can occur if the sac that surrounds the impacted tooth fills with fluid and enlarges to form a cyst.

This enlargement can hollow out the jaw and result in permanent damage to the adjacent teeth, jawbone and nerves.

If the cyst is not treated, a tumor may develop from the walls of the cyst and a more involved surgical procedure may be required for removal.

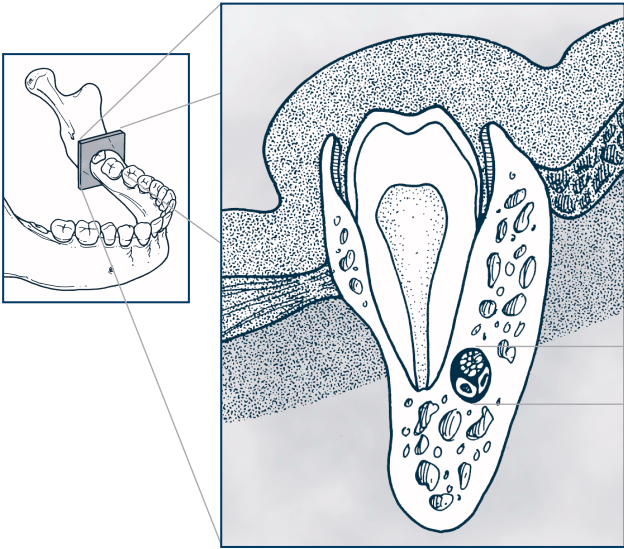
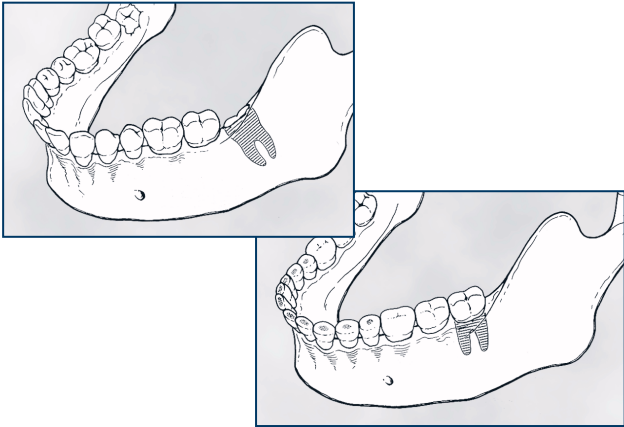
Many problems with wisdom teeth can occur with few or no symptoms, so there can be damage without your knowing it. It is important to know that as wisdom teeth develop, their roots become longer and the jawbone more dense. Thus, as a person grows older, it becomes more difficult to remove wisdom teeth and complications can become more severe. In addition, as people age there is an increased chance of the symptoms mentioned above. For these reasons, the surgeon may recommend the removal of wisdom teeth even if they are not yet causing obvious problems, particularly for young adults.



How wisdom teeth are treated

Treatment of impacted wisdom teeth involves their removal using special surgical techniques appropriate for each individual case. A dentist who has specialized training in the removal of wisdom teeth is called an oral and maxillofacial surgeon, or OMS. If the wisdom teeth have fully erupted in normal position, they may be observed by your dentist during your regular visits to ensure that you are properly cleaning them and no problems are developing, such as decay. Minor abnormalities in the position of an erupted wisdom tooth may be taken care of by your dentist, or removal might still be best.

The removal of wisdom teeth can be performed on an outpatient basis, either in the dental office, or in certain cases, in a hospital setting. If the tooth is impacted, an incision is made in the gum tissue and the tissue is turned back so the tooth can be seen. If bone is covering the tooth, it may need to be removed in order to expose and extract the tooth. The tooth may be removed whole, or in some cases it may be cut into sections, and each section is then individually removed. Usually the surgical procedure will take up to one hour, although this varies according to each case. After surgery you will spend some time "in recovery" before going home. In most cases normal activities can be resumed within a few days depending on the degree of impaction and the number of teeth removed.



Prior to your surgery

EXAMINATION

Before the surgeon can determine if your wisdom teeth should be removed, he or she will conduct an examination of your mouth and discuss the results with you. This examination will include x-rays, which show the presence of the impacted teeth and reveal such important things as curved roots, proximity of the tooth roots to nerves, and other vital surgical information that cannot be determined by visually inspecting the mouth.

A complete health/medical history will be taken, with particular attention to allergies, medications or health problems that might affect surgery and/or administration of anesthesia. The surgeon will examine your mouth for any signs of swelling or infection, and will check your blood pressure and certain other vital signs in order to determine the type of anesthesia to use during surgery. It is important that you provide complete information, particularly about medications you may be taking, so the surgeon has an accurate assessment of your health prior to recommending surgery.

PREPARING FOR YOUR SURGERY VISIT

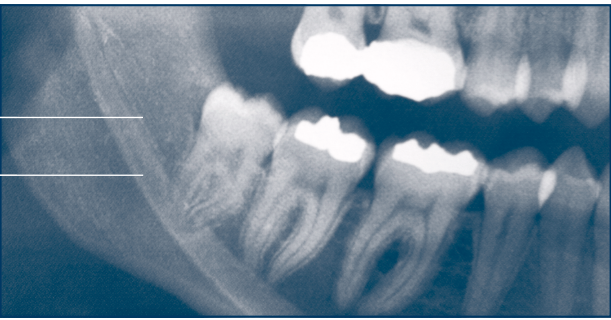
The following are tips to help you prepare for your surgical appointment:

Clothing – Wear loose, comfortable clothing with sleeves that can be easily rolled up. If you are to be given an intravenous anesthetic, tight sleeves can make this difficult.

Transportation – Arrange to have someone accompany you to your surgery appointment and drive you home afterward. You may be drowsy for a while after anesthesia, and driving yourself is unsafe.

Diet – If intravenous anesthesia will be administered, do not eat or drink for at least 2 hours prior to your surgery appointment.

Medications – Adhere to any medication schedule that is prescribed by the surgeon prior to surgery. For example, antibiotics and pain medication may be prescribed in certain cases to eliminate any infection or dull pain which would otherwise complicate surgery and healing. If this is the case, you may be asked to take your prescribed antibiotics and pain medication 1–2 hours prior to your surgery. This time allows the medication to take affect and it is easier to swallow the medication before the surgery while not frozen. Your surgeon will explain any medication schedule that is needed for your individual case.



What to expect during surgery

ANESTHESIA

Modern anesthesia technology now makes it possible to perform even complex surgery in the dental office with little or no discomfort. During surgery, one or more of the following is used to control pain and anxiety: local anesthesia that numbs the surgical area; intravenous sedation for relaxation. Your surgeon will fully explain the type of anesthesia that is most appropriate for your needs.

THE SURGICAL PROCEDURE

The method used to remove your wisdom teeth will depend on various factors, for example, the position of the teeth; the length of curvature of the tooth roots; the thickness of the bone surrounding the teeth; and so on. If the teeth have fully erupted, it is possible to simply remove each tooth intact from its socket in the bone, using forceps or other instruments designed for this purpose. If tissue is covering the tooth, an incision will be required to turn back the gum and expose the tooth. Likewise, if bone covers the tooth, the surgeon will remove sufficient bone to expose the tooth and allow its removal.

If an incision through the gum tissue is needed to gain access to an impacted tooth, the surgeon may place some sutures (stitches) at the end of the procedure to hold the tissue together and aid healing. These stitches usually dissolve on their own after surgery in about 3 to 10 days.

IMMEDIATELY FOLLOWING SURGERY

If your surgery was performed in the dental office or hospital outpatient facility, you will probably rest for some time before you are driven home by your companion. During this "recovery" time the surgeon or an assistant will monitor your condition and make sure you are ready to leave.

