



# PENTHOUSE DENTAL

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## **Our practice Moto**

Every patient is a father, mother, son or daughter of a loved one.

## **What are wisdom teeth?**

Wisdom teeth are third molars that are present at the back of your mouth. There is a theory which suggests that due to humans consuming softer refined foods led to the fact that jaws are evolutionary smaller and hence have insufficient space to fully accommodate these teeth. They are hence often impacted in the bone behind the last molar teeth and difficult to keep clean. For these reasons wisdom teeth are prone to develop disease.

## **When to remove wisdom teeth?**

As with any surgery, it is very important to weight up the risk-benefit ratio of undergoing the procedure. It is very important to acknowledge that there exist significant controversy regarding the role of dental impactions and its relationship to specific diseases or symptoms. Specific controversies worth mentioning include the role of wisdom teeth in causing crowding (skew front teeth) AND the role in causing chronic headaches. These controversies contribute to complicating this risk-benefit stratification. Below are a few indications and complications related to wisdom tooth surgery which should be discussed with your dentist/ oral surgeon before the procedure.

## **Indications for wisdom tooth extraction.**

Below is a few of the more common reasons why wisdom teeth are removed:

- Pericoronitis (Inflamed gums around teeth)
- Untreatable tooth decay
- Dental neoplasms (abnormal growths involving cells from wisdom teeth)
- Referred pain (ear ache, headaches)
- Orthodontic reasons (to create space for orthodontist to align other teeth)
- Facial infections/ abscesses.

## **Complications associated with wisdom tooth surgery.**

Any surgical intervention is associated with possible complications. Wisdom tooth surgery is no exception. Complications can broadly be divided into minor and major complications. Minor complications are usually of transient nature. Just a few of the possible complications are mentioned below:

### **Minor Complications:**

- Post-operative bleeding and infection
- Dry tooth socket (Smokers, menstruating females)
- Injury to adjacent teeth
- Severe swelling and bruising
- Root fractures
- Displacement of the tooth into the sinus cavity/ under the tongue or "cheekbone"

### **Major complications:**

- Jaw fracture
- Displacement of tooth into airways
- Nerve damage
- Neurosensory dysfunction (permanent nerve injury)
- Neuropraxia (temporary nerve injury)

The most alarming complication to patients is nerve damage. The lower jaw contains a large nerves called the inferior alveolar and lingual (tongue) nerves. These nerves have a close positional relationship with lower wisdom teeth and are hence susceptible to injury during surgery. The incidence of injury reported in literature varies widely but is deemed to be approximately 2%. About half of these injuries are permanent nerve injuries that will leave patients with varying degrees of lip and/or tongue numbness, tingling or burning sensations. From a statistical point of view these are the most likely complications to occur during wisdom tooth surgery. It is obvious that all oral surgeons take great care to minimise the risk of all complications.

### **How is the surgery performed? (In theatre version)**

Once the anaesthetist has put you to sleep your dentist/oral surgeon will inject the area with local anaesthetic that will serve to reduce bleeding and post-operative pain. The gums will be neatly cut open to expose the underlying bone and the impacted tooth. A drill is then used to remove some of the overlying bone and the tooth is cut into 2 or 3 pieces to facilitate its removal. The tooth socket is then well rinsed and inspected for tooth and/or bone fragments. The wound is closed with dissolvable stitches. The anaesthetist is asked by the surgeon to administer antibiotics and some steroids to reduce the risk of infections and swelling in some cases. The wounds are dressed with gauzes and you are woken up and moved to the recovery room for observation. Ice packs will be provided in the ward/ recovery room that help with swelling and bruising.

### **What is expected of me after the procedure?**

There are a number of precautions that you as a patient can take before and after the procedure to decrease the risk of complications and ensure a speedy recovery.

- Do not smoke 8 hours before or 72 hours after surgery. (incl E-cigarettes)
- Bite on the moist cotton/ gauze provided for half an hour after surgery.
- If bleeding persists you should softly bite on a moist "English tea" bag for 20 min.
- Maintain proper oral hygiene by brushing twice daily and flossing before bedtime both before and after surgery.
- Eat soft food with an even consistency for a week after surgery and incorporate solids as tolerated.
- Do not consume fizzy drinks or spicy foods.
- Do not drink from a straw.
- Take the prescribed medicines as directed on the scheduled times.
- Do not take Disprins, Grandpa or Compral as these may lead to prolonged bleeding.
- If in any doubt or if symptoms are alarming, contact the practice/ oral surgeon ASAP.

We wish you a speedy recovery. God bless you.