

YOUR HEALTH CARE DECISIONS



GETTING WISE ABOUT

wisdom teeth

This is one of a series of leaflets based on recent research evidence and guidelines. It aims to help you with decisions about your health care.

This leaflet explains reasons for and against having your wisdom teeth taken out. It also tells you about the different types of anaesthetic you might be offered if you need to have a wisdom tooth taken out.

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What are wisdom teeth?

Your wisdom teeth (third molars) are at the very back of your mouth in both your upper and lower jaws. They are usually the last teeth to come through. Most people find that they come through during their late teens or early twenties.



What are impacted wisdom teeth?

Sometimes part or all of a wisdom tooth stays under the gum. This is usually not a problem. If something is stopping the tooth from coming through into a correct position, the tooth is said to be 'impacted'. Sometimes these impacted teeth cause pain or other problems.

Should I have my wisdom teeth taken out?

In the past people often had their wisdom teeth taken out if they had not come through properly even if they were not causing pain or problems. It was thought that these wisdom teeth would eventually cause problems so they were taken out 'just in case'. However, there is no good research evidence which says that removing wisdom teeth 'just in case' is a good idea.



correct position of a wisdom tooth

impacted wisdom tooth

Dentists, surgeons and researchers have produced new guidelines giving advice on when wisdom teeth should be removed and when they should be left alone.

These guidelines are based on the most up-to-date research evidence available. This leaflet tells you what these guidelines say.

Reasons for removing wisdom teeth

The following are the main reasons for having a wisdom tooth removed.

- Infection in the gums around the wisdom tooth.
- Decay in the wisdom tooth that cannot be treated by a filling.
- If the wisdom tooth is causing damage to the tooth next to it.
- If a cyst forms around the wisdom tooth.
- Decay in the tooth next to the wisdom tooth which cannot be treated without removing the wisdom tooth.

There are other less common reasons for having a wisdom tooth removed. Your dentist or surgeon can discuss these with you.

Reasons for not taking wisdom teeth out

Not all wisdom teeth cause problems. If your wisdom teeth are not causing you constant or regular pain or problems, there is usually no need to have them out.

Wisdom teeth can be more difficult to remove than other teeth and there are risks associated with taking them out.

When wisdom teeth are coming through they might be sore for a short time. This is quite normal and is not usually a reason for having them removed.

Recent research evidence says that removing wisdom teeth will not stop your other teeth from being crowded.

What are the risks of having your wisdom teeth removed?

If you are going to have your wisdom teeth out, you will need an operation. All operations have risks and side effects.

Common side effects

After the operation:

- many people experience some pain, swelling and stiffness of the jaw;
- many people may find it difficult to eat;
- some people may get some bruising on the face and neck; and
- some people may need to take some time off work, school or physical activities.



Not everyone will have all these side effects. Most people will feel fine within a few days but sometimes it may take up to two weeks to fully recover.

Possible complications

A few people have more serious problems after their operation and may need further treatment. Possible problems include the following.

- **Bleeding after the operation**

There will be some bleeding in your mouth when your wisdom tooth is taken out. This will usually have stopped by the time you go home. Sometimes the bleeding can start again. Your dentist or surgeon should give you advice about what to do if this happens.

- **Dry socket**

Removing a wisdom tooth leaves a socket in the jawbone which needs to heal. Sometimes the socket doesn't heal normally. It may get infected and can be very painful. This is commonly called dry socket.

Dentists treat dry socket by carefully cleaning and dressing the area. Painkillers can help to relieve the pain. Some infections will need treatment with antibiotics.

It is not clear how many people get dry socket. Most dentists and surgeons think that less than five out of every 100 people get this problem. You are more likely to get dry socket if you smoke.

- **Nerve damage**

There are two nerves very close to the roots of your lower wisdom teeth. One of these nerves supplies feeling to your lower lip and chin. The other supplies feeling to your tongue. Sometimes these nerves may be injured when a wisdom tooth is taken out. This can cause tingling or numbness in your lip, chin or tongue.

About one in 10 people will have some tingling or numbness that lasts for up to a week. Less than one in 100 people will have nerve damage that lasts more than a year.

- **Damage to other teeth and bone**

Other teeth may be damaged when a wisdom tooth is taken out, but this is very rare. If it happens, your dentist or surgeon will tell you about it and arrange for further treatment if needed.

What type of anaesthetic can I have?

Wisdom teeth can be removed under:

- local anaesthetic;
- local anaesthetic with sedation; or
- a general anaesthetic.

A local anaesthetic numbs the area around your tooth so you don't feel any pain when the tooth is removed.



A sedative tablet or injection will help you relax. It may also mean that you are less aware of what is going on. You probably will not remember anything about the operation.

With a general anaesthetic you are unconscious while you are having the operation.

The type of anaesthetic you receive will depend on several things.

- How difficult the dentist or surgeon thinks it will be to take the tooth or teeth out.
- Your medical history.
- Whether you have a strong preference.

The different types of anaesthetic can have different side effects. You should discuss these with your dentist or surgeon. If you are having a general anaesthetic, you will have to go to a hospital to have your wisdom teeth removed.

Further information

If you are going to have a wisdom tooth taken out, your dentist or surgeon should give you advice about what to do after the operation.

If you have any other questions about your wisdom teeth, please ask your dentist or surgeon.

You can find the guidelines on which this leaflet is based on the Internet or by contacting the organisations below.

Management of unerupted and impacted third molar teeth. A National Clinical Guideline (2000).

Scottish Intercollegiate Guidelines Network (SIGN)

Website: <http://www.sign.ac.uk/>

SIGN Secretariat

The Royal College of Physicians of Edinburgh

9 Queen Street

Edinburgh

EH2 1JQ

Guidance on the removal of wisdom teeth. Guidance issued to the NHS in England and Wales (2000).

National Institute for Clinical Excellence (NICE)

Website: <http://www.nice.org.uk/>

11 Strand

London

WC2N 5HR

You can also get information about your health care from the NHS Helpline.

Helpline phone: 0800 22 44 88 (7 days a week, 8am to 10pm)

This leaflet has been written by researchers at the Health Services Research Unit at the University of Aberdeen. They have used the best research evidence available to make sure that the leaflet is as accurate as possible. They have checked the content with:

- oral and maxillofacial surgeons;
- dentists; and
- people who have consulted dentists about their wisdom teeth.

The authors of this leaflet have made every effort to be as accurate and up to date as possible. The information in this leaflet was checked in December 2000. However, medical knowledge is always changing. Many factors affect how well medical knowledge applies to particular individuals. You should also get advice from qualified health-care providers.

Those involved in producing this leaflet will not be responsible for any mistakes or missing information in the leaflet. And, they will not be responsible for any action that you may take as a result of using this leaflet.

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You can get more copies of this leaflet by phoning the NHS Helpline on 0800 22 44 88 (7 days a week, 8am to 10pm) or from Scottish Health on the Web (SHOW) at <http://www.show.scot.nhs.uk>

If you need this information in another language, please contact the Health Planning and Quality Division of the Scottish Executive Health Department at St Andrew's House, Regent Road, Edinburgh, EH1 3DG, or phone 0131 244 2839.

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