

## MF12 Coronectomy

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## What is a coronectomy?

A coronectomy is treatment for a tooth that pushes through the gum and has become sore, swollen and infected. Your surgeon will remove the top of the tooth (the crown) while the bottom of the tooth (the root) is left in place.

Most coronectomies are performed on lower wisdom teeth (the teeth at the back of your mouth) and sometimes on other lower teeth. Your surgeon will explain which is relevant to you.

## Why has a coronectomy been suggested for me?

Your surgeon may suggest a coronectomy if they are concerned that removing the whole tooth could cause damage to the nerve that supplies feeling to parts of the lower jaw. This includes the lower lip, chin, teeth and some of the gum around the lower front teeth. Damaging the nerve may lead to temporary numbness of the lower lip and chin and, rarely, a permanent feeling of numbness, burning or pain.

Your surgeon has suggested a coronectomy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## What are the benefits of a coronectomy?

The aim of the procedure is to remove part of the tooth which is causing problems, leaving the root of the tooth in place. Leaving the root in place reduces the risk of damage to the nerve that gives feeling to the lower lip and chin on that side (risk of nerve damage after a coronectomy: less than 1 in 100, risk of nerve damage after removal of the whole tooth: 5 to 19 in 100).

## Are there any alternatives to a coronectomy?

If the tooth decay is severe or there is an infection around the root of your tooth, a coronectomy may not be suitable. If this is the case your surgeon may suggest that the whole tooth is removed, including the root.

## What will happen if I decide not to have the procedure?

Your symptoms may get worse.

If the tooth is hard to keep clean, tooth decay may develop. This can also affect nearby teeth.

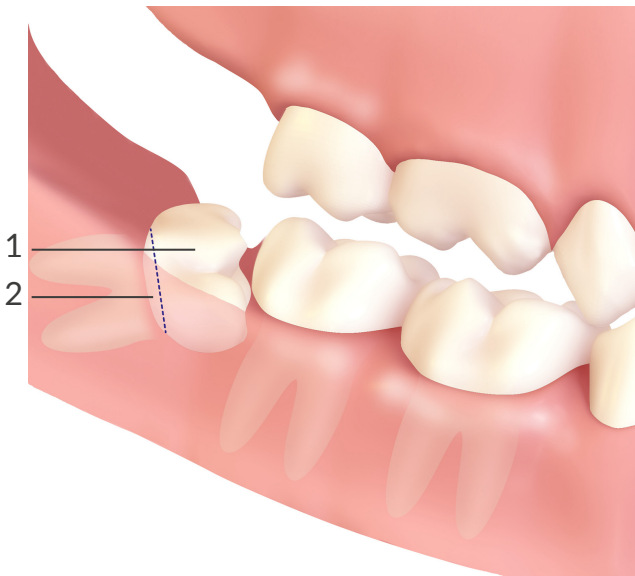
## What does the procedure involve?

Your surgeon will be able to assess your tooth using an x-ray. This usually gives enough information to know if the tooth can be removed safely. In some cases the surgeon will need a more detailed view of the tooth. This is called cone beam computed tomography (CBCT) and is a 3D x-ray. This technique allows the surgeon to see a more detailed view of the tooth and nerve.

X-rays are usually performed before any planned treatment. If your surgeon needs a CBCT they may take it on the same day as the x-ray or at a separate appointment. Your surgeon will discuss the results with you before you make any decisions about your treatment.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your surgeon and the healthcare team your name and the procedure you are having.

Most coronectomies are performed under a local anaesthetic which is injected close to the tooth to numb it. However, various anaesthetic techniques are possible, including a general anaesthetic or sedation. Your anaesthetist or surgeon will discuss the options with you. The procedure usually takes up to 25 minutes but can take longer if you had a general anaesthetic or sedation.



1. The wisdom tooth
2. The tooth is cut here

Because the tooth has not fully pushed into your mouth, your surgeon will need to make a cut around the tooth to expose more of your tooth. Your surgeon will drill a small amount of jawbone away and drill a deep groove into the tooth about a third of the way down.

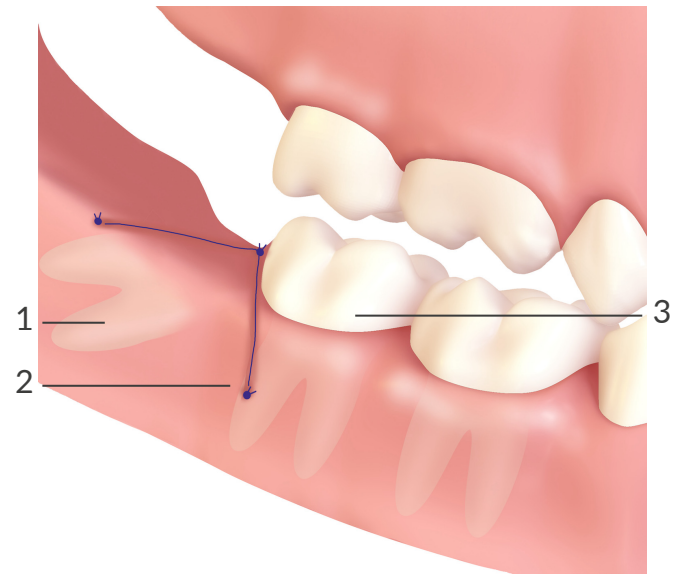
Your surgeon will separate the top part of your tooth, leaving the root behind. They will trim and smooth the surface of the root so it is below the level of the surrounding jawbone. Your surgeon will stitch the gum back in place with dissolvable stitches.

### What should I do about my medication?

Let your surgeon know about all the medication you take and follow their advice.

### How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Stopping smoking and keeping your mouth clean significantly reduces the risk of infection.



1. Wisdom tooth roots after the coronectomy
2. Dissolving stitches
3. The lower second molar tooth

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

### What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure.

Some complications can be serious.

You should ask your surgeon if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### General complications of any procedure

- Bleeding after the procedure. This usually settles by biting down on a pack of gauze or a clean cotton handkerchief for 15 minutes.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your surgeon know if you have any allergies or if you have reacted to any medication or tests in the past.

- Swelling and bruising of the side of the face the procedure was performed on. This usually goes down after 3 to 7 days.

### Specific complications of this procedure

- Infection (risk: up to 4 in 100). If the root becomes infected your surgeon will need to remove the whole tooth. If this happens shortly after your procedure and the root is sitting close to the nerve, the risk of nerve damage is the same as if the whole tooth is removed during the first procedure.
- Dry socket (risk: 1 to 12 in 100). This can feel like an intense toothache. There may also be a bad taste or smell from the wound in your mouth. Your healthcare team will try to reduce this risk at the time of the procedure by washing the area with an antiseptic mouthwash and placing medicated dressing on the wound.
- Damage to the nerve that provides feeling to the lower lip and chin (risk: fewer than 1 in 100). This can sometimes be permanent.
- Damage to the nerve that gives feeling to the tongue and some sense of taste (risk: up to 2 in 100). This can sometimes be permanent.
- Stiff jaw. This should get better within 2 weeks of your procedure.
- The root becoming loose during the procedure. If this happens the whole tooth will need to be removed.

### Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

### Late complications

- Another operation 5 to 6 years after surgery (risk: fewer than 4 in 100). Almost all roots move and sometimes they may push through the gum. The root may need to be removed. The risk of nerve damage can be reduced if the root has moved away from the nerve.

### Consequences of this procedure

- Pain in the area where your surgeon performed the coronectomy. You may need medication to control the pain.

### How soon will I recover?

After the procedure your surgeon will make sure that any bleeding has stopped. You should be able to go home the same day.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

If you had sedation or a general anaesthetic:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- be near a phone in case of an emergency;
- do not drive, operate machinery or do any activities that could be dangerous (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

Eat only soft foods for 1 to 2 days, gradually moving on to solid food only when you can chew comfortably. Avoid things that may irritate the area, such as food that is chewy or has sharp edges such as crisps and rice. Try to chew using the other side of your mouth.

Starting the day after your procedure, brush your teeth gently until you can comfortably brush them normally again.

Avoid rinsing your mouth for 24 hours after your procedure as this can cause bleeding and make the wound heal more slowly. For at least the next week

after this time, rinse your mouth with warm salty water or chlorhexidine mouthwash twice a day. This helps keep your remaining teeth clean until you can comfortably brush them thoroughly again.

It can take 2 to 3 weeks for your wound to close, so gently rinse your mouth after meals to keep your wound clean.

The dissolvable stitches should fall out after around 2 weeks but may take longer.

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen should help relieve any pain.

If you smoke try to stop after your procedure. Stopping smoking reduces your risk of complications like infection and dry socket and will improve your long-term health.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Let your healthcare team know if you have any of the following symptoms once you are at home as they could be a sign of a serious complication.

- Bleeding that does not settle.
- A stiff jaw which gets worse in the days after surgery.
- Facial swelling which gets worse in the first 1 to 2 days after surgery.
- Difficulty swallowing.
- Change in the feeling of your lip, chin and tongue after the local anaesthetic has worn off, usually 2 to 3 hours after it was given.
- Increased pain or other symptoms of infection such as a high temperature.
- Dry socket.

## The future

Your surgeon may arrange for you to come back to the clinic for a check-up. Most people make a full recovery.

## Summary

A coronectomy is a procedure to remove the top of your tooth. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed

decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

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