

## MF01 Removing Wisdom Teeth

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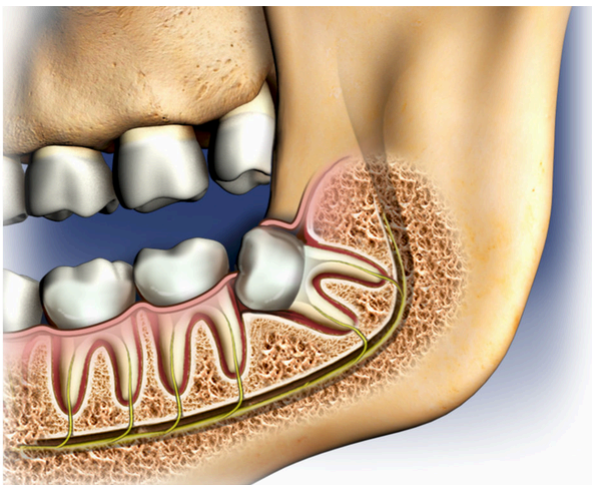
## What are wisdom teeth?

Wisdom teeth are at the back of your mouth. They normally come through (erupt) in your late teens or early twenties.

Some wisdom teeth do not come through fully (partly erupt) and get stuck (or impacted) against other teeth or bone. This often leaves a flap of gum over your tooth. Others can grow too long (over erupt).

Wisdom teeth in your lower jaw take longer to come through and are more likely to be impacted. This makes repeated infections more likely.

### An impacted lower wisdom tooth



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## Why do I need to have one or more wisdom teeth removed?

Wisdom teeth may need to be removed for one or more of the following reasons:

- Repeated or serious infection of the gum that partly covers your tooth (pericoronitis).
- Tooth decay. This can affect the wisdom tooth or a tooth next to it.
- A wisdom tooth can grow out too far and damage the cheek or gum.
- Your tooth may be in a position that makes it difficult to clean properly. This can increase the risk of gum disease.
- You may have a cyst near or around your tooth, or other jaw problems.

- You are due to have a procedure to move your jaw forwards or backwards to correct a jaw deformity. Your dentist or surgeon may need to remove your wisdom teeth to make space for this.
- An orthodontist (a specialist in the development and position of teeth and jaws) may need to make space to move other teeth backwards.
- Your tooth may be in the line of a jaw fracture.

An infection can be made worse if you have an upper wisdom tooth that bites down on the flap of gum covering the partly erupted lower wisdom tooth. Removing an upper wisdom tooth can sometimes fix the problem, delaying or avoiding the need to remove the lower wisdom tooth. Impacted wisdom teeth do not cause crowded front teeth, so removing wisdom teeth will not correct any crowded teeth.

## Shared decision making and informed consent

Your healthcare team has suggested removing one or more of your wisdom teeth. 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.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask 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.

## Are there any alternatives?

Simple painkillers like paracetamol and ibuprofen can help control mild pain.

Antibiotics and rinsing with warm, salty water or chlorhexidine mouthwash can help if the area around the wisdom tooth is infected.

These treatments only give short-term relief and do not treat the underlying problem.

There are surgical alternatives to removing wisdom teeth. These are:

- **Operculectomy.** This involves removing the gum lying over your tooth. An operculectomy may be possible if a wisdom tooth has partly erupted.
- **Coronectomy.** This involves removing just the crown of your tooth. A coronectomy is only suggested if the root of your tooth is close to the nerve that supplies feeling to your lower lip.

## What will happen if I decide not to have the procedure or it is delayed?

Your symptoms may get worse or come back. You may be at risk of getting a serious, life-threatening infection.

If you need to have your wisdom tooth removed before you can have corrective surgery or other orthodontic treatment, that surgery or treatment may not be possible.

If your pain gets worse, contact your dentist.

## What does the procedure involve?

The healthcare team will ask you to confirm your name and the procedure you are having.

You may be asked to rinse your mouth with chlorhexidine mouthwash to reduce the risk of infection.

The procedure usually takes 10 minutes to an hour, depending on how many wisdom teeth need to be removed and how difficult they are to remove.

The procedure may involve a cut in the gum close to the tooth. In some cases, your dentist or surgeon will take some bone around the tooth away with a drill. The tooth may be cut into smaller pieces. This makes removing the tooth and root easier.

Your dentist or surgeon will use stitches to close the wound. These should dissolve within 2 weeks.

Your dentist or surgeon may also place a pack made of gauze (a thin fabric dressing) on the wisdom-tooth socket and ask you to bite on it for about 10 minutes to stop any bleeding.

## Will I be awake during the procedure?

Most upper wisdom teeth can be removed easily under a local anaesthetic.

Lower wisdom teeth can be more difficult to remove. However, most lower wisdom teeth can also be removed under local anaesthetic.

If the procedure is likely to be difficult, your surgeon may offer you a sedative. If you have the sedative, you will be able to answer questions but you will feel relaxed. The surgeon will tell you how to communicate with them, for example by raising your hand, while they are working on your mouth.

Some people may benefit from sedation or general anaesthetic (being sent to sleep for the procedure). This will depend on the following:

- The number of teeth being removed.
- How complicated the treatment is.
- Anxiety about dental treatment.
- If you had difficult teeth removals (extractions) in the past.

A general anaesthetic has a higher risk of complications than other types of medication. If you have a general anaesthetic your healthcare team will talk to you about this.

## What should I do about my medication?

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

## How can I prepare myself for the procedure?

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

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

Regular exercise should help to prepare you for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

## What complications can happen?

### General complications of any procedure

- Bleeding. This should stop within 30 minutes of the procedure finishing. You may notice blood in your saliva for a day or two afterwards. If you bleed a lot, bite down hard for 20 minutes on any swab or gauze given to you by your healthcare team. If you cannot stop the bleeding, speak to your dentist or surgeon.
- Swelling. This is common and is usually worst 2 to 3 days after the procedure. It should settle within a week. You may have difficulty opening your mouth for a few days. You will need to eat soft food that does not need much chewing.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your dentist know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk is lower if you have stopped smoking and you have not had a recent cough or cold.
- Infection. You may have a high temperature, feel unwell and the area under your jawline may feel tender. The skin over your jaw or upper neck may be red and feel hot, hard and sensitive to touch. You may need antibiotics or more treatment.

### Specific complications of this procedure

- Bruising. This should clear up within 2 weeks.

- Dry socket, where the socket does not heal well. This is more common after removal of wisdom teeth in the lower jaw. If you have pain that is getting worse, a bad taste in your mouth or bad breath, speak to your dentist or surgeon. The socket may need washing out and you may need a dressing.
- Not being able to open your mouth fully (trismus) and jaw stiffness. This is more common after removal of lower wisdom teeth. Let your dentist or surgeon know if this does not get better within a few weeks.
- Retained roots, where it is not possible to remove the whole tooth, or your surgeon decides it is safer to leave a root fragment in place. If this causes problems, you may need a larger procedure.
- Damage to nearby teeth. Sometimes nearby teeth can be loosened. These may also need to be removed if they do not become firm again. Fillings or crowns can be moved or damaged and may need to be replaced.
- Damage to nerves that connect to your lip and tongue. If you have a lower wisdom tooth removed this can lead to loss of feeling in your lip, chin or tongue and a change or loss of taste. Rarely, other symptoms can include burning, stabbing and shooting pain. Any damage is usually temporary (risk: 1 in 10). However, it can take up to 18 months to fully recover and sometimes the damage is permanent (risk of permanent damage: less than 1 in 100). If you experience any of these symptoms, contact your healthcare team.
- Sinus problems. Sometimes removing an upper wisdom tooth may cause an opening between the sinus (one of the air-filled spaces above your upper jaw) and your mouth. This can cause infection (sinusitis), pain and draining of fluid between your mouth and your nose. The opening usually closes but you may need surgery. Sometimes a tooth or a fragment of tooth may move into a sinus. You will need surgery to remove the piece of tooth.
- Breaking the bone (tuberosity) behind the wisdom tooth. This can cause bleeding and may cause an opening between the sinus and your mouth. This complication is rare, but if it happens you may need another procedure to fix it. You may have the other procedure at the same time as your wisdom tooth removal or at a later date.

- Broken jaw. This is rare. The risk is higher if the procedure was difficult for your dentist to perform.
- Osteonecrosis, a rare condition where tissue in your jawbone starts to die preventing your tooth socket from healing properly.

## Consequences of this procedure

- Pain is related to how difficult it was for your surgeon to remove your tooth. You may need medication to control the pain.

## What happens after the procedure?

### In hospital or the clinic

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

If your wound starts to bleed, bite for 20 minutes on a pack made of gauze, or on a clean handkerchief rolled into a small knot.

Depending on the difficulty of the procedure and the risk of infection, you may be given antibiotics. Do not smoke and keep your mouth as clean as possible to reduce the risk of infection.

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 telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Try to leave your wound alone for 1 to 2 days. Then rinse your mouth gently with warm, salty water 4 times a day for the next 2 days. For at least the next week, rinse your mouth with

chlorhexidine mouthwash twice a day to help keep your teeth clean until you can comfortably brush them 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.

To reduce the risk of bleeding, swelling and bruising, do not exercise, drink alcohol or have a hot bath for 1 week.

Eat only soft foods for 1 to 2 days, gradually moving on to solid food only when you can chew comfortably. Avoid small, sharp food like crisps and rice that may get stuck in the socket. Try to chew using the other side of your mouth.

You may need to take up to a week off work. You should be able to return to normal activities within a week.

### The future

Your dentist or surgeon may arrange for you to come back to the clinic to remove any stitches or for a check-up. Most people make a full recovery without any follow-up.

## Summary

Wisdom teeth can sometimes cause serious problems. Surgery is usually a safe and effective way to stop your symptoms from coming back.

However, complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

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.

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## **Illustrator**

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