

Wisdom Tooth Removal vs Coronectomy

A guide to understanding your treatment options, risks, benefits, and recovery

Introduction

This leaflet has been prepared to help you understand the treatment options available for lower wisdom teeth that are close to the inferior alveolar nerve. It is designed to support your decision-making process and to provide balanced information about the risks, benefits, alternatives, and recovery associated with each option.

In some cases, complete removal of the wisdom tooth is the most appropriate treatment. In other situations, where the roots of the tooth are very close to the nerve supplying feeling to the lower lip and chin, a procedure called a *coronectomy* may be considered to reduce the risk of nerve injury.

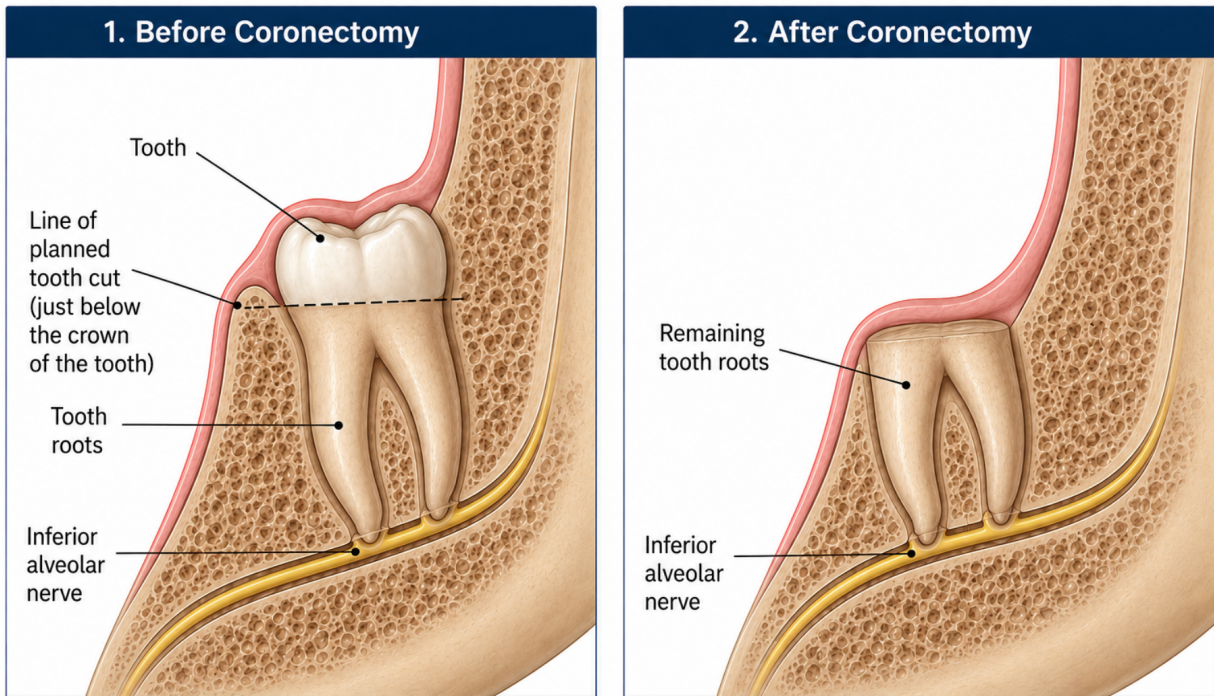
Please read this leaflet carefully before your appointment. You are encouraged to write down any questions you may have and discuss them with Mr McDonald during your consultation. Mr McDonald will discuss your individual circumstances, the proposed treatment plan, and any specific risks that apply to you.

Understanding Your Wisdom Tooth

Wisdom teeth are your third and final set of molars, located at the back of each corner of your mouth. Most people develop between one and four wisdom teeth, typically between the ages of 17 and 25.

Because the modern jaw often lacks sufficient space to accommodate these teeth, they commonly become partially or fully trapped within the jawbone — a condition known as impaction.

Some impacted wisdom teeth remain symptom-free throughout life, while others can cause pain, infection, swelling, gum disease, tooth decay, or damage to adjacent teeth.



Coronectomy involves removing the crown of the wisdom tooth at the level shown (just below the crown of the tooth) and leaving the roots in place to avoid disturbance to the inferior alveolar nerve.

Why Has Treatment Been Recommended?

Treatment has been recommended for one or more of the following reasons:

1. Recurrent infection or inflammation (pericoronitis)
2. Decay (dental caries) affecting the wisdom tooth or adjacent second molar
3. Damage to neighbouring teeth
4. Gum (periodontal) disease
5. Pain, swelling, or repeated trauma
6. Cyst or tumour formation associated with the tooth
7. Difficulty cleaning the area effectively

In your case, imaging has shown that the roots of the lower wisdom tooth may be close to the inferior alveolar nerve. This means there may be an increased risk of numbness following complete removal of the tooth.

For this reason, two treatment options may be considered:

- Complete surgical removal of the wisdom tooth
- Coronectomy (removal of the crown only, leaving the roots in place)

What Is the Difference Between the Procedures?

Surgical Removal (Full Extraction)

Complete surgical removal involves removing the entire tooth, including both the crown and roots.

The procedure usually involves:

1. Numbing the area with local anaesthetic
2. Making a small incision in the gum
3. Removing a small amount of bone if required
4. Dividing the tooth into sections if necessary
5. Removing the entire tooth
6. Cleaning the socket and placing dissolving stitches

This is the traditional and most definitive treatment.

Coronectomy

A coronectomy is a procedure in which only the crown (top part) of the wisdom tooth is removed, while the roots are intentionally left in place.

The roots are left behind because they are very close to the inferior alveolar nerve. Leaving the roots in place can significantly reduce the risk of permanent nerve injury.

The procedure usually involves:

1. Numbing the area with local anaesthetic
2. Making a small incision in the gum
3. Removing a small amount of bone if required
4. Separating the crown from the roots
5. Removing the crown only
6. Smoothing the remaining roots below the level of the bone
7. Cleaning the area and placing dissolvable stitches

The retained roots usually remain buried safely within the jawbone.

Comparing Your Treatment Options

	Surgical Removal	Coronectomy
Goal of treatment	Remove the entire tooth	Remove the crown while protecting the nerve
Tooth roots	Removed	Left in place intentionally
Risk of nerve injury	Higher when roots are close to the nerve	Lower
Chance of needing further surgery	Usually low	Small possibility if roots move or become infected later
Definitive treatment	Yes	Usually, but retained roots require monitoring
Suitability	Most wisdom teeth	Selected high-risk lower wisdom teeth only
Long-term monitoring	Usually minimal	Occasionally required

Benefits and Risks of Each Option

Benefits of Surgical Removal

1. Complete removal of the tooth and roots
2. Definitive treatment with little chance of future problems from retained roots
3. Removes infection, decay, or pathology completely
4. No retained tooth structure remains

Risks of Surgical Removal

Common Risks

1. Swelling, bruising, and discomfort
2. Bleeding during the first 24–48 hours
3. Temporary difficulty opening the mouth (trismus)
4. Dry socket (alveolar osteitis)
5. Infection

Important Nerve Risks

Because the roots may lie close to the inferior alveolar nerve or lingual nerve, there is a risk of altered sensation or numbness affecting:

- The lower lip and chin
- The tongue
- The gums or teeth

Most nerve injuries improve with time, but some may be permanent.

Typical reported risks are:

- Temporary nerve injury: approximately 1–5%
- Permanent nerve injury: usually less than 1%

Mr McDonald will discuss your individual risk with you.

Benefits of Coronectomy

1. Significantly reduces the risk of permanent inferior alveolar nerve injury (long-term numbness of the lip or chin)
 2. Treats the problematic upper portion of the tooth
 3. Usually associated with recovery similar to standard extraction
-

Risks and Limitations of Coronectomy

Common Risks

1. Swelling, bruising, discomfort, and bleeding
2. Infection or dry socket
3. Temporary numbness or altered sensation (still possible, although less likely)
4. Need for pain relief and recovery time similar to full extraction

Specific Risks of Coronectomy

1. Root migration — the retained roots may slowly move over time
2. Need for further surgery — a small percentage of patients may later require removal of the retained roots if they become exposed or infected
3. Incomplete coronectomy — occasionally the roots become mobile during surgery and full extraction becomes necessary

4. Persistent infection or delayed healing around the retained roots

Studies suggest that only a minority of patients require later root removal.

Important: Understanding Nerve Risk

The inferior alveolar nerve runs within the lower jaw and supplies feeling to the lower lip and chin.

The lingual nerve supplies feeling and taste to part of the tongue.

When the roots of a wisdom tooth lie very close to these nerves, complete removal of the tooth can occasionally injure them.

Your surgeon assesses this risk using:

- Dental X-rays
- Sometimes a CBCT (3D scan)
- The position and shape of the tooth roots

A coronectomy may be recommended specifically to reduce the risk of permanent numbness.

Which Option May Be Best for Me?

There is no single correct choice for every patient.

Some patients prefer complete removal because it definitively removes the entire tooth.

Others prefer coronectomy because preserving the roots may reduce the risk of permanent numbness.

The most appropriate option depends on:

- The position of your tooth roots
- Your personal tolerance of risk
- Your symptoms and dental health
- Your age and healing potential
- Whether long-term monitoring is acceptable to you

Mr McDonald will discuss the advantages and disadvantages of each option in relation to your individual circumstances.

Consent

Consent for treatment must be given freely and without pressure.

Before proceeding, Mr McDonald will ensure that you:

1. Understand the proposed procedure
2. Understand the likely benefits and relevant risks
3. Understand the alternative treatment options
4. Have had the opportunity to ask questions

You may withdraw your consent at any time before the procedure begins.

Preparing for Your Procedure

Before the Day

1. Inform Mr McDonald of all medications you take, including blood-thinning medicines
 2. Inform Mr McDonald if you have allergies, medical conditions, or if you are pregnant or breastfeeding
 3. Follow any fasting instructions if having sedation or general anaesthesia
 4. Arrange for a responsible adult to accompany you home if required
 5. Wear comfortable clothing and avoid heavy makeup or nail varnish
-

On the Day

1. Take medications as advised
 2. Brush your teeth before attending
 3. Bring a list of your medications
-

Post-Operative Care Instructions

The recovery following coronectomy is usually very similar to recovery following complete wisdom tooth removal.

Immediately After the Procedure

1. Mild bleeding or blood-stained saliva is normal for 24–48 hours
 2. Avoid rinsing, spitting, smoking, or using straws for the first 24 hours
 3. Rest with your head elevated
-

Pain and Swelling

1. Take painkillers exactly as advised
 2. Swelling usually peaks after 48–72 hours before gradually improving
 3. Apply a cold compress during the first 24 hours
 4. Keep your head elevated while sleeping for the first few nights
-

Eating and Drinking

1. Eat soft foods initially
 2. Avoid hot foods and drinks for 24 hours
 3. Avoid hard or crunchy foods until comfortable
 4. Stay well hydrated
 5. Avoid alcohol while taking antibiotics or strong painkillers
-

Oral Hygiene

1. Continue brushing the other teeth normally
 2. Begin warm salty mouth rinses after 24 hours
 3. Use chlorhexidine mouthwash if prescribed
-

Activity and Lifestyle

1. Rest for the remainder of the day





2. Avoid strenuous exercise for 5–7 days
3. Do not smoke for at least 48 hours — ideally 7–10 days
4. Most patients return to desk-based work within 3–5 days

What to expect during recovery

Timeframe	What Is Normal
Day 1	Numbness from anaesthetic, mild to moderate bleeding, initial discomfort beginning as anaesthetic wears off.
Days 2–3	Swelling and bruising may worsen before improving. This is the most uncomfortable period for many patients. Pain should be manageable with analgesics.
Days 4–7	Swelling and pain gradually improve. Bruising may track down the neck — this is normal. Mouth opening begins to improve.
Weeks 2–3	Dissolvable stitches fall out. The socket surface closes over. You can gradually return to a normal diet.
Weeks 4–8	The socket continues to fill in with new bone and tissue. Complete bony healing takes several months but the area should feel normal well before this.

When to Seek Help

Please contact the Duty Sister at Albyn Hospital (01224 595993) or seek medical attention if you experience:

-  Heavy or persistent bleeding
-  Severe worsening pain after the first few days
-  Increasing swelling, pus, fever, or foul taste
-  Difficulty swallowing or breathing

⚠ Persistent or worsening numbness that concerns you

⚠ Exposure of retained roots after coronectomy

Follow-Up

A follow-up appointment may be arranged to:

- Assess healing
- Monitor sensation
- Review retained roots after coronectomy if required

In many cases, retained roots remain buried permanently without causing problems.

Frequently Asked Questions

Will I feel pain during the procedure?

No. The procedure is carried out under local anaesthetic, sedation, or general anaesthetic. You should not feel pain during treatment.

Can retained roots become infected later?

Yes, although this is uncommon. A small number of patients may require future removal of retained roots if they become exposed or symptomatic.

If I choose coronectomy, can the roots still be removed later?

Yes. In some cases the retained roots gradually move away from the nerve over time, making later removal safer if required.

Is coronectomy suitable for everyone?

No. Coronectomy is usually reserved for lower wisdom teeth where scans show a high risk of nerve injury from complete extraction.

Final Thoughts

Both surgical removal and coronectomy are accepted treatments for impacted lower wisdom teeth.

Complete removal offers definitive treatment but may carry a higher risk of nerve injury when roots lie close to the nerve.

Coronectomy is designed to reduce this risk by intentionally leaving the roots behind, although a small number of patients may require future monitoring or treatment.

Your surgeon will help guide you toward the option that best balances safety, effectiveness, and your personal preferences.
