

Wisdom Tooth Removal

(Surgical Extraction of Third Molars)

A guide to your procedure, consent, and recovery

Introduction

This leaflet has been prepared to help you understand the procedure you have been recommended — the surgical removal of one or more wisdom teeth (third molars). It is designed to support your consent process and to provide guidance for your recovery after the procedure.

Please read this leaflet carefully before your appointment. You are encouraged to write down any questions you may have and raise 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.

What Are Wisdom Teeth?

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.

Why Has Removal Been Recommended?

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

- Recurrent infection or inflammation (pericoronitis) around the partially erupted tooth
- Decay (dental caries) in the wisdom tooth or the adjacent second molar that cannot be adequately treated
- Damage to neighbouring teeth
- Cyst or tumour formation associated with the impacted tooth
- Gum (periodontal) disease affecting the wisdom tooth or adjacent teeth
- Pain, swelling, or repeated trauma that is not resolving with conservative treatment

About the Procedure

Type of Anaesthesia

Wisdom tooth removal can be performed under local anaesthetic (awake and numb), local anaesthetic with sedation or general anaesthetic (asleep). The type of anaesthesia recommended will depend on the complexity of the extraction, the number of teeth to be removed, your personal circumstances and medical history. Mr McDonald will discuss the options available to you.

What Happens During the Procedure?

The surgical steps typically involved are as follows:

- The area around the tooth is numbed with local anaesthetic. This is done even if you are asleep for the procedure.
- A small incision may be made in the gum to expose the tooth and surrounding bone.
- In most cases, a small amount of bone is removed to access the tooth, and the tooth may need to be divided into sections for safe removal.
- The tooth (or sections of it) is carefully loosened and removed.
- The socket is cleaned and irrigated. The gum is then closed with dissolvable stitches, which typically dissolve within 2–3 weeks.

The procedure typically takes between 20 and 60 minutes per tooth, depending on the complexity of the impaction.

Risks and Complications

As with all surgical procedures, wisdom tooth removal carries some risks. Your surgeon will discuss these with you in detail, particularly any risks that are specific to your situation. It is important that you understand these risks before consenting to treatment.

Common Risks (Affecting More Than 1 in 10 Patients)

- Swelling, bruising, and discomfort lasting several days to two weeks
- Temporary difficulty opening the mouth (trismus), which usually resolves within a few days to weeks
- Mild bleeding in the first 24–48 hours
- Altered sensation or numbness in the lower lip, chin, tongue, or cheek due to proximity of the inferior alveolar nerve or lingual nerve — this is usually temporary but can occasionally be permanent (see below)

Less Common Risks (Affecting 1 in 10 to 1 in 100 Patients)

- Infection of the socket, requiring antibiotics or further treatment
- Dry socket (alveolar osteitis) causing delayed healing and pain. This is more common in smokers.
- Damage to adjacent teeth or existing dental restorations
- Incomplete removal of the tooth

Rare but Serious Risks

- Permanent altered sensation or numbness — injury to the inferior alveolar nerve (affects sensation in the lower lip and chin) or the lingual nerve (affects sensation in the tongue and floor of mouth). The risk varies according to the position of the tooth and is typically 1–2% for temporary nerve injury and less than 1% for permanent injury. Your surgeon will discuss your individual risk.

- Damage to the adjacent second molar tooth
- Jaw fracture (extremely rare, more likely in older patients, those with large cysts or very deeply placed teeth)
- Communication with the maxillary sinus (for upper wisdom teeth) — usually closes naturally but may require further treatment

Important: Nerve Risk for Lower Wisdom Teeth

The roots of lower wisdom teeth can lie close to the inferior alveolar nerve (which supplies feeling to your lower lip and chin) and the lingual nerve (which supplies feeling to your tongue). Before your operation, your surgeon will assess the position of your tooth — usually with an X-ray, and sometimes a CT scan — to estimate your individual risk. In most cases the risk of permanent nerve damage is less than 1%, but your surgeon will advise you specifically.

Consent

Consent for surgical treatment must be given freely and without pressure. Mr McDonald will ensure that you:

- Understand the nature of the proposed procedure
- Are aware of the likely benefits and relevant risks
- Have been informed of reasonable alternative treatments
- Have had the opportunity to ask questions

You have the right to withdraw your consent at any time before the procedure begins. If you have any doubts or concerns, please discuss them with Mr McDonald before signing the consent form.

If you would like a second opinion, your surgeon will support this and can provide relevant clinical information to assist you.

Preparing for Your Procedure

Before the Day

- Inform Mr McDonald of all medications you take, including blood-thinning medicines (e.g. warfarin, aspirin, clopidogrel, apixaban), as these may need to be adjusted. Do not stop any medication without medical advice.
- Inform Mr McDonald if you have any allergies, medical conditions, or if you are pregnant or breastfeeding.
- If you are having sedation or general anaesthesia, specific fasting instructions will be given to you.
- Arrange for a responsible adult to accompany you home if you are having sedation or general anaesthesia. You must not drive, operate machinery, or make important decisions for 24 hours afterwards.
- Wear comfortable, loose-fitting clothing. Avoid wearing nail varnish or heavy makeup.

On the Day

- Take any regular medications as advised by your surgeon (with a small sip of water if fasting).
- Brush your teeth before attending.
- Bring your current medications.

Post-Operative Care Instructions

Following your operation, it is important to follow these instructions carefully to support healing and reduce the risk of complications.

Immediately After the Procedure

- Some oozing of blood is normal for the first 24–48 hours. This is expected.
- Avoid rinsing, spitting, or sucking through a straw for the first 24 hours, as this can dislodge the blood clot and delay healing.
- Sit upright or semi-reclined rather than lying flat.

Pain and Swelling

- Take painkillers as prescribed or recommended by Mr McDonald. Ibuprofen can be taken three times a day and paracetamol can be taken four times a day. If you are still in pain, dihydrocodeine can be taken four times a day (constipation is a common side effect). You will be given appropriate painkillers to use on your discharge home from hospital.
- Swelling typically peaks at 48–72 hours and then gradually subsides. Applying a cold compress (wrapped in a cloth) to the outside of your face during the first 24 hours can help.
- Keeping your head elevated for the first few nights may help reduce swelling.

Eating and Drinking

- Eat soft foods and avoid chewing on the operated side (if possible) for the first few days.
- Avoid hot food and drinks for the first 24 hours as this can increase bleeding.
- Avoid hard, crunchy, or sharp foods (e.g. crisps, nuts, hard bread) until fully healed.
- Keep well hydrated. Drink cool or lukewarm fluids.
- Avoid alcohol for at least 48 hours, or for the duration of any antibiotic course.

Oral Hygiene

- Continue to brush your other teeth as normal from the evening of the procedure, avoiding the surgical site initially.

- From 24 hours after surgery, gently rinse with warm salty water (one teaspoon of salt dissolved in a glass of warm water) after meals and before bed. Do this for at least 5–7 days.
- If prescribed a chlorhexidine mouthwash, use it as directed.

Activity and Lifestyle

- Rest for the remainder of the day following your procedure.
- Avoid strenuous physical activity, heavy lifting, and vigorous exercise for at least 5–7 days, as this can increase swelling and provoke bleeding.
- Do not smoke for at least 48 hours — and ideally for 7–10 days — after surgery. Smoking significantly increases the risk of dry socket and impairs healing.
- If you were given sedation or general anaesthesia: do not drive, use public transport alone, operate machinery, drink alcohol, or make important decisions for 24 hours.
- Most patients feel well enough to return to desk-based work within 3-5 days. More physical occupations may require a longer recovery.

When to Seek Help

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

Contact Us or Seek Urgent Help If You Have:

- ⚠ Heavy or persistent bleeding that does not stop with pressure after 40 minutes
- ⚠ Severe or worsening pain after the first 3–4 days (may indicate dry socket or infection)
- ⚠ Signs of infection: increasing swelling after day 3, foul taste, pus from the socket, fever
- ⚠ Difficulty swallowing or breathing
- ⚠ Any other symptom that concerns you

Medications

You may be prescribed one or more of the following after your procedure:

- Analgesics (painkillers): Ibuprofen and/or paracetamol are usually sufficient. Take as directed. Do not exceed the recommended dose.
- Antibiotics: These are not routinely prescribed but may be recommended if there is active infection or a specific clinical indication. Complete the full course.

- Chlorhexidine mouthwash: Use as directed to help keep the area clean and reduce infection risk.
- Dexamethasone (steroid): This is given during the procedure to reduce post-operative swelling.

Always take medications as directed. If you have concerns about any medication, contact the clinic or your GP.

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.

Follow-Up

A follow-up appointment will be arranged at around 6 weeks to check for return of normal sensation and healing. If you do not receive an appointment automatically, please contact the Albyn Hospital.

Alternatives to Surgery

In some situations there are alternatives to surgical removal, and these will be discussed with you during your consultation. Options may include:

- Active monitoring — in some cases, particularly where the tooth is fully impacted and not causing symptoms, careful observation may be appropriate.
- Antibiotics and/or irrigation — to manage acute infection in the short term, though this does not address the underlying cause.
- Coronectomy — in selected cases where there is a high risk of nerve injury, intentional removal of the crown of the tooth only (leaving the roots in place) may be considered.

Your surgeon will advise you on whether any of these alternatives are suitable in your specific case.