

## **TOOTH EXTRACTION/SURGERY WARNINGS**

The following list of warnings regarding tooth extraction is neither exhaustive nor is it predictive. The most appropriate warnings have been included here.

### **Common Surgical Consequences**

**Pain.** As it is a surgical procedure, there will be soreness after the tooth removal. This can last for several days. The painkiller you use is dependent on your medical history & how easily the tooth was removed.

**Swelling.** There may be swelling lasting up to a week. Use of an ice pack or a bag of frozen peas pressed against the cheek will help to decrease the swelling. Avoidance in the first 24 hours of alcohol, exercise or hot foods/drinks will decrease the degree of swelling.

**Bruising.** This can occur on the cheek, face and occasionally on the upper part of the neck. This will eventually resolve but can take several weeks (in the worst cases).

**Bleeding into Cheeks.** Cheek swelling will last over a week and will feel quite firm. There may be reduced mouth opening and bruising. The swelling, bruising and limited mouth opening will resolve with time.

**Stitches.** The extraction site may be closed with stitches. These are dissolvable and 'fall out' within 10- 14 days, unless advised otherwise.

**Jaw stiffness** Mouth opening is likely to be sore and uncomfortable for 3-4 days and a soft diet during this time may be better for you. You may also experience pain and stiffness of the jaw joints. This will normally disappear after a couple of days but can occasionally last for up to 2-4 weeks.

**Infection** This tends to occur 2 - 4 days later and can be characterised by a swelling, throbbing pain, bad breath and an unpleasant taste. This infection is more likely to occur if you are a smoker, are on the contraceptive pill, on drugs such as steroids and if bone had to be removed to facilitate tooth extraction. You will need to see your dentist to have the socket cleaned and be given antibiotics, if appropriate.

**Dry Socket** If you experience a very pain socket a few days after extraction without the other signs of infection (swelling, bad taste/odour), you may have developed a dry socket. This is where the clot has not formed properly and so healing is impaired. Older patients, women and smokers are at higher risk. You will need to see your dentist to have some dressings placed in the socket until the healing process is stable.

**Numbness/Tingling/'Burning' of the Lip, Chin and/or Tongue.** The nerves that supply feeling to the tongue, lower lip and the chin run close to the root-ends of the lower molar teeth and premolars. There is a risk that when these teeth (especially wisdom teeth) are removed, these nerves can be crushed, bruised or stretched resulting in numbness or altered sensation in the region of the lower lip, chin and/or tongue.

This nerve bruising tends to be temporary (rarely is it permanent) but 'temporary' can stretch from several days to several months. It is hard to predict who will get nerve bruising and if it will be temporary/ permanent and if temporary, how long for. As the nerve recovers, numbness or tingling can become a 'burning' pain (*dysaesthesia*) before normal sensation returns.

**Surrounding Teeth.** The surrounding teeth may be sore/sensitive after the extraction; they may even be slightly loose but the teeth should settle down with time. It is possible that the fillings or crowns of the surrounding teeth may come out, fracture or become loose. If this is the case, you will need to go back to your dentist to have these treated. Every effort will be made to make sure this doesn't happen. In very rare instances, the surrounding tooth/teeth may come out as well as the intended tooth.

**Surgical Removal.** To facilitate the removal of teeth, it is sometimes necessary to cut the gum and/or remove bone from around the tooth. If this is the case, you can expect the extraction site to be sore afterwards. Stronger painkillers are needed; use of ice packs mandatory and antibiotics may be prescribed.

**Remaining Root End Tips.** In rare instances, the root ends of the teeth may be left behind to avoid further complications resulting from attempting to remove them. If these tips are left behind in the socket, it is unlikely for problems to occur. If the root tips have gone into other areas, they will need to be recovered and referral to hospital will be required.

**Bony Flakes.** Occasionally the socket may feel rough/sharp and bony flakes (*sequestra*) from the sockets of the extracted teeth can work their way loose and through the gums. They may need to be teased out or smoothed by your dentist.

**Failure of Anaesthesia.** A few reasons may make it difficult to 'numb up'. The common reasons include inflammation ± infection associated with the tooth and patient apprehension. If the tooth fails to 'numb up' then its removal may be rescheduled and perhaps done under sedation or even a GA.

**Mouth-Sinus Communications.** Upper molar and premolar teeth often have their roots close to the sinus. In removing these teeth, there is a chance that a communication can be made between the mouth and the sinus (this may develop up to 4-6 weeks after). If the communication is small, it can spontaneously close. However, communications above a certain size need to be surgically closed and referral to hospital may be required. You may notice fluid through your nose every time you drink. You will be given advise if a communication is evident.

**Fractured Tuberosity.** Upper last molars can sometimes be fused with the bony socket they sit in. When removing these teeth the bone (tuberosity) can come off with the tooth creating a larger mouth-sinus communication (see above). Sometimes the adjacent teeth and their bony sockets come with it. Closure of the communication is followed with antibiotics, painkillers & decongestants. Nose-blowing is forbidden for a week afterwards (at least).

**Over-Eruption of Opposing Teeth.** Following extraction of a tooth (usually a wisdom tooth), the opposing tooth may drift further into the mouth over time. If this causes issues, the tooth may need to be removed.

**Medication-Related Bleeding complications.** Medications ('blood thinners') that reduce blood clotting ability (e.g. Warfarin; Apixaban; Rivaroxaban; Dabigatran) may cause increased or prolonged bleeding from the socket after extraction. Our dentists/surgeons follow latest guidelines, and you will be given advice on whether you need to stop your medication or have any checks done prior to your treatment. In some cases, to help with the clot forming you may have a dressing placed in the socket and may have stitches placed around the socket. In the rare case the clot is not forming you will be directed to the local hospital for further management.

**Medication-Related Bone complications.** Medicines related to certain conditions may affect the healing of the bone after extraction. Most common group of medicines that can have this affect are called Bisphosphonates (e.g. Alendronic acid; Risedronate) which are used in those with Osteoporosis and certain cancer treatments. The risk is higher in those who receive the medication by injection, and those who have been taking the medication for several years or who are also taking steroid medications. Treatment can be carried out as normal in majority of cases without issues. You may need to return/see your dentist for reviews of healing. Healing can be delayed a little but if extended you may have to be referred to hospital for further tests and treatment.

## **CONSENT TO HAVE FOLLOWING TEETH EXTRACTED**

**I HAVE READ, UNDERSTOOD AND ACCEPT THE WARNINGS GIVEN.**

Patient Name

Patient Signature

Date