

Removal of wisdom teeth is often recommended because these teeth often erupt abnormally and may not entirely emerge from the gums. Many patients have difficulty cleaning this area with a toothbrush and the teeth become decayed and often infected around the area of the gums due to bacteria accumulation. The 2<sup>nd</sup> molars may also become involved because they can decay due to inadequate access for cleaning due to the presence of the wisdom teeth. Many patients elect extraction to avoid these problems. Choosing no surgery may lead to pain, swelling, infection, or decayed adjacent teeth.

Anesthesia options vary in cost and include:

- 1) local anesthetic (numbing of the teeth)
- 2) oral sedation and local anesthesia
- 3) nitrous gas and local anesthetic
- 4) nitrous gas, oral sedation & local anesthetic
- 5) intravenous sedation and local anesthesia
- 6) If you wish to be entirely asleep, you will need to appoint with an oral surgeon or surgical center.

\*oral sedation or IV sedation require that you have a driver and do not eat or drink anything within 6 hours of surgery. You may have clear liquids up to 2 hrs prior to surgery (nothing with pulp in it).

Risks of surgery are prolonged pain, swelling, prolonged jaw-joint pain and dysfunction, or sometimes infection. Lower teeth have an adjacent nerve which allows feeling of all lower teeth and lip and chin on that side of the mouth. This nerve can become damaged resulting in loss of this sensation (usually for 2 to 3 weeks or 2-3 months). This loss of sensation can be permanent. "Dry socket" or infection often require 2 to 3 follow-up appointments which may require additional surgery. Not all root tips are removed; if the nerve on the lower jaw or the sinus on the upper jaw may be compromised, it may be best to leave the root-tip in place. On occasion, a piece of bone may sequester from the socket days or weeks after surgery. Rarely, an abscess forms under the gingiva. Either event may require numbing/surgery. Rarely, the jaw or adjacent teeth can fracture.

It is normal to experience pain after surgery for the first 36 hours. Swelling is maximal at 48 to 72 hours after surgery. Some patients do not tolerate surgery well and feel woozy for a few days after surgery; you may wish to schedule the procedure when you will have the following 2-3 days free of commitment. A slight fever of short duration may occur for a few days after surgery. **AVOID USING A STRAW** or blowing through the nose/sinus **FOR 7 DAYS** after surgery. Suction pressures in the mouth can dislodge the clot or lead to undesired healing for upper teeth whereby a fistula develops between the sinus & mouth requiring surgical closure at a later date.

"Dry socket" is a condition of prolonged pain due to an inadequate blood clot in the socket. It is often marked by radiating pain into the ear or jaw & happens about 3 to 4 days after surgery. It occurs in ~25% of wisdom tooth extractions. A packing is placed in the socket about every 2 to 3 days and this soothes the pain. Usually, 1 or 2 appointments are necessary to resolve this condition. Each packing may entail a fee; you are responsible for fees incurred to treat complications whether provided by this practitioner, other clinic or hospital.

Infection is marked by discharge, fever, foul smell, or inability to open the mouth very wide 3 to 4 days after surgery. Many infections can be treated with oral antibiotics. Rarely, infections may require a hospital admission for intravenous antibiotic therapy and possibly incision and drainage or bone resection surgery.

If you have TMJ (jaw joint dysfunction), inform the dentist. Prolonged jaw opening can aggravate this condition. The procedures can be broken-up into short bursts to allow jaw-rest. A rubber mouth-rest is placed between the teeth on the opposite side of the procedure to allow you to rest & steady your jaw.

The most important things to accomplish after surgery are adequate fluid consumption (fruit juices) and rest. A nonsteroidal anti-inflammatory drug [NSAID (Motrin/ibuprofen, aspirin)] can be started 2 days prior to surgery to diminish the swelling and it is important to keep taking this medication along with other pain medications after surgery for at least 3 days. A steroid pack (Medrol) may be started the day before surgery to decrease swelling and inflammation. Do not take an NSAID & steroid at the same time. It is also a good idea to drink fruit juices up to 2 hours prior to surgery; dehydration is not your friend. Women who suspect they may be pregnant must notify the doctor prior to surgery. It important to contact the dentist if a complicating condition presents. Please direct any questions you may have to the staff or your treating doctor.

You will need to provide payment for services prior to treatment & will/may need to purchase the following:

- 1) chlorhexidine mouthrinse ~ \$15 or Prevention<sup>TM</sup> mouthrinse ~ \$8
- 2) antibiotic ~ \$20-\$50
- 3) steroid ~ \$20-\$40
- 4) pain medication ~ \$20-\$30

You will need to return in 7-14 days for evaluation/suture removal.

You cannot operate machinery or supervise children when taking narcotic pain medication.

\*\* Decay on the 2<sup>nd</sup> molar may occur.

