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BERKSHIRE FACIAL SURGERY, INC.

Oral Surgery and Dental Implant Center

Third Molar Surgery

Welcome to our office!

The purpose of this brochure is to acquaint you with our office and provide you with valuable information regarding your third molars, also known as "Wisdom Teeth".

Wisdom teeth usually erupt in the mid to late teen years. Often times, there is not enough room in the jaw for these teeth to erupt properly and will remain stuck or impacted under the gums. In many cases it is recommended that these teeth be removed before problems arise. Your doctor has sent you to our office to determine if these teeth need to be removed and educate you as to the risks and benefits of this procedure.

In general, removal of impacted third molars is recommended on patients 25 years old or younger. Up until this age, the risks of the surgery are outweighed by the benefits of their removal. After the age of 25, the risks of the surgery increase and the natural healing abilities of patients are lessened. Occasionally, for patients over the age of 25 with completely impacted third molars that are disease free, we may recommend simply following these teeth with periodic exams and x-rays. If however, there is evidence of disease around these teeth, regardless of age, it is recommended that these teeth be removed.

First, let's look at the potential problems that can arise if these teeth are left in the jaw.

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INFECTION:

When wisdom teeth erupt into an already crowded jaw, they remain partially covered by gum tissue and sometime bone. This is what is known as an "impacted" tooth. If the tooth is partially covered by gum tissue, a pocket develops between the tooth and gum tissue. This pocket is very dark, moist and there is usually a lot of food debris that can accumulate there. This is the perfect environment for bacteria to grow and cause infections. Most often, these infections are usually self-limiting and are manifest by localized pain around the gum tissue, pain on opening and chewing and sometimes a bad taste in the mouth. Usually a prescription for antibiotics and improved hygiene in this area will resolve the infection. Sometimes, these infections can erupt into a major infection spreading rapidly into the surrounding tissues. Patients with these infections will often need to be admitted to the hospital and have surgery to drain these infections. Removing these teeth early is the best step in preventing these infections.

BONE LOSS:

Over time, repeated infections around impacted wisdom teeth will cause the surrounding bone to resorb or melt away. This becomes a problem if the bone loss begins to occur around the adjacent second molar. If this happens, the bone loss may be so severe that the second molar loosens and needs to be removed, as well.

CYST/TUMOR FORMATION:

Impacted teeth, by definition, are a form of pathology. Teeth are programmed to erupt into the mouth and be used for chewing and speaking. If a tooth remains impacted in the gums, it is not functioning as it was meant and should be removed. In addition, the tissue around the impacted tooth has the potential to form many types of cysts and tumors. Most often, these cysts and tumors are not cancerous, but can be very destructive to the surrounding teeth and bone. Some rare types of pathology behave very similar to cancers, spreading rapidly into the adjacent tissues. If this happens, the offending wisdom tooth must be removed along with all of the affected bone and soft tissue. Compared with the simple removal of an impacted tooth, this is a much more risky and involved surgery.

DENTAL CARIES:

Partially impacted teeth can be very difficult to clean leading to possible cavity formation. Often times, because the teeth are buried under the gums, these cavities are difficult to detect until they begin to cause pain. Sometimes, the first sign of these cavities are infections that develop because of the cavities. Also, cavities on adjacent teeth are a serious concern. Sometimes, the pain associated with impacted third molars is confused with pain from a cavity on the second molar. If undetected, cavities on second molars can spread rapidly necessitating the need for a filling, root canal or even removal of the tooth. Removing impacted wisdom teeth, before cavities develop, is the best defense for these problems.

DENTAL CROWDING:

Over time, impacted third molars can push on adjacent teeth causing crowding of the remaining teeth. This crowding can make hygiene more difficult and predisposes teeth to cavities and bone loss.

Wisdom teeth are best removed between the ages of 12 and 18 years of age. This is because the roots have not fully formed, healing is very rapid at this young age and potential problems are minimized.

As with any surgery, there can be complications or unanticipated results that you should be aware of.

DAY OF SURGERY:

When you arrive at the office for your surgery, you will be escorted into the surgical suite, seated in the chair and given nitrous oxide through a small mask which fits over your nose. This will help you relax before the procedure. Next, a rubber band will be placed on your arm and we will start and intravenous line. You will feel some cold spray applied to your arm prior to placing the IV to minimize the discomfort. Once the IV is started, medication will be administered through the IV to sedate you. Once this is done, most patients feel as though they had closed their eyes for only a few seconds and when they opened them again, the procedure was done. While you are asleep, we give you local anesthesia (Novocain) so that when you wake up, you are in no pain. Also, when you wake up, you will have some gauze in your mouth over the extraction sites and there will be little to no discomfort. After you wake up, we will give you some time to wake up and go over your discharge instructions with you and your escort. We usually give long-acting Novocain which will last up to twelve hours. This will give you enough time to wake up, get home, start eating and drinking, get comfortable and take a dose of your prescriptions before the local anesthesia wears off. ***Whatever you do, please do not start out with the prescription pain medicine before eating and drinking. This will almost certainly upset your stomach and cause nausea and vomiting.***

AFTER THE SURGERY:

The first day, you should expect intermittent bleeding and some pain. Swelling usually peaks on the second or third day and then rapidly resolves. Using ice on your face for the entire first day will help to limit the swelling and make you feel more comfortable. Each person will react differently to the surgery and pain can range from mild discomfort to severe pain. You can expect approximately two to four days of discomfort before noting improvement. By the third day, you may notice that your jaw muscles are stiff and it may be difficult to open your mouth wide. This will resolve with the help of moist heat. This can be applied using a moist heating pad or a hot water bottle covered with a damp cloth.

Some patients will receive a prescription for antibiotics to take following the surgery. Please remember to start eating and drinking before taking these medicines. Antibiotics taken on an empty stomach can also contribute to nausea and vomiting. It should be noted that even with antibiotics, about 5% of patients will still develop and infection during the first six weeks.

One of the most effective ways to prevent infections is to maintain good oral hygiene. The cleaner you mouth is while you are healing, the faster and more comfortable your recovery will be. In the first two days, gentle brushing with toothpaste coupled with gentle warm salt water rinses is adequate. The salt water can easily be prepared by placing a teaspoon of salt into an 8 oz. glass of warm water. The water should not be cloudy and will only have a faint salty taste. For the first two days, the salt water should be placed in the mouth and allowed to gently bathe the sockets. Spit out the water and repeat this until the glass is empty. Many patients will receive a small syringe to help irrigate the healing sockets. This syringe should not be used until the third day. Simply draw up salt water into the syringe, place the tip into the socket and gently push the plunger to irrigate the extraction site. Do not be surprised if you see food debris floating out of the socket

Our goal is to make your surgical experience as comfortable as possible. If you have any questions about any phase of your treatment, do not hesitate to ask someone on the day of surgery or call the office before your appointment.

SWELLING:

Depending on the type of surgery performed, a certain amount of swelling is normal. We recommend that for the first 24 hours, ice be applied to the area. The ice pack should be wrapped in a paper towel to prevent freezing of the skin and should be placed on the site for 20 minute intervals. The ice will slow blood flow to the area and thus minimize swelling. During this time, it is also helpful to keep your head elevated and to stay on a scheduled dose of an anti-inflammatory drug such as Ibuprofen. This medication can cause nausea or stomach upset if taken without food or drink. Thus, we recommend taking this drug with food or at least a full glass of water so as to minimize the irritation to the stomach. For patients who are allergic or cannot take Ibuprofen, use your prescription medication as prescribed. Normal post-operative swelling reaches its peak at 48-72 hours, after which resolution is fairly rapid. Swelling that persists longer than 72 hours is not problematic but should not be accompanied by a significant amount of pain. If this is the case, contact our office so we can have you in for an examination. Swelling coupled with increasing pain, especially if you have a fever, may represent an early infection and should be evaluated.

BRUISING:

Again, bruising is an expected consequence of this surgery and should not be cause for alarm. This bruising usually occurs along the jaw line and may even extend onto the neck. As with swelling, if the bruising is not associated with any significant pain, this usually represents normal healing.

NAUSEA:

Nausea after third molar surgery is usually attributable to three reasons. First, swallowed blood is an irritant to the stomach. If the surgical area is still bleeding, replace the gauze packs over sockets so that they can absorb the blood, rather that swallowing it. Second, medications given during the surgery and medications taken after the procedure can also cause nausea, especially the pain medicine. If nausea does occur and the bleeding has subsided, stop taking all medicines and wait for the nausea to subside. Once you are feeling better, start with small sips of clear liquids such as ice water, ginger ale or Sprite. These fluids tend to cause very little stomach upset and will help get the digestive system working again. Once you are able to tolerate the clear liquids, you can resume your medications taking them with a full glass of water to reduce the incidence of further GI upset. The pain tablets we prescribe are "scored" meaning that they can be cut in half, if needed. If you are experiencing nausea, it's a good idea to start with a half a tablet when you restart the pain medicines to prevent the nausea from reoccurring. Third, certain foods themselves can trigger nausea, especially ice cream and other dairy products. Again, you will want to start with only clear liquids making sure you are not nauseous before progressing to heavier foods such as ice cream or pudding. It is recommended that you continue to take only soft, non-chewing foods until all of the Novocain has worn off. This will not only decrease the incidence of nausea but will prevent other mishaps, namely accidental biting of the lips or tongue while still numb. Other temporary problems you may experience include soreness in he jaw, tightness and chafing or cracking at the corners of the mouth. Our post-operative sheet should answer many of your questions related to these common concerns. If not, please don't hesitate to call the office for further instruction and/or clarification.

PRESCRIPTIONS:

At your consultation appointment, you will have been given specific instructions related to the surgery and the anesthetic procedure. At that first appointment, you may have been given a prescription for two 800 mg Ibuprofen tablets. This first tablet should be taken the night before surgery and second should be taken about 1 hour before your scheduled appointment. This medication should be taken with just enough water to swallow the pill and you are reminded not to eat or drink anything else for at least 8 hours prior to the surgery. Also, please remember to bring a responsible adult with you so they can drive you home after the surgery. The medication given to you during surgery and can last up to 24 hours. For this reason, you are instructed not to drive or operate heavy machinery until the following day.

You may also receive prescriptions for antibiotics and pain medicine at your consultation visit. We recommend filling these prescriptions before the surgery. That way, after the surgery, you can go straight home and not have to worry about racing the pharmacy to get these prescriptions filled.

NERVE INJURY:

There is a nerve which supplies feeling to the lower lip, chin and tongue which is frequently very close to the roots of the lower wisdom teeth. Once again, having the teeth out between the ages of 12 and 18 usually provides shorter roots so that the nerve is not so close to the roots of these teeth. In the process of removing these teeth, this nerve can be irritated and when the Novocaine wears off, there may be some residual tingling or numbness in the lip, chin and/or tongue. Should this occur, it is usually temporary and will resolve gradually over a period of weeks or months. RARELY, it can result in a permanent alteration of sensation, similar to the feeling of Novocaine. We feel that you should be aware of this before consenting to surgery.

SINUS INVOLVEMENT:

Inside of your cheekbones, there are hollow spaces known as "sinuses". The upper wisdom teeth are situated close to the sinus and their removal can result in a communication between your mouth and the sinus. Once again, if the teeth are removed at an early age, root development is incomplete and the chance of communication is greatly decreased. Should this occur, it usually resolves on its own. You may receive special instructions if this occurs to refrain from blowing your nose and to sneeze with your mouth open so as not to transmit and increased forces to the sinus cavity. Rarely, this communication fails to close completely and second small procedure is necessary to close the hole.

DRY SOCKET:

When a tooth is removed, the natural healing process involves the formation of a blood clot in the socket. Over the first two days, this clot serves as a bandage for the socket, protecting the area so that it may heal properly. On about the third day, the clot begins to transform into connective tissue which will eventually turn into mature bone, closing the socket. For reasons not fully understood, during this transformation all or part of this tissue can be lost, exposing areas of bone inside the socket. This is what is known as a "dry socket". This condition is self limiting and will heal on its own, but during the ensuing days, the area can be increasingly painful. It is known that patients who smoke or take oral contraceptives are more prone to develop dry sockets. Diagnosis of this condition can usually be made simply by a history of the symptoms. Patients usually feel good for the first two days and then begin to experience increasing pain in the teeth in front of the extraction site and will sometimes have pain in the jaw, radiating to the ear. While the exposed bone is the source of these symptoms, the real cause of the pain is related to food particles, debris and bacteria coming in contact with the exposed bone. After your surgery, you will be given a syringe which you are instructed to use to irrigate the sockets. Simply using this syringe several times a day will help lessen the severity of the pain and promote healing. If this should happen, take your pain medicine as needed and call the office so that we can see you. Adequate treatment of this condition may include several visits to the office to inspect the healing extraction sites and place small medicated dressings into sockets to help minimize pain and promote recovery. For this reason, we prefer that you to be available for follow-up care for at least 10 days following your surgery.

INFECTION:

The most common problem encountered following surgery of any kind is infection. This usually requires a visit to the office for an examination. Most times, simply prescribing a course of antibiotics is sufficient to resolve the infection. Rarely, an infection may require drainage of an infected area near the surgical site. Even more rare is that the infection that develops is more severe and requires admission to the hospital for observation and administration of intravenous antibiotics.

PREOPERATIVE INSTRUCTIONS

If you chose to have IV sedation or general anesthesia,
PLEASE DO NOT EAT OR DRINK ANYTHING FOR
AT LEAST SIX HOURS BEFORE SURGERY.

If you take medications regularly, you should take them with just a small sip of water.
This also applies to any medications prescribed to you by our office.

Wear loose fitting, comfortable clothing with short sleeves or
sleeves that can easily be rolled up above both elbows.

If you have IV sedation or general anesthesia,
a responsible adult must accompany you and take you home.
We expect that your escort will accompany you into the office
and stay in the reception area during the procedure.

Your mouth and teeth should be well cleaned
before the surgery to help avoid infection.

Do not ignore head or chest colds when oral surgery is to be performed.
Please call the office if you have any symptoms,
as an appointment change may be necessary.

If you plan to have your surgery just with local anesthesia (Novocain)
or with Nitrous Oxide, you may eat prior to your appointment
and do not need someone to accompany you to the office.

Please contact our office with any other questions of concerns

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