PROCEDURE

Tooth extraction

Tooth extraction is the removal of a tooth from its socket in the jaw.

PURPOSE
Remove a tooth that cannot or should not be preserved

PROCEDURE TYPE
Therapeutic - surgical removal through the mouth

WHERE IT IS DONE
Outpatient clinic or operating theatre

ANAESTHESIA
Local; sedation or general for selected cases

HOW LONG IT TAKES
Usually 20-60 minutes, based on tooth position and complexity

PREPARATION
Medication review; fasting and ride if sedation planned

RECOVERY
Same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, dry socket, nearby nerve injury

RESULTS
Removal confirmed immediately; pathology in days if needed

Overview

A tooth extraction is the removal of a tooth from the socket that holds it in your jaw. Dentists and oral surgeons perform extractions.

A straightforward extraction may involve loosening a visible tooth and lifting it out. A surgical extraction may require a small cut in the gum, removal of some surrounding bone, or dividing the tooth into sections. Surgical methods are often used for impacted teeth, which are partly or completely trapped under the gum or bone.

Most extractions are done with local anaesthetic. This numbs the area while you remain awake. Sedation may be offered to help you relax. General anaesthesia, which makes you unconscious, is usually reserved for more complex cases or specific needs.

Why the procedure is performed

Extraction may be recommended when keeping a tooth is unlikely to be safe, comfortable, or successful. Reasons include:

Removing an infected tooth addresses the source of the infection. Antibiotics like amoxicillin or doxycycline may sometimes control its spread, but they do not repair the damaged tooth.

- Severe tooth decay that cannot be repaired
- A cracked or broken tooth that cannot be restored
- Advanced gum disease that has left a tooth loose
- Infection that cannot be treated predictably with root canal treatment
- An impacted or repeatedly infected wisdom tooth
- Crowding when space is needed for orthodontic treatment
- A tooth blocking another tooth from growing normally
- A damaged tooth before some cancer, transplant, or heart treatments

Who should and should not have it

Extraction may be appropriate when the expected benefit of removal is greater than the benefit of trying to keep the tooth. Before you consent, ask whether the tooth could be restored and how likely that treatment is to last.

Extraction may not be the right first choice when a filling, crown, root canal treatment, or gum treatment could preserve a useful tooth and you prefer that option.

An elective extraction may need to be delayed if you are medically unwell or cannot safely follow instructions for sedation or general anaesthesia. Urgent dental infections may still require prompt treatment.

Some situations need extra planning rather than automatically ruling out extraction:

Tell the dental team about all medicines, supplements, medical conditions, allergies, and previous problems with dental treatment. Do not stop a prescribed blood thinner like warfarin or apixaban unless the clinician managing your extraction gives you a specific plan.

- A bleeding disorder or use of blood-thinning medicine
- Previous radiation treatment to the jaw
- Use of bisphosphonates, denosumab, or similar bone medicines

- Poorly controlled medical conditions
- Pregnancy, especially when treatment is not urgent
- An allergy or previous reaction to an anaesthetic or sedative

How to prepare

Your treating facility's own instructions take priority because preparation differs according to the anaesthetic and complexity of the extraction.

If you will have local anaesthetic alone, you can often eat normally beforehand. If sedation or general anaesthesia is planned, you may need to stop eating and drinking for a set period. Follow the facility's exact fasting instructions.

Arrange for a responsible adult to take you home if you will receive sedation or general anaesthesia. You may also need someone to stay with you afterward.

Before the appointment:

The dentist or surgeon may use dental X-rays to examine the tooth's roots, nearby bone, sinuses, and nerves.

- Provide an up-to-date list of medicines and supplements
- Ask which regular medicines to take that day
- Tell the team if you become unwell or develop new swelling
- Avoid smoking or vaping, which can interfere with healing
- Plan soft foods for the first part of recovery

What happens during the procedure

The dental team checks the planned tooth and reviews your consent. Local anaesthetic is injected into the gum. You may feel a brief sting followed by numbness.

During a simple extraction, the dentist loosens the tooth with instruments and removes it with forceps. You may feel pressure and movement, but you should not feel sharp pain. Tell the team if you do.

For a surgical extraction, the surgeon makes a small opening in the gum. They may remove a small amount of bone or divide the tooth into pieces so it can be removed with less force. Stitches may be placed; some dissolve on their own.

A blood clot forms in the empty socket. This clot protects the bone and supports healing. Gauze is usually placed over the area, and you will be asked to bite on it firmly.

If sedation is used, you may feel very relaxed and remember little of the procedure. With general anaesthesia, you are unconscious and monitored throughout.

Recovery and what to expect afterward

Pain: Soreness and swelling are common after the numbness wears off. They may be greater after a surgical or wisdom tooth extraction. Use pain relief exactly as advised. Do not add aspirin or stop prescribed aspirin without checking, because it may affect bleeding.

Eating: Start with cool or lukewarm soft foods. Chew away from the extraction site. Avoid very hot, hard, sharp, or crumbly foods at first. Do not use a straw or rinse and spit forcefully during the early healing period, because this can disturb the clot.

Activity: Rest after the procedure. Avoid strenuous exercise, heavy lifting, smoking, and vaping for the period your dental team recommends. Gentle toothbrushing can continue, but avoid disturbing the socket. Follow instructions about when to begin gentle salt-water or prescribed rinses.

Driving: You may be able to drive after local anaesthetic alone if you feel well and the dental team has placed no restriction. Do not drive after sedation or general anaesthesia. Arrange transportation and follow the facility's instructions about when driving is safe again.

Work: Many people return to desk work the next day after a straightforward extraction. You may need more time after a difficult extraction, general anaesthesia, or if your job involves physical work.

Risks and possible complications

Some bleeding, swelling, bruising, and discomfort are expected. Possible complications include:

Dry socket usually causes pain that becomes stronger rather than better several days after extraction. It is more common after lower wisdom tooth removal and needs dental treatment, but it is not usually dangerous.

Your individual risks are affected by the tooth's location, root shape, surrounding structures, medical history, and type of anaesthesia.

- Bleeding that continues or restarts

- Infection of the socket or surrounding tissues
- Dry socket, when the protective clot breaks down or is lost
- Damage to a nearby tooth, filling, crown, or bridge
- Temporary or, less commonly, lasting numbness from nearby nerve injury
- An opening into the sinus after removal of an upper back tooth
- Delayed jawbone healing, especially after radiation or certain bone medicines
- Reactions to anaesthetic, sedative, or other medicines

Results and follow up

You will know immediately whether the tooth was removed. The dentist or surgeon may take an X-ray if there is concern that part of a root remains.

Teeth are not routinely sent for laboratory testing. If abnormal tissue or a cyst is removed, it may be examined by a pathologist. These results usually take several days or longer, and the dental team should explain how you will receive them.

A routine follow-up may be arranged after a surgical extraction, if stitches need removal, or if healing needs to be checked. The socket gradually fills with healing tissue and bone, although the gum may close before deeper healing is complete.

Ask about replacing the tooth if its absence could affect chewing, appearance, or tooth alignment. Options may include an implant, bridge, or removable denture.

Alternatives

The realistic alternatives depend on why extraction has been suggested.

A filling, onlay, or crown may rebuild a damaged tooth, but enough healthy tooth must remain to support it.

Root canal treatment removes infected or damaged tissue from inside the tooth. It can preserve the tooth, but it usually requires restoration afterward and may not succeed if the tooth is badly cracked or cannot be rebuilt.

Gum treatment may help a tooth affected by periodontal disease, which damages the tooth's supporting tissues. It cannot always make a severely loose tooth stable.

For selected lower wisdom teeth close to a major nerve, a coronectomy may remove the crown while leaving the roots in place. This may reduce nerve injury risk but can require later

monitoring or treatment.

Monitoring may be reasonable for an impacted tooth that is not causing disease. It avoids surgery now but leaves a chance that decay, infection, or damage to a nearby tooth will develop later.

Antibiotics may help control a spreading dental infection, but they do not restore a tooth or permanently remove the source. Choosing no treatment avoids the procedure but may allow pain, infection, or tooth damage to continue.

When to call your healthcare team

Contact the dental team promptly if you have increasing pain after initial improvement, fever, pus, a bad taste with worsening swelling, persistent numbness, or bleeding that does not settle after firm pressure as instructed. These concerns need assessment but are not always emergencies.

Seek urgent or emergency care for:

Routine questions about diet, stitches, returning to work, or tooth replacement can usually wait until normal office hours.

- Trouble breathing or swallowing
- Rapidly increasing swelling of the mouth, face, tongue, or neck
- Heavy bleeding that will not stop with continuous firm pressure
- Collapse, severe weakness, or signs of a serious allergic reaction

Common questions

Will I be asleep?

Usually not. Local anaesthetic keeps you awake but numbs the area. Sedation makes you relaxed and drowsy. General anaesthesia makes you unconscious and is used only when appropriate.

Can I drive home?

Not after sedation or general anaesthesia. Arrange an adult escort. Driving may be possible after local anaesthetic alone if you feel well and the dental team agrees.

How painful is a tooth extraction?

You should feel pressure rather than sharp pain during the procedure. Soreness afterward is

expected and is often greater after surgical removal. Tell the team immediately if you feel pain during treatment.

When will I know the result?

You will know immediately that the tooth has been removed. If tissue is sent to a laboratory, those results take several days or longer.

How long does the socket take to heal?

The surface usually starts closing within the first weeks, while deeper bone healing takes longer. Healing time is influenced by the tooth, procedure, smoking, medicines, and general health.

Will I need the tooth replaced?

Not every extracted tooth needs replacement. Wisdom teeth usually do not. For other teeth, discuss whether an implant, bridge, or denture would improve chewing, appearance, or tooth stability.

Sources

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