PROCEDURE

Wisdom tooth removal

Wisdom tooth removal is surgery to take out one or more third molars.

PURPOSE
Remove wisdom teeth causing disease or likely complications

PROCEDURE TYPE
Therapeutic surgery through the gum and sometimes bone

WHERE IT IS DONE
Outpatient dental clinic or operating theatre

ANAESTHESIA
Local; moderate or deep sedation; sometimes general

HOW LONG IT TAKES
20 to 60 minutes for most planned removals

PREPARATION
Follow facility instructions; fasting if sedated; review medicines

RECOVERY
Several days; no driving after sedation or general anaesthesia

MAIN RISKS
Dry socket, infection, bleeding, nerve injury

RESULTS
Removal confirmed immediately; laboratory results later if tissue tested

Overview

Wisdom teeth are the last adult teeth at the back of the mouth. They are also called third molars. Many people do not have enough room for them to come through normally.

A wisdom tooth may be fully visible, partly covered by gum, or trapped under gum or bone. A trapped tooth is called an impacted tooth.

Removal may be a simple extraction if the tooth is easy to reach. A surgical extraction may involve opening the gum, removing a small amount of bone, dividing the tooth into pieces, and closing the area with stitches.

A dentist or oral and maxillofacial surgeon usually performs the procedure. The plan is based on an examination and dental X-rays showing the tooth's position, roots, nearby teeth, nerves, and sinuses.

Why the procedure is performed

Wisdom teeth are generally removed because they are causing disease or there is a clear risk that leaving them will cause harm. They are not automatically removed simply because they are present or impacted.

Reasons for removal may include:

Your dental professional should explain what has been found, how likely it is to cause further problems, and what removal may achieve.

- Repeated pain, swelling, or infection around a partly erupted tooth
- Tooth decay that cannot be restored reliably
- Gum disease around the wisdom tooth or the tooth beside it
- An abscess, cyst, or other tissue change
- Damage to the neighbouring molar
- A tooth that blocks another necessary operation
- A wisdom tooth involved in a jaw fracture or another treatment plan

Who should and should not have it

Removal may be appropriate when a wisdom tooth is diseased, repeatedly inflamed, damaging nearby structures, or difficult to treat in another way.

An impacted tooth that is healthy and causing no damage may be monitored instead. Surgery has real risks, so preventive removal is not always the right choice.

The procedure may need to be delayed or planned differently if you have an unstable medical condition, an uncontrolled bleeding problem, or an active illness that makes anaesthesia unsafe. Elective surgery may also be postponed during pregnancy, although urgent dental treatment can still be provided when needed.

Tell the dental team if you take blood thinners or medicines that affect bone healing, such as some treatments for osteoporosis or cancer. Do not stop prescribed medicine on your own. Your dental and medical teams may need to agree on a safe plan.

Removal may not be recommended when the likely surgical harm is greater than the benefit. For example, roots very close to a major jaw nerve may make complete removal riskier. In some cases, removing only the tooth's crown may be considered.

How to prepare

Your treating facility's own instructions take priority because preparation differs according to the anaesthetic and your health.

Give the team an up-to-date list of medicines, supplements, allergies, health conditions, and previous problems with anaesthesia. Mention pregnancy or possible pregnancy. Ask which regular medicines to take on the day.

You can usually eat normally before local anaesthetic alone. Sedation or general anaesthesia may require several hours without food or drink. Follow the exact fasting times provided. Incorrect fasting can cause the procedure to be postponed.

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.

Wear comfortable clothing and avoid jewellery or makeup if instructed. Before the appointment, obtain any recommended soft foods, gauze, mouth rinse, or medicines.

What happens during the procedure

The team confirms which tooth or teeth will be removed and reviews the anaesthetic plan. Local anaesthetic is injected to numb the area. You should feel pressure and movement but not sharp pain. Tell the team if you are uncomfortable.

Sedation can make you relaxed and sleepy. With moderate sedation, you may respond to instructions but remember little afterward. Deep sedation or general anaesthesia makes you less aware or fully unconscious and requires closer monitoring.

For a surgical extraction, the dentist or surgeon makes a cut in the gum. They may remove a small amount of bone and divide the tooth into sections so it can be taken out through a smaller opening.

The area is cleaned. Dissolving stitches are often used, although not every extraction needs them. Gauze may be placed over the socket to help a blood clot form.

Recovery and what to expect afterward

Pain and swelling usually increase during the first few days and then begin to settle. Bruising, jaw stiffness, and mild difficulty opening your mouth can occur. Take pain relief as directed and use a cold pack if your team recommends it.

Start with cool or lukewarm soft foods. Chew away from the extraction site. Avoid disturbing the blood clot with forceful rinsing, smoking, or vaping. Your team may advise gentle salt-water rinses beginning the next day.

Rest on the day of surgery. Avoid strenuous exercise and heavy lifting for the period advised, as these can restart bleeding. Brush your other teeth normally but take care around the wound.

Do not drive after sedation or general anaesthesia. The facility will tell you how long the restriction lasts. You should also avoid alcohol, operating machinery, and making important decisions during the stated recovery period.

Many people return to school or desk work within a few days. More time may be needed after several difficult extractions or for physically demanding work.

Risks and possible complications

Some bleeding, swelling, soreness, and jaw stiffness are expected. Possible complications include:

Sedation and general anaesthesia have separate risks. The anaesthesia professional should discuss those risks with you before you consent.

- Dry socket: The protective blood clot breaks down or is lost, exposing the socket. This can cause worsening, throbbing pain several days later and needs dental treatment.
- Infection: Increasing pain, swelling, discharge, fever, or a bad taste may indicate infection.
- Nerve injury: Lower wisdom teeth can lie close to nerves supplying feeling to the lip, chin, teeth, or tongue. Altered feeling is often temporary but can sometimes last.
- Ongoing bleeding: Light oozing is common at first. Persistent or heavy bleeding requires advice.
- Damage to nearby structures: A neighbouring tooth, filling, crown, or jaw may rarely be injured.
- Sinus opening: Removing an upper wisdom tooth can create an opening between the mouth and the sinus. This often heals but may need further care.

Results and follow up

The surgeon knows immediately whether the planned tooth was removed. Tissue is not routinely sent to a laboratory, but a cyst or unusual tissue may be tested. Those results take longer, and the team should explain how you will receive them.

Routine follow-up may be in person, by telephone, or only if you have concerns. A review may be arranged to check healing, remove non-dissolving stitches, or discuss laboratory results.

Keep any planned appointment even if the area feels better.

Alternatives

The main alternative is monitoring the tooth with dental examinations and X-rays when appropriate. This avoids surgical risks now, but problems can still develop and later surgery may be more difficult.

Cleaning around a partly erupted tooth, antiseptic rinses, and professional treatment can settle mild gum inflammation. These measures may not prevent it from returning. Antibiotics like amoxicillin or doxycycline are used for selected infections; they do not remove the tooth or correct crowding around it.

A filling or root canal treatment may preserve a decayed wisdom tooth if it can be reached and restored. Access can be difficult, and the tooth may have limited value for chewing.

A coronectomy removes the tooth's crown but leaves roots that are very close to a lower-jaw nerve. This may reduce nerve injury risk, but the roots remain and can occasionally move or require later treatment.

Doing nothing is also a choice when the tooth is healthy and can be monitored. Ask what could happen without treatment and what changes would lead to reconsidering removal.

When to call your healthcare team

Contact your dentist or surgical team promptly if pain gets worse after initially improving, swelling continues to increase, or you develop fever, pus, a persistent bad taste, or new numbness. Also call if bleeding does not settle after firm pressure with gauze as instructed.

Seek urgent assessment if swelling makes swallowing difficult, you cannot keep fluids down, or bleeding is heavy and continuing.

Call emergency services for difficulty breathing, rapidly spreading swelling affecting the airway, collapse, or another severe reaction. These are emergency symptoms, not part of routine recovery.

Questions about stitches, food, mild bruising, or a return-to-work note can usually wait for normal office hours.

Common questions

Will I be asleep?

Not necessarily. Many wisdom teeth are removed using local anaesthetic while you are awake. Sedation may make you sleepy and less aware. General anaesthesia is used for selected cases.

Can I drive home?

You may be able to drive after local anaesthetic alone if you feel well and the facility agrees. You must not drive yourself home after sedation or general anaesthesia. Follow the specific time restriction you are given.

How painful is wisdom tooth removal?

The anaesthetic should prevent sharp pain during surgery, although pressure is normal. Soreness afterward is expected and is usually managed with the pain relief recommended by your team. Worsening pain after several days needs review.

When will I know if it worked?

You will know immediately that the tooth has been removed. Healing takes longer. If tissue is sent for testing, the team will tell you when and how to expect the result.

How long will the hole take to close?

The gum gradually closes over the socket, while the bone underneath heals more slowly. The timing is affected by the tooth's size, position, and the complexity of removal.

Sources

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