

Oral facial surgery

Surgical procedure information leaflet

Name of procedure: Removal of one or more teeth

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

Why do teeth need removing?

When a tooth has been damaged either by infection (from tooth decay) or trauma (from a knock or bump), the surgeon will provide advice as to the best treatment for the tooth. If the damage to the tooth is too great, the best option may be to extract the tooth.

How are adult teeth removed?

The surgeon will take x-rays of the tooth or teeth that need removing to look at the position of the tooth, the bone, nerves and blood vessels around the tooth. The tooth and surrounding area will be numbed (an injection) by local anaesthetic to numb the area the surgeon needs to work on, or help with prevention of pain after the procedure. The tooth is loosened with movements and pressure. The loosened tooth is then removed. Following the procedure, a stitch may be required to close the hole. There may be cases where a surgical procedure is required. When a tooth is still under the gum or is completely broken down, the gum may need to be cut and bone may need to be removed. Following the procedure, pressure will be applied by a piece of sterile gauze to help stop the bleeding and form a clot.

What are the risks and complications of this procedure?

The wound normally heals within approximately two weeks. Complications may prolong the healing.

Dry socket: occurs when a blood clot does not form in the hole where the tooth was or the blood clot is disrupted. The bone underneath will be exposed to air and food. This can be very painful and can cause a bad taste and/or odour in your mouth. A dry socket needs to be treated.

Infection: keeping the hole where the tooth was clean and free of debris will help avoid an infection. Signs and symptoms of an infection are fever, swelling and redness. This is usually treated with antibiotics.

Temporary numbness: can occur due to the irritation of the nerves during the procedure. It is usually only temporary and will return to normal within a few days. Seek advice from the hospital department you attended if numbness persists.

Jaw pain: can occur due to the irritation of the nerves and the movement of the jaw during the extraction. It is usually only temporary and can be treated with over the counter pain relief such as paracetamol or ibuprofen

Root fragments: a piece of root may break off during the procedure due to the length, curvature or weakness of the roots. The fragment can often be removed without any further complications. However, if it lies close to a nerve or a sinus cavity the surgeon may decide to leave the fragment in place.

Prolonged or permanent nerve damage: a very small percentage of people may, in spite of all precautions, experience partial or total loss of feeling in the area served by the nerves in close proximity to the extraction site. Irritation to these nerves during the extraction can cause permanent or prolonged numbness or a tingling sensation to the lip, tongue, cheek, chin, gums, or teeth.

Death as a result of this procedure is exceedingly rare.

Further information is available from your surgical team, if required.

Your anaesthetic

When it is time for your procedure, a member of staff will take you from the ward to the operating theatre or oral surgery department.

To monitor you during your operation, we will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

There are different options for the type of anaesthesia for your operation. Your consultant will discuss the choices with you.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you.

Intravenous sedation and local anaesthetic

Intravenous sedation involves an injection of a sedative into a vein, usually in your arm. This is given to help you relax during the operation. Once the sedative has taken effect, local anaesthetic is injected into the skin around the site of operation. Once the area is numb the procedure can be performed. You will not be asleep, although you will probably remember little or nothing of the procedure later.

At the end of the operation you will be taken back to the Ward to recover.

What are the risks and complications of removal of teeth?

Damage to lips and cheeks: you may bite or rub the numbed area without realising the damage you are causing. Children may need to be supervised until the numbness has worn off.

Failure of local anaesthetic: this may require a further injection of anaesthetic or a different method of anaesthesia to be used.

Bruising: if you take any drug used to thin your blood, you are more likely to get a bruise as this medication may affect the way your body clots your blood. Applying a cold pack to the area will help to minimise the bruising.

Nerve damage: if nerve damage happens, it is usually temporary and will get better over a period of weeks to months. Damage may cause weakness and/or numbness of the mouth, lips, chin or tongue.

Jaw stiffness: muscles that usually relax to allow the jaw to open can get swollen or bruised during the procedure or by the local anaesthetic injection. This usually settles in a few days but rarely can be more persistent

Do I need to take any time off work?

It will not usually be necessary to take time off work, other than to recover from the sedation or general anaesthesia, as follows. Depending on the type of anaesthetic used you should not drive or operate machinery (24 hours after intravenous sedation and for 48 hours after a general anaesthetic)

Contact details

If you have any specific concerns that you feel have not been answered and need explaining please contact the following:

Worcestershire Royal Hospital

- Day Case Ward Nursing Staff (phone 01905 760258)
- Hawthorne Suite Reception (phone 01905 760212)

Kidderminster Treatment Centre

- Day Case Ward Nursing Staff (phone 01562 826350)
- Reception (phone 01562 826397)

Alexandra Hospital

- Reception (phone 01527 503854)

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk

Information fact sheets on health and disease.

- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'.
- www.nhsdirect.nhs.uk
Online Health Encyclopaedia and Best Treatments Website.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنت سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____

Date: _____

Comments:

Thank you for your help.



Corporate member of
Plain English Campaign.
Committed to clearer communication.

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Reference: British Association of Oral and Maxillofacial Surgeons