

# Wisdom Teeth Management

A PATIENT'S GUIDE



Oral and maxillofacial surgeons:  
The experts in face, mouth and jaw surgery™

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## Wisdom Teeth Management

An impacted wisdom tooth can damage neighboring teeth or become infected. It also can invite bacteria that lead to gum disease.



In recent years, a lot of discussion about wisdom teeth (also known as third molars) has occurred. Why should they be removed? When should they be removed? Do they have to be removed? It seems everyone has an opinion, but there is one undeniable truth:



**WHEN IT COMES TO YOUR  
WISDOM TEETH, THE WORST THING  
YOU CAN DO IS IGNORE THEM!**



### **WHAT ARE WISDOM TEETH?**

Wisdom teeth are the last teeth to develop and appear in the mouth. They enter the mouth behind the upper and lower second (or 12-year) molars between the ages of 17 and 25, a time of life that has been called the “Age of Wisdom.”

### **WHAT IS AN IMPACTED TOOTH?**

Teeth are considered impacted if they are unable to erupt into the mouth. ®

### **WHY ARE IMPACTED WISDOM TEETH A CONCERN?**

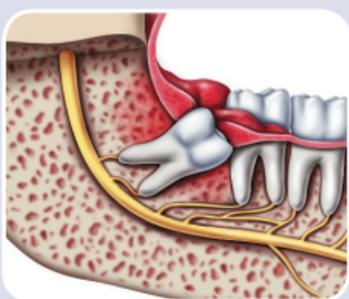
An impacted tooth may be painful and can contribute to a variety of problems, including:

- Infection
- Damage to neighboring teeth and roots
- Tooth decay
- Periodontal disease
- Receding gums
- Loosened teeth
- Bone loss
- Tooth loss

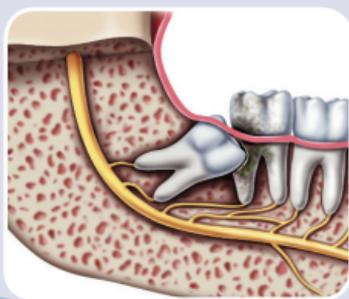
More serious problems may occur if the sac surrounding the impacted tooth becomes filled with fluid and enlarges to form a cyst.

As the cyst grows, it may hollow out the jaw and permanently damage neighboring teeth and the surrounding bone and nerves. Rarely, if a cyst is not treated, a tumor may develop from its walls, and surgery may be needed to remove it.

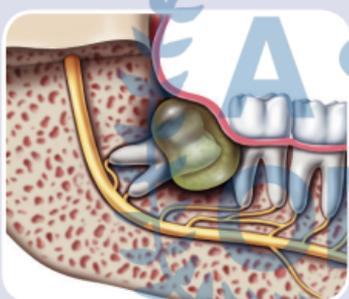
### Complications from Impacted Wisdom Teeth



(a) Infection



(b) Crowding, damage



(c) Cyst

Complications may arise from impacted teeth (figures a, b and c).

### WHAT IF MY TOOTH HASN'T CAUSED ANY PROBLEMS YET?

“Pain-free” does not mean “disease-free.”

Many people believe that as long as they are not in pain, they do not have to worry about their wisdom teeth. However, “asymptomatic” or “pain-free” does not mean the absence of disease or pathology.

The fact is even third molars that have broken through the gum tissue and erupted into the mouth in a normal, upright position may not

be problem-free. Because they are located in the back of the mouth, wisdom teeth are extremely difficult to keep clean. As a result, the bacteria that cause gum disease may exist in and around the teeth, leading to problems before pain or other symptoms let you know something is wrong.

Research also suggests these bacteria may contribute to other health problems, including:

- Diabetes
- Heart disease
- Kidney disease

Other studies suggest gum disease in expectant mothers could be associated with a greater likelihood of preterm and low-birthweight babies.

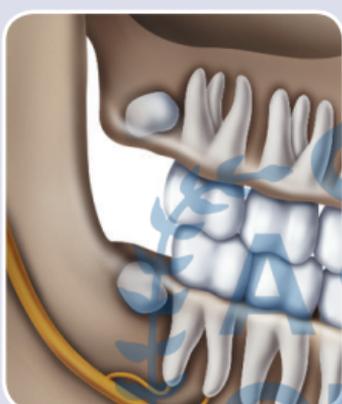
**“PAIN-FREE” DOES NOT MEAN  
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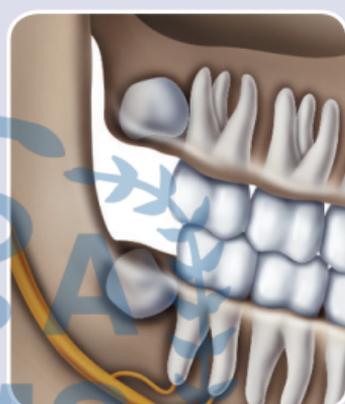
## WHEN SHOULD I HAVE MY WISDOM TEETH REMOVED?

It isn't always wise to wait until your wisdom teeth start to bother you before having them removed.

A young adult's wisdom teeth have incomplete root systems, making the surgery to remove the teeth less complicated and the healing process quicker.



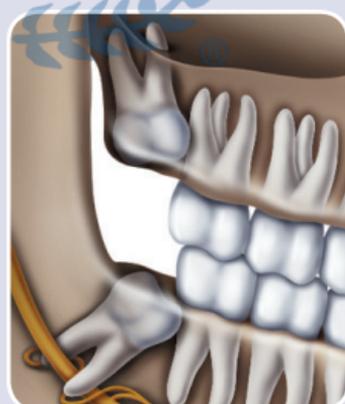
12 years



14 years



17 years



25 years

### Wisdom Teeth Growth by Age

Whether impacted (as shown here) or fully erupted, wisdom teeth are easier to remove when the patient is younger because the roots are not completely formed, the surrounding bone is softer and there is less chance of damaging nearby nerves or other structures. Removal of wisdom teeth at a later age becomes more complicated as the roots have fully developed and may involve the nerve, and the jawbone is denser.

As wisdom teeth grow, their roots lengthen and may become entangled with the sensory nerves that run through the lower jaw or the sinus area. In these cases, the wisdom teeth may be more difficult to remove and complications more likely to occur.

No one can predict when third molar complications will occur, but when they do, the circumstances can be much more painful and more difficult to treat if done later in life.

Every patient and every case is unique. Therefore, a decision regarding surgery must be made after:

- A careful examination of your mouth.
- A radiographic examination involving X-rays or a CT scan.
- A discussion with your dentist and oral and maxillofacial surgeon.

Depending on the results of your dental examination, your oral and maxillofacial surgeon (OMS) may:

- Extract the complete tooth.
- Partially remove the tooth (coronectomy).
- Observe the tooth over time for changes in condition.

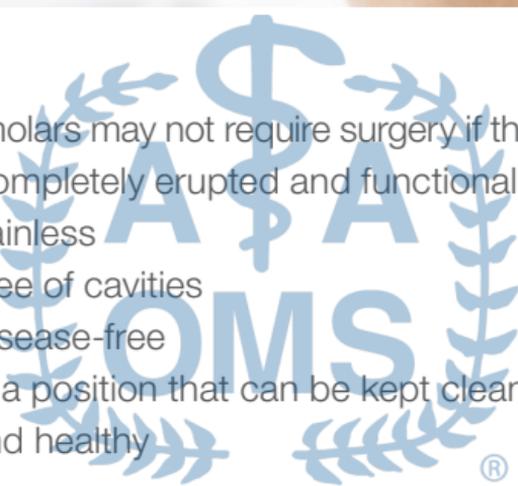
In general, dental professionals agree that third molars should be removed whenever there is evidence of:

- Periodontal disease
- Cavities that cannot be restored
- Infections
- Cysts or tumors
- Damage to neighboring teeth



Third molars may not require surgery if they are:

- Completely erupted and functional
- Painless
- Free of cavities
- Disease-free
- In a position that can be kept clean and healthy



### **WHAT HAPPENS DURING SURGERY?**

Before surgery, your oral and maxillofacial surgeon will thoroughly discuss the procedure and tell you what to expect. This is a good time to ask questions or express your concerns. It is especially important to let the doctor know about any illnesses you have and the medications you are taking.

The relative ease with which a wisdom tooth may be removed depends on several conditions, including the position of the tooth and root development. Impacted wisdom teeth may require a more complicated surgical procedure.



Most wisdom tooth extractions are performed routinely with little or no discomfort to the patient in the oral and maxillofacial surgery office under local anesthesia, intravenous sedation or general anesthesia. Your surgeon will recommend the anesthetic option that is best for you.

### **WHAT HAPPENS AFTER SURGERY?**

Immediately following surgery, you will rest for a time in the surgeon's office. During this recovery time, the OMS or an assistant will monitor your condition before you leave for home with your companion.

Before you leave the surgeon's office, you will receive specific instructions to follow over the next few days. You may be asked to modify your diet for a day or two. Medication prescribed by your oral and maxillofacial surgeon will help with any discomfort. You should generally be able to resume normal activities within a relatively short period of time.



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OMS®

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**MOST WISDOM TOOTH  
EXTRACTIONS ARE PERFORMED  
ROUTINELY WITH LITTLE OR  
NO DISCOMFORT TO THE PATIENT.**

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### **WHAT IF I DECIDE TO KEEP MY WISDOM TEETH?**

If – after discussing your situation with your family dentist or oral and maxillofacial surgeon – you decide to keep your wisdom teeth for the time being, it's important to agree on a long-term plan for monitoring the health and condition of these teeth and their surrounding gum tissue.

Most oral and maxillofacial surgeons recommend the following maintenance routine:

- Schedule a dental check-up at least annually.
- X-rays or CT scans should be taken to see the wisdom teeth and surrounding bone.
- A clinical examination should be performed annually to determine whether any disease is developing.
- Particular care must be taken to clean and floss the area as part of your daily oral health regimen.

Oral and maxillofacial surgeons (OMSs) are an important link in the referral network for dentists and physicians. To find an oral and maxillofacial surgeon in your community, visit the “Find a Surgeon” database at [MyOMS.org](http://MyOMS.org), or call the American Association of Oral and Maxillofacial Surgeons at 800-822-6637.



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The American Association of Oral and Maxillofacial Surgeons (AAOMS) is the professional organization representing more than 9,000 oral and maxillofacial surgeons in the United States. AAOMS supports its fellows' and members' ability to practice their specialty through education, research and advocacy. AAOMS fellows and members comply with rigorous continuing education requirements and submit to periodic office anesthesia evaluations.

The information provided in this publication is not intended as a substitute for professional medical advice, diagnosis or treatment. It is provided to help you communicate effectively with your oral and maxillofacial surgeon. Always seek the advice of your oral and maxillofacial surgeon regarding an oral health concern.