

Potential Complications

The risk of complications associated with wisdom teeth removal is less than 0.5 percent when performed by an experienced oral surgeon who uses contemporary techniques and surgical instrumentations. Patients' response to surgery and healing can also vary based on their health, physiology, and compliance with instructions. Occasionally your dentist or oral surgeon may modify the original surgical plan to achieve proper results, while keeping the patient safe. These 'judgment calls' are part of a surgeon's responsibility to make the right decisions when faced with a specific challenge or an unexpected event.

Potential Complications During Surgery

Nerve injuries:

Lower wisdom teeth are close to a sensory nerve that runs through the lower jaw bone. This nerve provides sensation to the lower lip, chin, gum, and teeth on the same side. Commonly, there is a distinct space between the nerve and roots of the wisdom teeth. However, in rare instances, the nerve and roots may be in contact, causing potential irritation to the nerve during extraction. This can result in some numbness of the lower lip and chin which usually resolves in six to eight weeks. On extremely rare occasions, this numbness may be prolonged or permanent if the nerve was severely damaged. The incidence of numbness from nerve injury is about 1 to 5 percent in the first week after surgery. However, after six months, the incidence diminishes from a high of 0.9 percent to none at all. The mean figure from all studies is around 0.3 percent.* Contemporary techniques in extraction help to avoid or minimize such complications.

Another possible complication is disturbance to the nerve that provides sensation to the tongue. This is avoided by careful placement of incisions and the use of proper surgical techniques. The incidence of injury to this nerve one day after surgery varies from 0.4 percent to 1.5 percent. Persistent involvement (still present at six months) varies from 0.5 percent to none. When currently accepted techniques are used, complications can be minimized or completely avoided.

Both types of nerve injuries are extremely rare, but your dentist or oral surgeon should discuss with you the likelihood and follow-up requirements in the unlikely event of this type of complication.

Bleeding:

Excessive bleeding during surgery is quite rare and is easily managed by the surgeon using pressure, special packing, and suturing techniques.

Sinus involvement:

Upper wisdom teeth are always in close proximity to sinus cavities above them. Once a tooth is extracted, it is possible to have a small hole between the sinus and the extraction site. If this occurs, a special packing and suture may be placed, and the patient will be asked to follow special sinus precautions (avoid nose blowing and smoking, do gentle rinses, and avoid use of straws) for about a week. This kind of incident often heals well, and long-term problems are extremely rare.

Broken roots:

The roots of wisdom teeth can occasionally break during extraction. It is important to remove all the roots during extraction to prevent infection. The only exceptions are roots less than 2 mm in length, and if positioned next to vital structures such as nerves. In this case, an X-ray should be done for documentation and the patient should be informed. This usually does not cause any problems and the site heals well.

Medical emergencies:

Potential medical emergencies during surgery include irregularities in blood pressure, pulse, breathing, nausea, and allergic reaction. The majority of these emergencies are prevented by obtaining good medical history and taking appropriate precautions.

Your dentist or oral surgeon is well trained and has the necessary emergency equipment and medications to manage such emergencies. Doctors are CPR- and ACLS-certified and have trained staff to assist them during potential events. Proper diagnosis, surgical approach, and preparation, along with a trained team, help to minimize complications during surgery.

Potential Complications on Day 1-2

Slight **intermittent bleeding** may occur one to two days after surgery, most likely due to local inflammation or eating food that is too hard. If this occurs, continue biting on the gauze firmly, rest, and rinse very gently throughout the day; it will stop.

Any disturbance in **nerve function** may present itself at this time by numbness over the lower lip or chin areas. Mild nerve disturbances may present as a slight and partial feeling of numbness. You can feel your touch over the lip/chin area, but it is less than normal. This sensation usually resolves in six to eight weeks as the nerve gradually returns to normal. More significant nerve injuries may result in a more profound numbness or complete lack of sensation. Depending on the degree of nerve injury, some normal sensation may return, but it will take time. Close follow-up with the oral surgeon is recommended.

Any **allergies** during this period are often related to antibiotics. If you experience itching, hives, or rashes, stop the antibiotics and contact your dentist or oral surgeon. A new antibiotic may be prescribed along with Benadryl to treat mild allergic reactions. If you experience more severe allergies presenting with significant hives, rashes, or breathing difficulties, go to the nearest hospital emergency room immediately.

Nausea is still possible at this time and is most likely due to narcotic pain medication. Consider changing to a non-narcotic medication such as Ibuprofen or Tylenol and anti-nausea medication, if more severe.

Potential Complications on Day 3-7

Infection is the main concern during the third to seventh day after surgery. It is characterized by increased pain, swelling, and possible presence of pus. What makes this swelling indicative of infection is its timing. Surgical swelling (edema) associated with the surgery is normal and reaches its maximum level in 36-48 hours after surgery. It gradually resolves in five to seven days. If infection occurs, it usually causes swelling three to five days after surgery. If this happens, call your dentist or oral surgeon immediately.

Treatment of infection may consist of antibiotics (which may be changed), oral rinses, and drainage. Do not apply heat to an area of swelling caused by infection. It can cause drawing of pus and drainage from the facial skin, which can lead to scarring. Infections typically resolve in seven to 10 days, if properly treated.

Another possible complication is “**dry socket**” which can occur in three to five days after surgery. Dry socket is a wound-healing complication that occurs when the initial blood clot is dislodged resulting in “dry and exposed” bone. Dry socket is thought to be related to traumatic surgery, bone removal, and tissue handling, poor oral hygiene, or smoking.

Any **increase in pain** four to seven days after surgery is mostly related to inflammation from inadequate rinsing and plaque accumulation in the extraction sites. This inflammation can be prevented by aggressive rinsing and gentle brushing.

Potential Complications on Day 7-21

Infection can occur beyond seven days, even up to 21 days. The most common reason for this delayed infection is plaque entrapment in the extraction sites due to inadequate rinsing. The inflammation caused by plaque can cause pain and may progress to infection characterized by more pain, swelling, and possible pus formation. If this occurs, contact your dentist or oral surgeon for an immediate evaluation. Antibiotics may be initiated with possible drainage as necessary.

A thin bony fragment of ridge occasionally may form on the inside aspect of the extraction site right next to the tongue. This is known as bony dehiscence or sequestrum, and occurs when gum tissue is very thin over an anatomically normal bony ridge. This bony fragment can cause tongue soreness as it rubs over it. It is easily treated by smoothing out the exposed bone and snipping any bony fragments or ridges.

Beyond Three Weeks

An infrequent late complication (beyond six weeks) is periodontal pocketing behind the second molars. This can occur when the wisdom tooth is deeply impacted against the second molar with very thin or no bone in between. The pocket may become a chronic site of plaque retention and inflammation, similar to gum disease. It can be prevented by a minor bone graft at the time of extraction. The treatment consists of periodontal therapy to reduce the pocket depth to make it more accessible for cleaning. Very rarely, patients report sensitivity of the adjacent teeth, but this is often temporary in nature and resolves over a few weeks.

Numbness over the lower lip, chin, teeth, and gum tissues at this period is indicative of some level of nerve damage. Mild disturbances can

cause partial numbness that will gradually resolve in six to eight weeks. Moderate disturbances can take up to six months to heal, and some may not recover completely.

Severe disturbances to the nerve manifest as very profound numbness that does not seem to improve over time. It may resolve partially or be permanent in rare situations, in which case a neurological examination is recommended. Neurosurgical procedures may be necessary if the sensory function does not return to normal or if a patient is having an unpleasant, painful feeling from the damaged nerve.