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Wisdom Teeth Management

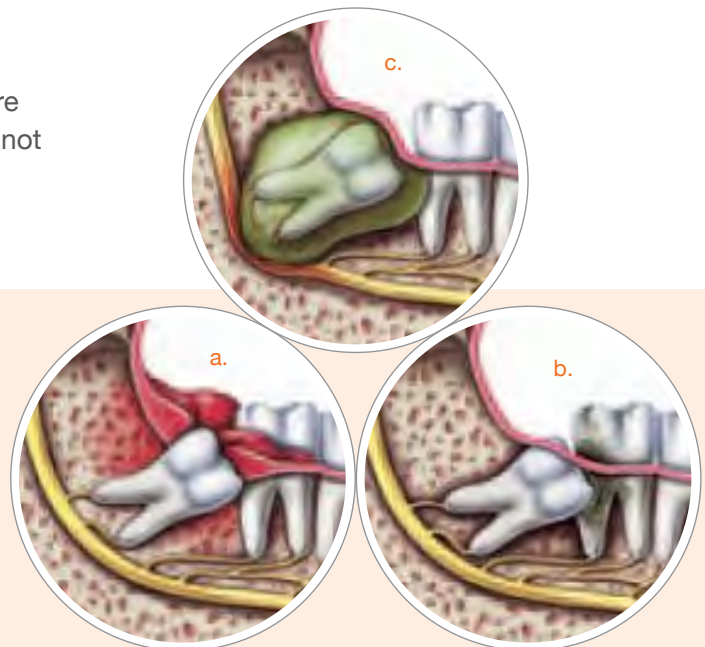


Wisdom teeth, or third molars, are the last teeth to develop and appear in your mouth. They come in between the ages of 17 and 25, a time of life that has been called the “Age of Wisdom.”

What Is an Impacted Tooth?

When a tooth is unable to fully enter the mouth, it is said to be “impacted.” In general, impacted teeth are unable to break through the gums because there is not enough room. Nine out of ten people have at least one impacted wisdom tooth.

Complications such as infection (fig. a), damage to adjacent teeth (fig. b) and the formation of cysts (fig. c) may arise from impacted teeth.

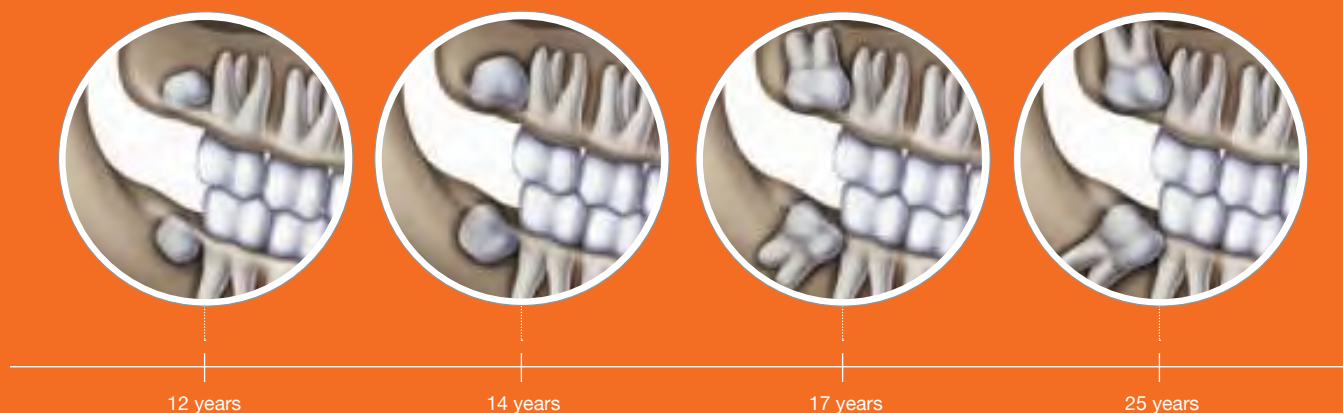


How Serious Is an Impacted Wisdom Tooth?

If left in the mouth, impacted wisdom teeth may damage neighboring teeth, or become infected. Because the third molar area of the mouth is difficult to clean, it is a site that invites the bacteria that leads to gum disease. Oral bacteria may travel from your mouth through the bloodstream, where it may lead to possible systemic infections and illnesses that affect the heart, kidneys and other organs. ^{1 2 3}

Research has shown that once periodontal disease is established in the third molar areas, the problem is persistent and progressive, but may improve following extraction of the teeth. ^{4 5 6}

In some cases a fluid-filled cyst or tumor may form around the base of the untreated wisdom tooth. As the cyst grows it may lead to more serious problems as it hollows out the jaw and damages surrounding nerves, teeth and other structures.



Wisdom Teeth Growth by Age

Wisdom teeth are easier to remove when the patient is younger, since their 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.

Must the Tooth Come Out if It Hasn't Caused Any Problems Yet?

Many people believe that as long as they are not in pain, they do not have to worry about their wisdom teeth. However, pain free does not mean disease or problem free. In fact, wisdom teeth that come in normally may still be prone to disease, according to a study by the American Association of Oral and Maxillofacial Surgeons and the Oral and Maxillofacial Surgery Foundation. AAOMS strongly recommends that third molars be evaluated by an OMS by the time a patient is a young adult in order to assess the presence of third molars, disease status, and to suggest management options ranging from removal to a monitored retention plan to ensure optimal patient-specific outcomes.

In general, dental and medical professionals agree that wisdom teeth should be removed in the following instances:

- Infections and/or periodontal disease
- Cavities that cannot be restored
- Pathologies such as cysts, and tumors
- Damage to neighboring teeth

Wisdom teeth that are completely erupted and functional, painless, cavity-free, in a hygienic environment with healthy gum tissue, and are disease-free may not require extraction. They do, however, require regular, professional cleaning, annual check-ups and periodic radiographs to monitor for any changes.

What Happens During Surgery?

If your dentist or healthcare professional recommends that your wisdom teeth be removed, you will most likely be referred to an OMS for the procedure. Before surgery, your oral surgeon will discuss the procedure with you and tell you what to expect. This is a good time to ask questions. Also talk to your surgeon about any concerns you have. Be sure to let your doctor know about any illness you have and medications you are taking.

There are several conditions that affect how easy it will be to remove a wisdom tooth. These conditions include how the tooth is positioned and the stage of root development. If the wisdom teeth are impacted the surgery might be more complicated.

Most of the time third molars can be removed with little or no pain. Usually they can be extracted at the oral and maxillofacial surgery office. Patients are given either local anesthesia, intravenous sedation or general anesthesia. Your surgeon will recommend the anesthetic option that is right for you.

What Happens After Surgery?

Following surgery, you may experience some swelling and mild discomfort, which are part of the normal healing process. Cold compresses may help decrease the swelling, and medication prescribed by your Oral and Maxillofacial Surgeon can help manage the discomfort. You may be instructed to modify your diet following surgery and later progress to more normal foods.

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, be sure to take particular care in cleaning and flossing your teeth, especially the molars. Your third molars must be professionally examined regularly and x-rays of your wisdom teeth should be taken every year to make sure that the health of your teeth and gum tissue does not change.

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The information provided here 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.

The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization representing more than 9,000 oral and maxillofacial surgeons in the United States, supports its members' ability to practice their specialty through education, research and advocacy. AAOMS members comply with rigorous continuing education requirements and submit to periodic office examinations, ensuring the public that all office procedures and personnel meet stringent national standards.



American Association of Oral and Maxillofacial Surgeons
9700 West Bryn Mawr Ave, Rosemont, Illinois 60018-5701
P. 847.678.6200 or 800.822.6637 | F. 847.678.6286 | www.myoms.org