

Removal of Wisdom Teeth

Patient Information

Maxillo Facial – Head and Neck Services



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: LT
Leaflet ref: MX 008
Version: 7
Leaflet title: Removal of Wisdom Teeth
Last review: October 2025
Expiry date: October 2027

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Removal of wisdom teeth

This information is for patients who may need to have an operation to remove their impacted wisdom teeth. It explains why they may need to be removed, what is involved and any risks or complications that there may be.

The wisdom teeth

Adults normally have 32 teeth and wisdom teeth (3rd molars) are the last to come through at the back of the mouth. Normally there are four wisdom teeth, one in each side of the upper and lower jaw.

Reasons for the removal of wisdom teeth

- If the jaws are too small to accommodate all the teeth, there may not be enough space for the wisdom teeth to come through properly and they become impacted (stuck), often causing problems
- The most common reason is recurrent infection of the gum overlying a tooth that is part way through the gum (pericoronitis).
- Decay (caries) in the wisdom tooth, which your dentist cannot restore.
- Infection of the tooth (abscess) due to advanced dental decay.
- When the adjacent molar tooth is affected by gum (periodontal) disease or dental decay due to the impacted wisdom tooth.
- Progressive cystic (fluid filled sac) formation around the tooth.
- As part of other surgical procedures involving the jaw.

There may be other less common reasons that your surgeon will discuss with you.

Benefits of surgery

Because the wisdom tooth is positioned towards the back of the mouth it can be difficult to effectively clean. This can lead to inflammation of the surrounding gum and a higher risk of tooth decay and gum disease. Having the tooth extracted will prevent this from happening.

Alternatives

In a lot of cases, wisdom teeth do not cause any problems, and they can be left alone to grow through the gum into the mouth.

Risks

Removal of wisdom teeth is a very safe and common operation but there is some risk associated with most procedures:

- Most bleeding will have stopped shortly (within ½ hour) of the operation finishing. Blood stained saliva may be noticed for a day or two.

- Sometimes antibiotics are prescribed after the operation as there could be a chance of infection from the tooth socket.
- When an adjacent tooth has a large filling or crown it is possible that this can be dislodged during surgery.
- The nerves which give sensation to the lower lip, chin and to the tongue are very close to the lower wisdom teeth and can be prone to bruising. If this happens numbness or a tingling sensation in the lip, chin, or tongue will be experienced. This is temporary in most cases, but in a small number, recovery may not be complete. Very rarely continued pain may be felt from damaged nerves.
- Your surgeon will inform you of other complications, which are relevant to your case.

Please speak to your surgeon before your operation if you have any concerns about these risks.

The operation

- There is great variation in the difficulty of removing wisdom teeth.
- The procedure can be carried out under local anaesthesia (injection in the gum to numb the area), with or without intravenous sedation (injection in the arm or hand to reduce anxiety), or under general anaesthetic (completely asleep). Your surgeon will discuss with you which is the most appropriate for you.
- The degree of difficulty of the surgery, any underlying medical conditions and other personal circumstances will be considered when choosing the method.
- The procedure can involve an incision (cut) in the gum close to the tooth. Sometimes some jaw bone around the tooth is removed with a drill; also the procedure can be made easier by sectioning (cutting up) the tooth itself into smaller pieces.

What can you expect after the operation?

- There is great variation in the pain and discomfort suffered by individuals and this also depends on how difficult the surgery is. The average recovery time is between five and seven days.
- Swelling is common and tends to be worse on the second and third day after surgery reducing over about a week. However, application of ice packs over the cheek following the procedure will help reduce the swelling.
- Opening your mouth is likely to be restricted and a semi- solid diet will be required over the first few days.
- You can expect some pain from the operation site; this could be eased by pain killers.
- Occasionally bruising of the face and upper neck may occur.

Contact information

If you are experiencing any problems, you can contact the Maxillo-Facial Unit on:
01942 822487

The Department is open Monday to Friday 8am until 5pm.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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