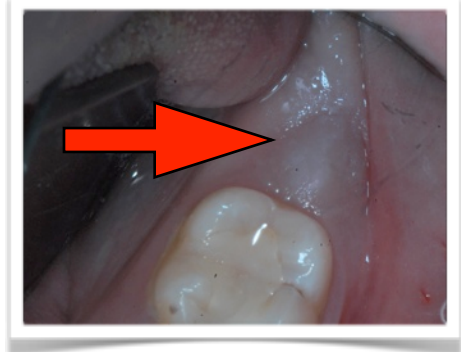


Types of Wisdom Teeth Positions

- **Erupted:** The tooth has completely emerged through the gum tissue and is visible. This occurs when there is adequate space in the jaw bone. Most erupted third molars are malpositioned, meaning they are not aligned with the adjacent teeth. An erupted tooth that has been in use for several years can be more difficult to remove, as the jaw bone becomes more dense around its root. Removal of an erupted tooth can be simple or may require complex surgical techniques.



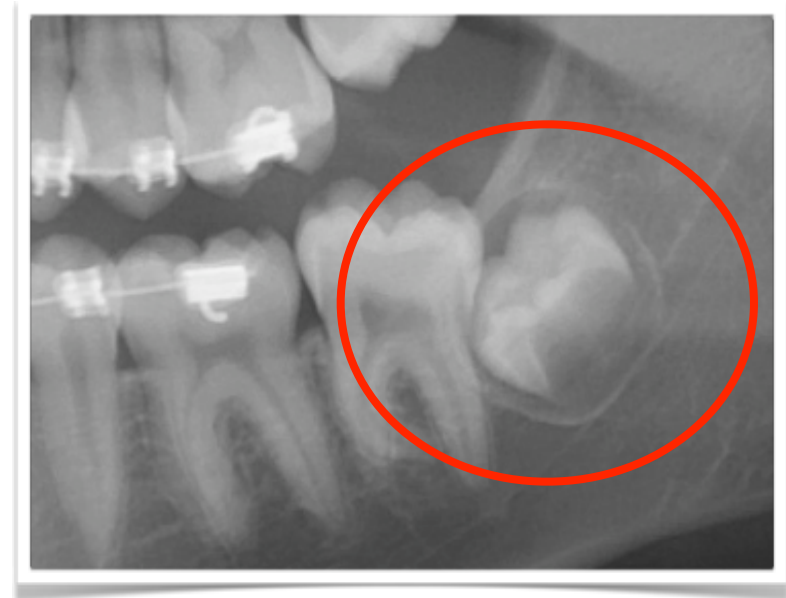
- **Soft tissue impaction:** The tooth is somewhat erupted beyond the bone, but is still covered partially or completely with gum tissue. The pocket under the gum tissue frequently retains plaque causing inflammation and pain. Removal typically requires a small incision over the gum tissue to expose the tooth and allow extraction.



- **Partial bony-impaction:** The tooth has emerged partially beyond the bone level. This occurs when there is less available space. Occasionally, the top of the tooth may be visible, but usually, the tooth is hidden under the gum and bone tissues. The tooth may be positioned upright, similar to adjacent teeth, or angled behind the second molar. Extraction involves making an incision and moving the gum tissue aside (known as a flap), possible removal of some bone, and cutting the tooth into smaller fragments as necessary to remove it easily and gently. Conservative gum tissue flaps, minimal bone removal, and gentle surgery help to prevent post-operative swelling and significant pain.



- **Full bony-impaction:** The tooth is completely stuck in the jaw bone and has not emerged beyond the bone level. It may be level with the bone or slightly beneath. This type of wisdom tooth is completely covered with gum tissue and bone. Patients ages 15 to 21 typically have full bony-impacted wisdom teeth, mostly because there isn't enough space in the mouth. Full bony-impacted teeth may be in various positions -- including completely upright, partially angled forward (mesial impaction), partially angulated backward (distal impaction), completely on the side (horizontal impaction), and other variations. Extraction involves incision, gum tissue flap, removal of bone as necessary, and cutting the tooth into smaller fragments to remove it easily and gently. While more difficult, it is possible to extract a full bony-impacted tooth without a significant gum flap and minimal bone removal. This unique approach will reduce or eliminate swelling, minimize pain, and speed up recovery and healing.



- **Complicated full bony-impaction:** The tooth is severely impacted and malpositioned. This makes access to the tooth difficult, and extraction requires more complicated surgery. Patients will experience swelling and perhaps more discomfort.



Symptoms of Wisdom Teeth Problems

Symptoms can vary from slight discomfort to advanced swelling, significant pain, infection, and pus formation. Early treatment will prevent disease and potentially dangerous complications.

Early inflammation (pericoronitis) is caused by plaque and may cause the following symptoms: pain over the gum near the back teeth, mild swelling of the gum, bleeding, or pain radiating to other teeth, and/or to the head, neck, and ears.

A localized abscess or infection results if the source of inflammation is not treated. Those with an abscess or infection may have increased pain, mild to moderate swelling of the gum, sinus problems, or pus drainage from a gum boil (fistula) often accompanied by a bad taste and a foul smell.

Severe infection occurs when a localized infection persists and spreads to other facial areas. Symptoms include swelling over the face or neck, severe pain, difficulty opening the mouth, pus drainage, fever, general weakness, and breathing or swallowing difficulties if the infection extends to the throat. Such infections may have dangerous consequences if not treated immediately. They can spread to deeper spaces in the head and neck region and potentially reach the brain or heart.

Sometimes pain is caused by adjacent teeth with decay or gum disease that is induced by the wisdom teeth. Crowding of other teeth is also a potential and related symptom.

*Lack of symptoms does not indicate lack of disease.
Infection may be low, chronic, and come with no pain or
swelling, but still cause disease and damage.*

Managing Pain and Swelling Related to Wisdom Teeth

Pain and swelling from wisdom teeth can occur suddenly and progress rapidly. Early evaluation, antibiotics, and immediate extractions are the only way to solve the problem. Until you can see an oral surgeon, here is what you can do to manage the pain and swelling.

Pain only: No associated swelling, drainage, or difficulty opening the mouth.

- 1) Take 400-600 mg Ibuprofen (2-3 tablets of Advil) or 500-1000 mg of Tylenol every four hours for pain.
- 2) If pain becomes more severe, you may take Vicodin or Tylenol #3 prescribed by your dentist.
- 3) Call your dentist immediately for evaluation or referral to an oral surgeon.
- 4) Mild inflammation may resolve by simply brushing the area and keeping it clean.
- 5) Extractions should be done as soon as possible before a potential increase in pain and infection.

Pain and swelling: Pain associated with facial or gum tissue swelling with possible drainage of pus or difficulty opening mouth.

- 1) Take 400-600 mg Ibuprofen (2-3 tablets of Advil) or 500-1000 mg of Tylenol every four to six hours.
- 2) Call your dentist immediately for evaluation or referral to an oral surgeon.
- 3) Begin antibiotic therapy immediately. If you can not see an oral surgeon right away, ask your dentist to prescribe antibiotics and pain medication.
- 4) Extractions should be done as soon as possible, before infection spreads and involves other areas of the face with potential life-threatening consequences. **It is not necessary to be on antibiotics for a few days before surgery.** This approach is outdated and no longer recommended.
- 5) Do not apply ice. It does not improve swelling caused by infection.
- 6) Do not place a heat pack on the face as it can draw the pus from the infection towards the skin and cause scarring.

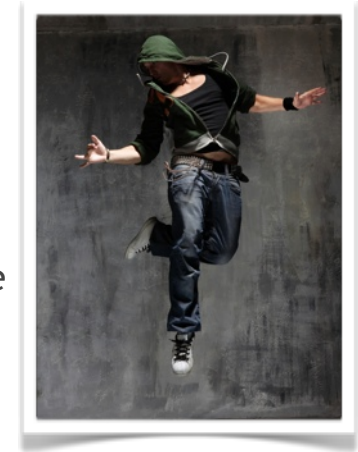
*Anbesol or other topical anesthetics are **NOT** effective for relief of pain associated with wisdom teeth. **DO NOT** place aspirin over a tooth to relieve pain. It will cause a burning irritation to your gums.*

Sole use of antibiotics does not cure wisdom teeth problems. Infact repeated exposure to antibiotics can increase the risk of hypersensitivity, allergy, and increase resistance to certain strains of bacteria. Removal of the tooth is the only definitive treatment.

Best Age for Removal

It is recommended that wisdom teeth be removed between the ages of 15 and 20* for many reasons.

- Better and faster healing in younger patients.
- Incomplete root formation and softer bone make removal easier and less traumatic.
- In the absence of infection or periodontal disease, the bone and gum tissue heal more completely and with fewer complications.
- Decreased chances of damage to nerve in proximity to the lower wisdom teeth because the roots are shorter and less developed.
- Prevent decay or gum disease that can damage the adjacent teeth and result in tooth loss.



Sometimes it is acceptable to remove wisdom teeth before age 15. Early removal is recommended in the following situations.

- When inadequate space results in overcrowding and impaction of the second molars, extraction of the third molars along with continued jaw development may provide the second molars adequate room for eruption.
- When there is an infection.
- When there are cysts or other forms of pathology.
- When there are advanced 'dental age:' Some patients have advanced development of their wisdom teeth relative to their actual age. Typically, when the wisdom teeth have reached bone level, their removal can proceed with relative ease.

The ideal age for removal of wisdom teeth is between the ages of 15 to 20

Wisdom teeth should be removed before they cause pain. When pain is present, it is often too late, and some irreversible damage may have already occurred.

*Actual age and dental age may not coincide. It is best to correlate the position of the teeth and symptoms with patient's age for optimal