

INFORMATION FOR PATIENTS CONSIDERING TOOTH REMOVAL

The information contained herein is important. You should carefully read it and ask any questions that you might have about it. Many of the side effects of having teeth removed are common and expected. Other, less common, events are not generally expected and are complications of tooth removal. This information is not supposed to be a complete list of all possible side effects and complications resulting from oral surgery. However, it does include what we believe to be the most important considerations.

PAIN:

Pain is common, but usually of short duration (a few days). The pain will be well managed with prescribed medication. New or dramatic increases in pain several days after surgery may represent a *dry socket*. Management of this problem is usually straightforward, but will require that you return to the Clinic, usually prior to the routine one-week follow-up appointment. Please contact the office if you experience a dramatic increase in pain prior to your follow-up appointment.

SWELLING:

Swelling is common, but rarely severe. Swelling usually peaks on the second or third day after surgery. A dramatic increase in swelling several days after surgery can be a sign of infection. Please contact the office if you experience any problems with swelling. Bruising of the face and/or neck may also occur and may persist for a week or two, but is rarely severe.

INFECTION:

Infection is uncommon and can usually be managed without hospitalization. Occasionally, infection will require hospitalization for intravenous antibiotics and/or a surgical drainage procedure. Even less common is a bone infection (osteomyelitis) that may require prolonged treatment including antibiotics and additional surgery.

BLEEDING:

A slight ooze of blood causing blood tinged saliva is common. Severe bleeding is rare. Oozing is treated with intermittent pressure applied by biting on a folded gauze pad. Severe bleeding may require an unscheduled return to the office for evaluation. It is important that you reveal any past history of bleeding problems, as well as any aspirin, blood thinner, or herbal preparation.

JAW STIFFNESS:

Stiffness with jaw opening is common and temporary. Tooth removal may aggravate a pre-existing jaw joint (TMJ) problem leading to the possibility of joint pain, noise (*popping*) and/or locking. If you have experienced any of these jaw symptoms in the past, you should discuss them with your surgeon before undergoing tooth removal. Aggravation of a pre-existing jaw joint problem will usually respond to simple measures; however, more prolonged treatment of the symptomatic jaw joint may be required.

SINUS PROBLEMS:

Rarely, an opening into the sinus will result from removal of an upper tooth. Such openings may be closed at the time of tooth removal or will close spontaneously. In rare circumstances, a separate

surgical procedure may be required at a later date to close a sinus opening. Sinus infection can be a complication of sinus exposure and may require antibiotics and, possibly, sinus surgery.

TOOTH/TOOTH PARTS DISPLACEMENT OR DAMAGE:

Rarely, in the process of removing a tooth, a tooth or part of a tooth (usually a tooth root) will be displaced from the socket into surrounding tissue or the sinus. This tooth/tooth part may not be visible and may not be removed or removal may be necessary at a later date. Damage to surrounding teeth and dental work may also occur during tooth extraction.

NERVE INJURY:

Nerve injury resulting from administration of local anesthesia and/or from the removal of a lower tooth (especially wisdom teeth) can result in partial or complete numbness of the tongue, lower lip, chin, teeth and/or gums on the operated side. The nerve injury can also produce painful burning sensations in these areas. If numbness or other altered sensation occurs, it may persist for several months or, in rare circumstances, may be permanent.

JAW FRACTURE:

A broken jaw is a rare complication of tooth removal. This can occur at the time of surgery or in the days following tooth removal as a result of chewing or other normal jaw activities. If a jaw fracture does occur, hospitalization and/or another surgical procedure may be required to treat the fracture.

ANESTHESIA FOR TOOTH REMOVAL:

One or more of the following anesthesia techniques will be used for your surgery:

1. **Local Anesthesia** May be used alone or after onset of sedation to "numb" teeth to be removed. Numbness may last up to 8 hours. All patients receive local anesthesia whether fully awake or sedated.
2. **Nitrous oxide** ("laughing gas") Provides light sedation. You are aware of your surroundings, and you will remember the procedure. Local anesthesia must always be used.
3. **IV Conscious Sedation.** An IV line is started for administration of sedative drugs. You will be very relaxed but conscious. You may remember some aspects of the procedure. Most patients are comfortable at this level of anesthesia. You must arrange to have a responsible adult with you at the check-in, remain in the Clinic during the procedure, and be available to drive you home after surgery. You must not eat or drink **anything** after midnight prior to a morning appointment. If you have an afternoon appointment, you may not eat any solid foods or dairy products for 6 hours before surgery. You may have some clear liquids (water, Sprite, etc.) up to 3 hours before your appointment. Take nothing by mouth beginning 3 hours before your appointment.

ANESTHETIC COMPLICATIONS:

Complications from anesthesia are rare, but can be life threatening. These complications include but are not limited to an allergic reaction to the anesthetic agent, interaction with any medication/drug you are taking, irritation of veins by the IV medication, falls, heart rhythm disturbance, brain damage and death. A complete and honest disclosure of previous medical problems, allergies, and any medications/drugs (prescribed, over the counter, herbal, recreational/illegal/illicit) currently being taken will help us to select and provide the safest possible anesthetic.

MISSED WORK/SCHOOL:

You should not return to work/school on the day of your surgery. You may also need an additional day away from work/school following surgery to fully recover.

QUESTIONS:

If you have any questions please speak to your doctor or nurse (615) 322-2377.