



This patient information sheet answers frequently asked questions about removal of baby teeth. It has been developed to be used in discussion with your dental practitioner.

1. Why do teeth need removing?

When a tooth has been damaged either by infection (from tooth decay or gum disease) or trauma (from a knock or bump), the dental practitioner will provide advice as to the best treatment for the tooth. If the damage to the tooth is too great, the best option may be for your dental practitioner to remove the tooth (tooth extraction).

2. How is a baby tooth removed?

The dental practitioner will usually take x-rays of the tooth that needs removing to look at the position of the tooth, the bone, nerves and blood vessels around the tooth.

The tooth and surrounding area will be numbed by local anaesthetic (an injection). Once the area around the tooth is numb, the tooth is loosened with movements and pressure. The loosened tooth is then removed. Once the tooth is removed, stitches may be required to close the hole.

Rarely there may be cases where a ‘surgical extraction’ is required. When a tooth is still under the gum or is completely broken down, gum and bone may need to be removed.

After the tooth is removed, you/your child will be asked to bite down on a piece of sterile gauze to help stop the bleeding and to form a clot.

3. What are the risks of removing a baby tooth?

Common risks and complications include:

- damage to lips and cheeks: you may bite or rub the numbed area without realising the damage you may be causing; children may need to be supervised until the numbness has worn off
- short term minimal to moderate pain, including jaw pain due to the irritation of the tissues and the movement of the jaw during the extraction
- short term swelling
- infection
- bleeding
- dry socket: occurs when a blood clot does not form in the hole where the tooth was or the blood clot is disrupted:
 - the bone underneath will be exposed to air and food
 - this can be very painful and can cause a bad taste and/or odour in your/your child’s mouth
- temporary numbness
- pain or difficulty opening their mouth.

Uncommon risks and complications include:

- loss of space for adult tooth: if a baby tooth is lost early, the adult tooth may not be ready to move into position to fill the space; this can result in a loss of space for the adult tooth
- prolonged or permanent nerve damage: a small percentage of people may, in spite of all precautions, experience partial or total loss of feeling in the area served by the nerves close to the extraction site; irritation to these nerves during the extraction can cause permanent or prolonged numbness or a tingling sensation to the lip, tongue, cheek, chin, gums, or teeth
- bone and root fragments remain in the gum.

Rare risks and complications include:

- death as a result of this procedure is very rare.

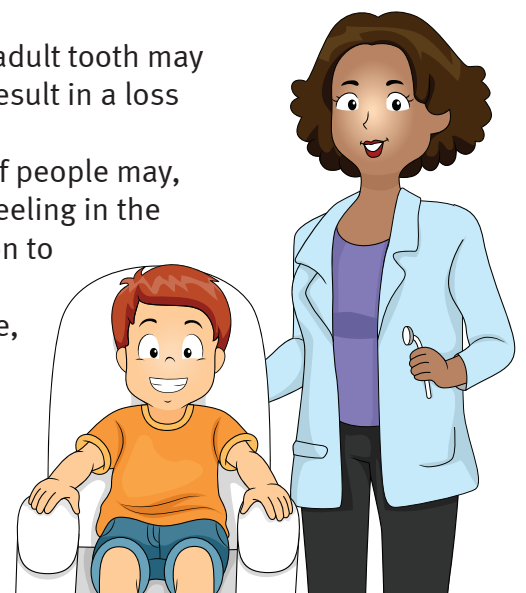


Image 1: Dental practitioner standing beside a smiling boy



4. What are the risks and complications of a local anaesthetic during a dental procedure?

This procedure will require a local anaesthetic. Please refer to the patient information *Local anaesthetic* available on the informed consent website: www.health.qld.gov.au/consent

5. Who will be removing my/my child's tooth?

Your/Your child's tooth will be removed by a dental practitioner or dental student who has had training to undertake the procedure.

6. What happens following removal of my/my child's tooth?

Healing usually occurs quickly without complications. Problems may arise because the mouth must be used for eating and speaking while healing is taking place. The mouth naturally contains many bacteria which may increase the risk of infection in the wound.

Following removal of the tooth, the anaesthetic effect may continue for some hours. Your/Your child's mouth may feel swollen and uncomfortable during this period. Some pain can be expected because the tissues have been disturbed during the tooth removal. There may also be slight bleeding which is just enough to discolour the saliva for a few hours. There should be continual improvement until healing is complete.

7. What can I/my child do to help prevent complications following removal of a tooth?

Children need adult supervision immediately after an extraction of a baby tooth. You can help your child/yourself to prevent complications such as pain, swelling, infection and bleeding by following a few simple points:

- The blood clot that seals the wound where the tooth was taken out is essential to the healing process. It prevents infection, helps new tissues form and stops the wound from re-opening. To avoid removing the blood clot and/or decrease the risk of bleeding:
 - Do not rinse the mouth for the first 24 hours after the tooth extraction.
 - Avoid excessive activity for the day (e.g. limit running, jumping, swimming).
 - Keep your/your child's head elevated and do not lie flat.
- To avoid injury and/or infection:
 - You/Your child must not bite or suck the lip, cheek or tongue while the area is numb.
 - Watch carefully that younger children do not chew or suck a numb lip, cheek or tongue.
 - Do not place fingers, pencils or other objects in the mouth.
- Follow these tips when eating:
 - Avoid eating until the numbness is gone.
 - Chew food on the opposite side of the mouth to the wound for 24 hours.
 - Avoid eating hard or sharp foods such as potato chips or crackers for a few days after the tooth removal. Hard or sharp foods might dig into the hole where the baby tooth was.
 - Eat soft, nutritious foods such as soft boiled eggs, finely chopped meat or cheese, custards, milk, soup or fruit juice.
 - After the first 24 hours, ensure your/their mouth is rinsed gently after meals. Half a teaspoon of table salt in a glass of lukewarm water is an effective mouth rinse.

8. What if complications arise after removal of my/my child's tooth?

The most common complications are pain, swelling, infection and bleeding.

- Pain: control moderate pain by taking paracetamol. Take as directed and do not apply the drug to the wound itself. If the pain persists or worsens, return to the dental clinic where you/your child were treated. In most cases, pain can be controlled quickly.
- Swelling: some swelling or difficulty in opening your/your child's mouth is common, but it should begin to subside after a day or two. If swelling persists or becomes worse, return to the dental clinic where you/your child were treated.



Image 2: Dental practitioner and smiling boy holding an extra large tooth



8. What if complications arise after removal of my/my child's tooth? (continued)

- Infection: continued pain, swelling, redness or a raised temperature may mean there is an infection present. This is usually treated with antibiotics. If you suspect an infection, return to the dental clinic where you were treated for advice.
- Temporary numbness: can occur due to the irritation of the nerves during the extraction. It is usually only temporary and will return to normal within a few days. Seek advice from the dental clinic you/your child attended if numbness persists.
- Bleeding: continued bleeding is not normal. If your/your child's mouth is bleeding continuously, remove any excessive blood clots from the mouth as a first step. Then apply a clean and damp rolled bandage or small folded handkerchief to the wound. Keep the cloth in place by applying pressure or firmly closing the jaws around it. Sit down and maintain pressure for at least 10 minutes. If the bleeding cannot be stopped using this method, telephone the dental clinic where you/your child were treated for advice. After hours, report to the emergency department of the nearest hospital.
- Dry socket: a dry socket needs to be treated as soon as possible.

9. Useful sources of information

Read about mouth care for yourself, babies, infants and children, and teenagers, emergencies and accidents, mouthguards, water fluoridation, and available dental services on the Queensland Health Oral Health website: www.health.qld.gov.au/oralhealth

The Queensland Health Informed Consent website:

www.health.qld.gov.au/consent/ has information on various dental procedures.



Image 3: No smoking symbol

To quit smoking:

- talk to your dental practitioner, GP, pharmacist, or community health worker
- call Quitline: 13 QUIT (13 78 48)
- refer to the Queensland Government website:

www.qld.gov.au/health/staying-healthy/atods/smoking/index.html



Image 4: Website address symbol

10. Questions to ask my/my child's dental practitioner

Please ask your dental practitioner if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure.

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11. Contacts

To find a public local dental clinic, search the Queensland Health Oral Health website "Contact Us" section for a dental service list. The website is:

www.health.qld.gov.au/oralhealth/contact_us.asp



Image 5: Ringing phone symbol

A private dental practitioner (who you may need to pay) may be found on the Australian Dental Association website using the "Find a Dentist" tool. The website is: www.ada.org.au/Find-a-Dentist

Outside of dental clinic/service hours:

- if advice is required, call 13HEALTH (13 43 25 84). 13HEALTH provides confidential health advice 24 hours a day, seven days a week
- if an emergency, call 000.

Your local contact details are:

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