



This patient information sheet answers frequently asked questions about removal of adult 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 an adult tooth removed?

The dental practitioner will 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 a local anaesthetic. Once the area around the tooth is numb, the tooth is loosened with movements and pressure. The loosened tooth is then removed. After the tooth is removed, you will be asked to bite down on a piece of sterile gauze to help stop the bleeding and form a clot. Stitches may be required.

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.

## 3. What are the risks and complications of removing an adult 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 nerves 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 mouth
  - this is more likely to occur if you smoke
- temporary numbness
- pain or difficulty opening your mouth.

**Uncommon risks and complications include:**

- prolonged or permanent nerve damages:
  - 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 in close proximity 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 your gum.

**Rare risks and complications include:**

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

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

This procedure will require a local anaesthetic. Refer to the patient information *Local anaesthetic* available on the informed consent website: [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent)



## 5. Who will remove my tooth?

Your tooth will be removed by your dental practitioner or dental student who has had training to undertake the procedure.

## 6. What happens following removal of my tooth?

The wound normally heals in 2 weeks and 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 your tooth, the anaesthetic effect may continue for some hours. Your mouth may feel swollen and uncomfortable during this period. You can expect some pain 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 do to help prevent complications following removal of my tooth?

You can help prevent complications such as pain, swelling, infection and bleeding by following a few simple points.

### Do not:

- bite or suck a numb lip, cheek or tongue, as you may injure yourself
- smoke or drink alcohol for at least 24 hours as it may delay healing
- place fingers, pencils or any other object in the mouth (this is to avoid injury and/or infection)
- lie down flat: you can relax but keep the head elevated to decrease the risk of bleeding
- be too active for about 24 hours
- rinse your mouth for about 24 hours:
  - after the first 24 hours, ensure your mouth is rinsed gently after meals
  - half a teaspoon of table salt in a glass of lukewarm water is an effective mouth rinse.

Further information will be provided by your dental practitioner following your procedure.

## 8. What if complications arise after the removal of my tooth?

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

- Pain: control moderate pain by taking paracetamol. Take this in the usual way and do not apply the drug to the wound itself. If the pain persists or worsens, return to the dental clinic where you were treated. In most cases, pain can be controlled quickly.
- Swelling: some swelling or difficulty in opening your 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 were treated.
- 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.
- 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 attended if numbness persists.
- Bleeding: continued bleeding is not normal. If your 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 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.



