

# Dental Health Library Article

## Wisdom Teeth - Extraction Surgery

Wisdom tooth removal is a scary and often misunderstood procedure.

People have fear of the procedure, don't want to remove anything from their bodies or undergo unnecessary surgery.... so why do it?

If a dentist has recommended extraction it is usually because there is not enough room for these teeth in your mouth and leaving them will result in an increased incidence of potential pain, swelling and periodontal disease.

Wisdom teeth that are impacted are stuck in the bone either completely or incompletely and they can trap food as they are very difficult to reach and clean if not impossible. If a sac around a tooth becomes filled with fluid they can become cysts which are invasive and can undermine or destroy good jaw bone.

They can become so hollowed out that an elbow to the jaw can result in catastrophic fracture. If these sacs are removed the bone will regenerate by itself. These cysts which are usually called **dentigerous cysts** are usually benign but can become malignant and invasive requiring extensive surgery for some unfortunate people.

It is also reported in the literature that after age 50 about 50% of follicles around wisdom teeth contained a tumor. The American Academy of Oral Maxillofacial Surgeons (AAOMS) has published new research studies indicating that about one in three individuals with an impacted tooth can expect to have a tumor or cyst in soft tissues that surround the teeth deep in the jaw.

As a general rule, wisdom teeth should be removed when they become problematic. Waiting for conditions to reach "intolerability" will usually require more medications and pain issues. Wisdom teeth extraction is typically more difficult with older patients, compared to young patients.

Roots can become extremely long and can become wrapped around the nerve in the lower jaw. These difficult extractions can cause lip and tongue numbness from bruising or trauma during the extraction surgery.

It is also a documented fact that if wisdom teeth can add to periodontal gum disease (which has been linked to cardiac problems and other health problems), the removal of these teeth can decrease systemic infection of bacterial oral origin.

While it has not been proven that wisdom teeth lead to crowding of remaining teeth it is nonetheless promulgated by dentists and orthodontists alike as anecdotal. Relapse of Orthodontic treatment has more to do with not wearing retainers than it does with **mesial drift** or shifting caused by wisdom teeth trying to erupt.

### **Should wisdom teeth be removed in pairs?**

It is the standard of care to remove opposing sets of wisdom teeth. Upper wisdom teeth reside in soft bone - they are easily removed and if left will definitely **supererupt** or grow into the space of the missing wisdom tooth.

Removing wisdom teeth pairs will decrease trips to dentist and post operative pain. After all if you are really sore from lower extractions and a little sore from uppers, by taking a top with a bottom - they are done and you don't have to go through this procedure again in a few years.

It may not make sense but the supereruption will increase food impaction on a good upper second molar. A wisdom tooth 10 mm. lower than second molar: crestal bone comes with the tooth as it supererupts - hence perio pockets, food impaction and decay.

For wisdom tooth extraction the best advice is to remove them at the **FIRST** sign of problems Not the last!