FARPODQ
Fonds d'assurance-responsabilité professionnelle de l'Ordre des dentistes du Québec

Wisdom Teeth

INFORMATION SHEET

Impacted teeth

An "impacted tooth" refers to a tooth which has not erupted (broken through the gum) within a normal period of time. Since these are the last teeth to come in, the upper and lower third molars, commonly called "wisdom teeth", are undoubtedly the teeth most often impacted. Statistics indicate that 95% of third molars that should erupt will have done so before the age of 24. Given their position in the mouth, these teeth are often not useful in chewing. Either due to partial eruption or total impaction because of a lack of space, the teeth may not be functional. It is estimated that only 5% of the population has the space needed to accommodate four functional, healthy wisdom teeth.

Even though extraction is clearly indicated when there are symptoms, the situation is different when a patient is asymptomatic. It takes a dentist's clinical judgement to determine whether preventative extraction of impacted third molars may be beneficial for the patient. The decision requires consideration of a pre-operative assessment of the patient, indications and contraindications for tooth extraction and risks and complications

which may occur after the operation. One thing is certain, we don't want to wait until an impacted tooth causes a problem before removing it, because the risks of complications and sequelae and the difficulty of surgery increase in patients over the age of 30.

Indications and contraindications for extracting third molars

Extraction of these teeth is indicated to prevent or treat pericoronitis (irritation of soft tissue surrounding the erupting tooth), dental pathology (cavity in the second or third molar), periodontal pathology—referring to everything involving the tooth's support tissue (gum and bone)—or when damage is observed in the adjacent tooth (resorption). On the other hand, extraction of asymptomatic impacted third molars is contraindicated in patients aged over 30 because the risks of complications and sequelae increase with age. The procedure is also contraindicated when there is imminent damage for adjacent structures.

Pre-operative planning

To ensure the patient's health is not at risk during surgery, the dentist needs to perform a complete assessment of the patient's health. Clinical evaluations and X-rays provide specific information. The relationship between the impacted tooth and the adjacent tooth, position in the jaw and the presence of adjacent structures, such as the maxillary sinus and the inferior neurovascular bundle (inferior dental nerve, lingual nerve) are determining factors in planning the extraction of an impacted third molar. High-quality X-rays are therefore required to evaluate the position of the tooth.

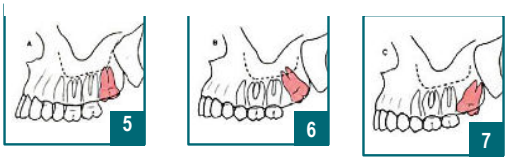
(Figures 1–7)

POSITION OF TEETH

Based on the tooth's long axis – lower jaw

Mesioangular (45%) | Vertical (40%) | Horizontal (10%) | Distoangular (5%)

Based on the tooth's long axis – lower jaw



Vertical (63%) | Distoangular (25%) | Mesioangular (12%)

What are the risks and complications of extracting impacted third molars?

Damage to adjacent nerve structures

- Trauma to a sensitive nerve, either the inferior dental nerve or lingual nerve, may cause paresthesia, which is loss of sensitivity in the chin, lip or tongue, for a varying period of time. Usually, the numbness is temporary but, on rare occasions, it can be permanent.

Damage to the superior maxillary sinus

- The maxillary sinus is an air-filled cavity located in the upper jaw: if the sinus is enlarged, it could extend to the apex (ends) of the root and expand. A bone fracture and a connection between the sinus and the mouth cavity may occur.

Damage to adjacent teeth

Risk of root fracture

- If the shape of the root is not conducive to this procedure, the risk can be high. In that situation, a partial extraction (odontectomy) may be considered.

Risk of fractured jaw

- A fractured lower jawbone may occur.

Fractured upper maxillary tuberosity

Risk of infection

- This can occur after an extraction. In some cases, this may be caused by food build-up or the presence of a residual tooth fragment or foreign body.

Risk of dry socket

- Dry socket is the most common post-operative complication. This is when a blood clot in the tooth socket is lost early, causing superficial bone necrosis of the alveolar bone. Dry socket can occur three to five days after the extraction and presents as very acute pain radiating up to the ear plus bad breath.

Other inconveniences

- Pain and discomfort

1. Trismus (lockjaw)
2. Bleeding (hemorrhage)
3. Myofascial pain
4. Swelling (edema)
5. Temporomandibular joint problem

What is the post-surgery period like?

Patients may experience a significant deterioration in quality of life during this period, especially for the first five days. For example, swelling affects comfort, function and appearance. These side effects may affect the patient physically, personally and socially. Length of the period varies with the complexity of the surgery and how the patient complies with post-operative advice: diet, medication, etc. Being well prepared psychologically is one of the conditions for success.

I gave this information sheet to patient (name): _____

Date: _____ Dentist's signature: _____