

ROUTINE PRE-SURGICAL INSTRUCTIONS

Planning ahead greatly improves the safety and comfort of your oral surgery. If you will be sedated or receiving general anesthesia, you MUST be accompanied to your appointment by a responsible adult, parent or legal guardian. He or she will need to remain in our office during your surgery and help you get home afterwards. For your own protection, it is essential that you arrange for someone capable to stay with and care for you during the 24 hours following surgery.

ITEMS TO HAVE ON HAND:

There are a number of items you will need to purchase ahead of time and have on hand for your recovery:

- **Ice packs** - Most drugstores carry prefabricated sling-type ice packs for the face, or you can use frozen bags of peas or corn.
- **Clear liquids and soft foods** - Have several types of clear liquids (juice, water, soda, etc.) and soft foods (yogurt, shakes, pudding, soup, applesauce, ice cream, etc.) on hand. You will need to use them for at least the first day following surgery.
- **Prescriptions** - Fill any necessary prescriptions prior to the day of your procedure so you can go directly home following surgery. Be sure to discuss any other medications you are taking with the doctor well ahead of time, including daily doses of aspirin or aspirin substitutes.

The Night Before Surgery

Eat a light supper the night before surgery and do not have anything to eat or drink 8 hours prior to your appointment. If we have prescribed a sedative or antibiotic, take it with a small sip of water only. Avoid alcohol for 24 hours before and after surgery. We recommend you refrain from smoking for 24 hours prior to your appointment as well.

The Day of Surgery

Be sure to wear loose fitting clothing with short sleeves to your appointment. If you normally wear contact lenses, please leave them at home. Jewelry - especially earrings, bracelets and watches - should also be removed. Just prior to leaving for our office, brush your teeth thoroughly and use mouth rinse if prescribed. If you have taken a pre-operative sedative, do not attempt to drive or climb stairs.

In Case of Pre-Operative Illness

If you develop a head or chest cold or any other illness, bug or ailment prior to your appointment, please call our office for further instructions.

INFORMATION REGARDING REMOVAL OF IMPACTED TEETH

What is an impacted tooth?

All teeth are formed deep within the jaw bones. As the root develops, most teeth travel toward their future place on the dental arch. This movement is called eruption. If a tooth travels in the wrong direction, is blocked by another tooth or by dense bone it is said to be impacted or unerupted.

What harm can impacted teeth do?

Since it is not normal for a tooth to remain beneath the surface after the age of 18-21, it is easy to understand why difficulties develop. When saliva can reach the crown—and this may happen even though the impacted tooth

cannot be seen in the mouth—it is possible for tooth decay to occur. There is no way to fill such cavities, and severe toothache finally results.

Likewise the germs in the saliva may cause pericoronitis, an infection around the crown of the tooth. The infection may spread to the cheek, throat or neck with severe pain, stiffness of the jaw and general body illness.

As impacted teeth press against other teeth, they injure their roots or push them out of position. Sometimes a large cyst forms around the crown of an impacted tooth, resulting in the destruction of bone and damage to other teeth in the region.

Why and when should impacted teeth be removed?

While it is true that not all impacted teeth cause the above complications, it is not possible to determine from an X-ray which ones will give difficulty, or when. Trouble usually comes unexpectedly and at inconvenient times. Older individuals do not tolerate impacted tooth removal as well as young people, and the operation is more difficult with advancing age.

Sometimes it is recommended that a child's unerupted teeth be removed, often for orthodonture. Children also sometimes have extra (supernumerary) teeth that should be removed to permit adult teeth to erupt normally.

If a patient with an impacted tooth waits until it is causing trouble, he may first have to be treated for the infection or other complications before the removal can be performed. This means additional loss of time and expense as well as some added risk

Are there any complications?

Any operation carries some risk. This is reduced by pre-operative appraisal of your medical history and present physical condition, and by the skill and experience of the surgeon and the office personnel.

The socket remaining after an impacted tooth is removed is a large one, and healing may be delayed because the body is unable to generate replacement tissue as quickly as with a small wound. Healing in the upper jaw typically proceeds uneventfully. In the lower jaw, about 90% of tooth sockets will heal promptly, while roughly 10% will take longer and require some type of dressing every few days. For this reason, it is not wise for patients recovering from this surgery to plan a trip immediately following the procedure, or to travel where they could not secure good dental care.

All patients about to have impacted teeth removed should understand that adjacent teeth may have been weakened or otherwise injured by the presence of the impacted tooth. Adjacent teeth must therefore be watched for three to six months after the impacted tooth has been removed.

Lower Teeth

Lower teeth are often near the sensory nerves of the lower jaw and tongue. A nerve may be bruised or slightly torn or even cut in two during surgery. The result will be numbness or tingling of the lower lip, chin, gums and all teeth on that side of the mouth. It may also affect part of the tongue. This does not last more than a few weeks in most cases, improving as the nerve regenerates. Very rarely it can last as long as two years. Cases where the condition remained permanently have occurred.

Roots of Upper Teeth

Roots of upper teeth may extend into the sinus cavity. The doctor will use great care to see that no injury occurs to this structure, but occasionally when the tooth is removed a sinus opening may occur. Normally the socket fills in quickly, but if healing is delayed, surgery may become necessary to prevent air or fluid from passing between the mouth and sinus.

Small Tips of Roots

Small tips of roots occasionally break off deep in the socket as a tooth is removed. The oral surgeon may elect to leave these small tips in place if removal would require extensive surgery which could endanger nearby nerves, etc.

Fillings and Crowns

Weak or brittle fillings or crowns next to a tooth being removed may crack or fall out and may need to be replaced.