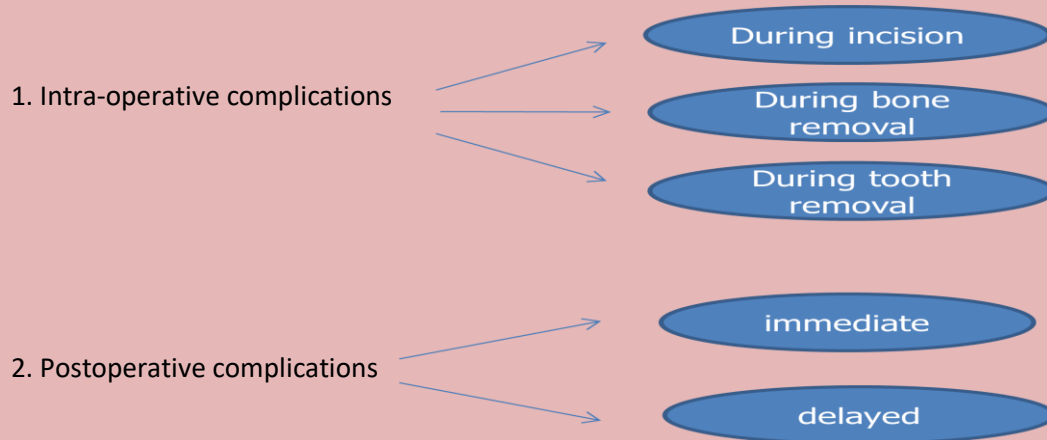


Wisdom Tooth Extraction

Complications



The reported frequencies of complications after third molar removal are reported between 2.6 % and 30.9 %

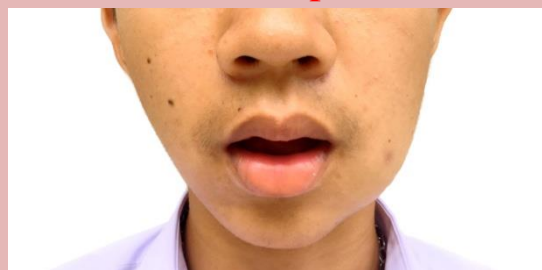
DOCTOR MUST BE INFORMED WHENEVER PATIENT EXPERIENCES ANY OF THESE COMPLICATIONS.

Please note: The cost of management of complications (if any) is not covered in the treatment charges.

Intra-operative complication		
<ul style="list-style-type: none"> • <u>During incision</u> • 1.Injury to nerve (chances minimal, mostly manageable) • mandibular (lower jaw) nerve paresthesia (tingling or pricking sensation caused by pressure on nerves) vary from a low of 1.3% for temporary and 0.33% for permanent paresthesia to a high 	<ul style="list-style-type: none"> • <u>During bone removal</u> • 1.Damage to 2nd molar • (Chances minimal mostly manageable) • It is also possible for luxation of an adjacent tooth to occur which means it becomes dislocated within the socket but continues to have some attachment. Sometimes all that is needed is to simply 	<ul style="list-style-type: none"> • <u>During tooth removal</u> • 1.Breakage of instrument(Chances minimal, mostly manageable) • 2.Forcing into submand. Space (Chances minimal mostly manageable)When a root fragment “disappears” during extraction, its retrieval should not

<p>of 4.4% for temporary and 1% for permanent paresthesia.</p> <ul style="list-style-type: none"> • The risk of permanent paresthesia following extraction of a mesioangular impaction is as high as 6.8%. • 2.Hemorrhage • (Chances minimal, mostly manageable) 	<p>push the tooth back into the socket and allow for healing to occur. However, in some cases stabilizing the tooth with rigid fixation (such as sutures, arch bars, dental wires, and composite splints) may be necessary to keep it in place. The luxation of an adjacent tooth may need to be stabilized for around 40 to 60 days.</p> <ul style="list-style-type: none"> • 2.Soft tissue injury (Chances minimal, mostly manageable) • 3.Subcutaneous emphysema (Chances minimal, mostly manageable) 	<p>be attempted. Immediate referral to a specialist should be arranged.</p> <ul style="list-style-type: none"> • 3.Fracture mandible (with a frequency of 0.0049% in literature.) Mandible fracture may require stabilization with an intermaxillary fixation or rigid internal fixation of the jaw for 4 to 6 weeks along with antibiotics. • 4.Tmj injury (with a frequency of 1.6%) (chances minimal, mostly manageable)
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It is important for the attendant to check for any blood spots (sign of continued bleeding) around the mouth and bed of the patient after the patient has slept, for 1-3 hours, on the day of surgery. If there is any sign of swelling, or even the slight increase in size of swelling, or fever, it should be reported to the doctor immediately.



Postoperative complications

Immediate
(Chances minimal mostly manageable)



Delayed
(Chances minimal mostly manageable)

1. Hemorrhage 2. Pain 3. Edema 4. Drug reaction

5. Damage to adjacent hard and soft structure (Chances minimal, mostly manageable)

1. **Dry socket** (3.2% occurrence in literature) Irrigate the site with chlorhexidine or saline. Pack the extraction site enough to cover the exposed surgical site with a resorbable or nonresorbable dressing. Instruct the patient to maintain good oral hygiene. Advise the patient to refrain from smoking for at least 6 weeks after the extraction; smoking delays healing and restricts blood supply to the extraction site.

2. **Infection** following the surgical removal of wisdom teeth happens to about 1 or 2 out of 100 people and is called a secondary infection. Antibiotic therapy and regular follow up.

3. **Trismus**

4. **Oro Antral Fistula** (0.008% to 0.25% occurrence) surgical closing with a flap.

5. **Temporomandibular Joint Disorder:** TMJD can occur due to shifting of teeth.

Minimal usual complications have been reported in case of wisdom tooth extractions and have been taken care of efficiently. Regular follow ups are ensured to make sure about the patient's health.



- ▶ Although this is an exhaustive list of the complications, a complete list is impossible to make because there may be certain complications, waiting to happen which are not yet listed in the literature