



What to do after the extraction of a tooth?

Please follow these simple rules to promote healing, prevent complications and make yourself more comfortable.

At the practice

Anaesthetics (Injection)

The numbness should subside within a few hours, but may last up to 8 hours. While your mouth is numb you will need to be careful not to bite your cheek, lips or tongue.

Gauze Pad

Your dentist will place a gauze pad on the extraction site to limit bleeding and confine the blood while clotting takes place. This sterile gauze pad should be left in place for 30 to 45 minutes after you leave here. Do not chew on the pad.

At home

Bleeding

There may be some bleeding or oozing after the pad is removed. If concerned about the amount of bleeding, follow this procedure:

- Fold a piece of the sterile gauze supplied into a pad thick enough to bite on. Dampen the pad and place it directly on the extraction site.
- Apply moderate pressure by closing the teeth firmly over this pad. Maintain this pressure for about 45 minutes. If the pad becomes soaked, replace it with a clean one as necessary.
- Do not suck on the extraction site.
- If **heavy** bleeding continues, call the practice (Remember, though, that a lot of saliva and a little bleeding can look like a lot of bleeding!). In the extremely rare situation where there is serious bleeding in the middle of the night, go to your nearest hospital

The Blood Clot

After an extraction, a blood clot forms in the tooth socket. The clot is an important part of the normal healing process. You should therefore avoid activities that might disturb the clot.

This is how to protect the clot:

- Do not smoke or rinse your mouth vigorously, or drink through a straw for 24 hours. These activities create suction in the mouth, which could dislodge the clot and delay healing.
- Limit strenuous activity for 24 hours after the extraction. This will reduce bleeding and help the blood clot to form.
- Do not go to work, exercise, play sport or swim for the rest of the day.

Swelling and Bruising

After a tooth is removed, you may have some discomfort and notice some swelling and bruising. You can help reduce swelling and pain by applying cold packs to the face on and off for several hours after the extraction e.g.: frozen vegetables, an ice bag or cold moist cloth. Most swelling and bruising subsides after a week to 10 days.

Pain and Medication

It is important to take pain medication regularly before pain starts rather than wait till pain has started. Pain should start to reduce after 48 hours and be gone by 10 days.

Adults: Panadol 500mg. - Take 1 or 2 tablets 4 times a day. **Or** Nurofen 1 tablet 4 times a day. (Do not use Nurofen if you have Asthma or Stomach Ulcers) Panadeine Forte [if prescribed] 1 tablet in the evening

Children 7 - 12 years: Panadol ½ tablet 4 times a day.

Dry Socket

This is where the clot is lost from the socket due to excessive rinsing or pre-treatment infection. A throbbing pain develops about 3 days after the extraction. You **MUST** return immediately to have a dressing placed.

Diet

After the extraction, drink lots of liquids and eat soft, nutritious foods such as omelettes, pastas or soups. Avoid alcoholic beverages and hot liquids. Begin eating solid foods the next day or as soon as you can chew comfortably. For about two (2) days, try to chew food on the opposite side to the extraction site.

Rinsing

The day **after** the extraction, **gently** rinse your mouth with warm salt water (half a teaspoon of salt in a cup of warm water) Rinsing after meals is important to keep food particles out of the extraction site, but remember not to rinse your mouth too vigorously. Avoid using Listerine etc. during the first 48 hours.

Oral Hygiene

It is important to continue to brush and floss your other teeth thoroughly, but on the day of the extraction, avoid cleaning the teeth next to the healing tooth socket and **gently** rinse your mouth afterward.

Healing

It normally takes 7 to 1 days for initial healing to take place and most pain and swelling to have subsided. The more difficult the extraction, the longer healing will take. Full healing can take 2 to 3 months.

Please contact the surgery at any time you are concerned about the progress of your healing. Remember that you have just had minor surgery..... Be kind to yourself!



Information and frequently asked questions after a tooth extraction

Extraction is a surgical technique to remove a tooth and thereby eliminate a source of infection and/or pain from the mouth. All surgical procedures carry an inherent risk, and no absolute guarantee can be provided in any circumstances.

Why is an extraction required?

The common causes are:

1. Crowding - orthodontic reasons - there is not enough room to accommodate all teeth in the available jaw space.
2. An abscess has developed where the nerve has died and pus formed, and this infection needs to be removed. This can be due to decay/cracks, especially in patients over 40 with heavily filled teeth, allowing bacteria to enter the bone via the root canal.
3. Excess bone loss due to gum disease.
4. Severe breakdown of tooth due to cracks, decay, fracture or trauma/accident, where no other treatment options are suitable.

What does the treatment involve?

An up to date x-ray is required. Note that even the most sophisticated x-rays only allow a 2 dimensional view of a 3 Dimensional clinical situation and extra roots or curved roots may not be visible.

The surrounding gum and jaw has to be numbed, with double the amount of anesthetic used for a filling. The tooth may be removed as a single piece, or may need to be sectioned into pieces.

Considerable skill and force is needed to remove the tooth from the jaw, and frequently pieces of it or the root will break and need to be removed separately

What risks / complications are possible during treatment?

The greater the degree of difficulty, the greater the risk of complications

- Fracturing of pieces of either tooth or root, (due to weakness in existing tooth caused by decay or fracture/cracks or fine/curved roots) requiring subsequent removal. Usually this can be done from within the socket, but frequently a surgical removal may be required, where part of the adjacent gum is lifted up and a small section of the jaw bone removed to allow access and removal of the tooth and roots.
- Occasionally, if a very small piece of tooth / root remains, the decision may be made to leave it in situ and let the bone grow around it as removal may risk further more serious complications.
- Considerable bleeding - clotting agents may need to be applied and stitches used to sew the socket closed.
- Fracture of a piece of adjacent, or the main jawbone - usually a surgical procedure will be needed to correct this.
- Displacement of a piece of tooth or root into adjacent areas e.g.: into the upper jaw, sinus or behind wisdom tooth area.
- Bruising or damage to jaw joints resulting in continuing jaw pain or clicking; damage to and adjacent nerves, resulting in temporary or permanent numbness of lips, chin, cheek and tongue.
- Exposure of the sinus in the upper jaw to the mouth. Due to roots of the upper teeth being in close proximity to the sinus wall, removal of a tooth creates a hole into the sinus. A surgical procedure is needed to close this.
- Damage to adjacent teeth, fillings or dislodging of crowns, especially where there is crowding or the teeth are heavily filled.
- Often a referral to a Specialist Oral Surgeon is part of management of the above situations.

What Risks/Complications are possible after treatment?

1. Dry Socket or other infections where the clot is lost from the socket, often due to smoking, pre-existing infections or medical history or medications; often in lower teeth or female patients.
2. Prolonged Bleeding - due to medication, undiagnosed medical conditions. Treatment required would entail suturing and further investigations including blood tests.
3. Bruising and Swelling, spasm of jaw muscles resulting in unable to open mouth ,talk or chew properly for 2 to 3 weeks
Bruising is to be expected in all patients taking Warfarin, Plavix, Cartia or other blood thinning medications
4. Continued numbness and tingling of the lips, chin, cheek and tongue (Paraesthesia). Feeling usually returns with 6 - 18 months, but in a very small number of patients, the change is permanent for life. This may mean difficulty in eating, speaking or playing musical instruments.
5. Shrinkage of gums around the adjacent teeth, exposing edges of adjacent crowns or implants ,and sensitivity of adjacent teeth

Treatment Fees

There are 5 different item numbers, depending on the complexity of the procedure, with fees varying between \$321 and \$686. The consultation and examination, x-rays taken before, during and after the procedure are additional.