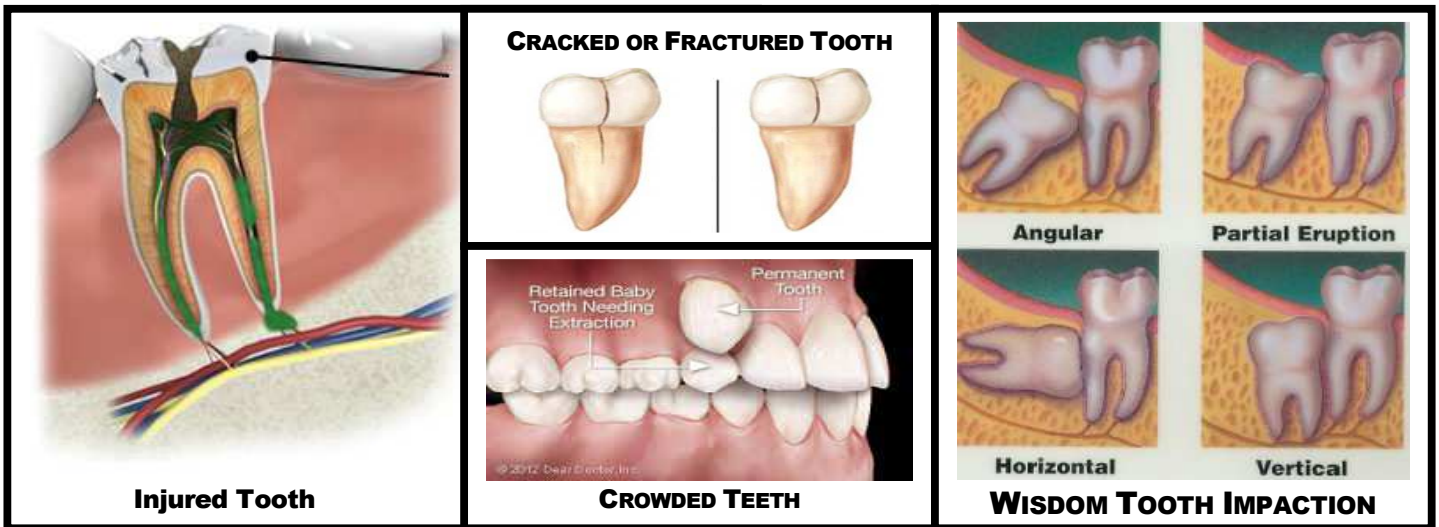


TOOTH EXTRACTION



Why would a tooth need to be extracted?

There are many forms of dental treatment which can be used to save a tooth including fillings, root canal therapy, and crowns. There are still some situations however where it is necessary to extract one or more teeth to achieve better oral health and comfort for the patient. There are a number of restorative options for a missing tooth such as bridges, dental implants, and partial dentures. Most often an extraction is done to solve a simple problem: the patient is in pain. Now, that doesn't mean that every toothache requires an extraction. It does mean that there are certain specific instances when it is optimum to remove the tooth rather than attempt another course of treatment:

1. **Wisdom teeth** – When a person enters their later teenage years, additional teeth start to grow in at the back of their mouths, one on each side of the upper and lower jaw. In most cases, the jaw bone is not large enough to accommodate these additional teeth. Wisdom teeth often become impacted and do not grow in properly. Impacted wisdom teeth can cause a myriad of problems, including gum disease, infection, decay, and even tumors. Wisdom teeth are usually extracted when they begin to provide discomfort to the patient or at the first sign that they may be impacted to prevent potential problems. This is definitely not every case – some people retain their wisdom teeth all their lives.
2. **Impacted Teeth** – An impacted tooth is one which remains fully or partially below the surface of the gums as it grows in. Such teeth can become infected and push against other teeth, creating inflammation or infections. Impacted teeth are removed for the overall health of the patient and to relieve the pain from the swelling and inflammation.
3. **Crowded Teeth** – There are times where teeth are too tightly crowded in a person's mouth, and removing a tooth may simply make it easier to straighten or align the teeth. This would be done in combination with orthodontic treatment.
4. **Cracked or fractured tooth** – There are many different types of cracked teeth. Some can only be exposed using X-ray machines while others are clearly visible to the naked eye. When the crack is too severe for the tooth to be saved the dentist will perform an extraction.
5. **Health Concerns** – We may also recommend a tooth be extracted simply for health purposes. Advanced gum disease may require a tooth to be pulled so it doesn't affect the supporting tissues and bone structures of your mouth. If a tooth has severely decayed and becomes infected, it may be in the patient's best interest to remove it entirely and have it replaced with a dental implant or a bridge.

What to expect:

Your dentist or oral surgeon will take an X-ray (radiograph) of the area to help plan the best way to remove the tooth during the examination. This x-ray will allow them to evaluate the tooth's root portion and the bone surrounding it. The information obtained from this clinical examination and the x-ray will help the dentist formulate a diagnosis and determine if the tooth should be extracted. Make sure to report if you have had any problems with any previous tooth extractions and if you have any bleeding problems. Before removing your tooth, your dentist will numb the affected area. Some people may choose to be sedated for tooth extraction. During the extraction, you will feel the pressure of the tooth being removed. Immediately after the tooth is removed, a bite pack or "gauze" is used to apply pressure to the tooth socket to stop the bleeding. Your jaw may be sore over the next 24 hours and sometimes antibiotics are recommended to aid recovery and prevent secondary infection. The area may bleed minimally for the next 24 hours or so and taper off after that. Dentists normally advise not disturbing the blood clot in the socket by not touching the area with a finger or the tongue. You should avoid activities such as smoking, drinking through a straw, and vigorously brushing or rinsing your teeth for the next 48 hours because they hinder healing and may cause the wound to open. We may advise warm salt water mouth baths which start 24 hours after the extraction. Eat soft and cool foods for a few days then try other food as you feel comfortable. Always follow your dentist's instructions on how often to change the gauze and what other post-procedure steps to follow.

Risks:

A problem called a dry socket develops in about 3% to 4% of all extractions. Dry socket occurs up to 30% of the time when impacted teeth are removed. This occurs when a blood clot does not form in the hole or the blood clot breaks off or breaks down too early. Please be aware that smoking impairs wound healing and makes dry socket significantly more likely. Typically a dry socket will begin to cause the pain to worsen on or after the third day of the extraction. A dry socket needs to be treated with a medicated dressing to stop the pain and encourage the area to heal. Complications such as swelling, bruising, and numbness may also occur in rare cases which may take a few weeks to disappear completely.

When to call your dentist or oral surgeon:

The swelling gets worse instead of better after a few days from the extraction. You have fever, chills, or redness. You have trouble swallowing. You have uncontrolled bleeding in the area. The area continues to ooze or bleed after the first 24 hours. Your tongue, chin, or lip feels numb for more than 8 hours after the procedure.