

DENTAL EXTRACTIONS

In the past, people often had teeth extracted due to dental problems. These days, teeth are extracted less frequently because retention of teeth is nearly always better than extraction. However, there are times when extraction is the best treatment option.

The aim is to achieve the best outcome over the long term, while giving you the most satisfactory function and appearance possible. Your dentist is in the best position to evaluate your situation.

Tooth extraction in children:

The primary (deciduous) teeth, sometimes called baby teeth or milk teeth, are rarely extracted as they are important for the proper eruption of secondary (permanent) teeth.

Reasons for extraction

Teeth may have to be removed for several reasons, as follows.

- Extensive damage to a tooth

If a tooth is badly decayed or damaged due to trauma, extraction may be necessary.

- Periodontal disease

Due to poor dental hygiene and a build-up of plaque and calculus (tartar) on a tooth, the gums may become inflamed and infected (periodontal disease). If not treated promptly, periodontal disease is likely to damage the underlying bone and other tissues around the tooth's root. The infection may cause the tooth to become loose in its socket. Despite treatment, saving the tooth may not be possible.

- Prevention of complications

If badly diseased teeth are not extracted promptly, complications such as infection or abscesses in the teeth or roots, or the spread of infection through the blood stream to other parts of the body, may occur. This may affect the general health of the patient.

- To improve appearance

As part of orthodontic treatment or a treatment plan to improve the appearance of teeth, your dentist may recommend removing a tooth which interferes with another.

- Teeth with no function

A tooth without an opposing partner to grind against during chewing may be better removed.

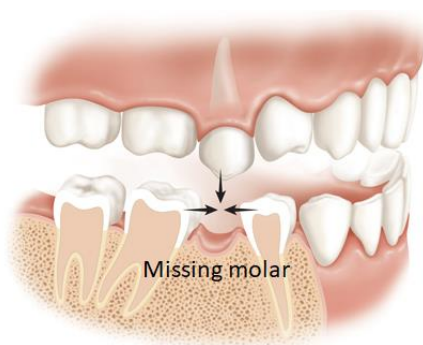
- Vertical cracks in a tooth root

A root may shift and split, and crack upwards or downwards. If repair is not possible, extraction may be necessary.

The decision to remove a tooth

Removal of a tooth or teeth is only done after careful consideration and discussion with your dentist. Every effort is made to preserve teeth because they function better than artificial teeth such as dentures, bridges or implants. In an attempt to save a tooth, your dentist may recommend a root canal treatment. However, it is not suitable in every case and is recommended only if successful treatment is likely.

A missing tooth can cause nearby teeth to move out of their normal position and tilt into the gap. This often makes chewing and biting difficult. It may also cause more decay and gum disease around the tilted teeth as thorough cleaning can be difficult. To prevent neighbouring teeth from moving into the gap, a bridge, plate or dental implant may be necessary.



A missing permanent tooth may cause the remaining nearby teeth to move into an abnormal position, as shown above. To prevent abnormal movement of teeth and maintain a healthy occlusion (or "bite"), your dentist will try to save a tooth, if possible. Sometimes, however, the best treatment is extraction.

X-ray examination

The dentist may take an X-ray film of the tooth and the jaw. The film may help the dentist to plan the best and safest way to remove the tooth.

Anaesthesia

- Local anaesthesia: A local anaesthetic is injected into the gum to numb the area around the tooth or teeth to be extracted. A tablet may be given to help the patient relax.
- Conscious sedation with local anaesthesia: The patient is sedated with a medication but remains awake and can cooperate with the dentist.
- General anaesthesia: The patient is asleep for the extraction. The patient should not eat or drink anything for six hours before surgery. The dentist will provide full instructions.

Modern anaesthesia is safe with few risks. However, a few people may have serious reactions to an anaesthetic. If you have ever had a reaction to an anaesthetic drug, tell your dentist.

The extraction of teeth

The method of extraction will vary depending on the type of tooth and its roots, and its position in the jaw. Some teeth are relatively easy to remove, while others can be difficult. Difficult extractions are usually due to:

- adjacent teeth having crowns or large restorations (fillings)
- the tooth being in an abnormal position and affecting neighbouring teeth
- a nerve lying near the tooth to be extracted
- roots that are large and curved, or that penetrate deeply into the jaw bone
- an unerupted or impacted tooth, or tooth that is fused to the jaw bone (ankylosis).

In difficult cases involving molars premolars, the tooth may have to be divided into segments so it can be removed easily and safely.

Home care after extraction

- Rest at home after the extraction.
- Depending on the number of teeth removed, you may need to take time off work, school or other duties.
- Avoid drinks containing alcohol while you are taking pain killers or antibiotics
- Eat soft foods such as soups, blended (pureed) vegetables and meat and jellies for the first two days.
- Drink a lot of fluids.
- Use ice packs to reduce any swelling and pain.
- If you have had any form of sedation, such as a tablet or injection, do not drive or ride a motorcycle or bicycle, operate machinery or engage in active exercise for the rest of the day.

Possible side effects of extraction

All types of surgery, including the extraction of teeth, are associated with some risk. Despite the highest standards of practice, complications are possible.

It is not usual for a dentist to dwell at length on every possible side effect or rare but serious complication of any dental procedure. However, it is important that you have enough information to weigh up the benefits and risks of extraction. Most patients will not have complications, but if you have concerns about possible side effects, discuss them with your dentist. The following list of possible complications is intended to inform you, not to alarm you. There may be others that are not listed.

Pain: Pain may occur once the effect of the anaesthetic has worn off. Your dentist will advise you about pain relief and prescribe the best tablets to take.

Bleeding (Haemorrhage): Although uncommon, haemorrhage may occur. It can normally be stopped by putting a gauze pack over the wound and applying pressure by biting gently on the gauze for 15 minutes. If this treatment does not stop the bleeding, contact your dentist at once.

Dry socket: This occurs if the blood clot that normally forms in the socket is washed away or dissolves, exposing the bone underneath. The blood clot is important for proper healing and relief of pain. A dry socket causes a constant throbbing pain which may last for some days. If you have pain like this, contact your dentist. To help prevent a dry socket:

- Do not rinse out your mouth or spit with force for the first 24 hours after surgery. This can loosen the blood clot and may slow healing.
- Do not brush your teeth around the area of the surgery for the first 24 hours. After the first day, you may brush gently.
- Do not smoke for two weeks after surgery as smoking impairs healing.

- After the first day, you can rinse your mouth very gently with warm salt water (one-half teaspoon of salt in a glass of warm water). Rinse every four hours or more often if needed. This will help to reduce swelling, pain, and the risk of infection.

Infection: An infection in the gum or bone may occur after the extraction. If you develop a fever, bleeding or increasing pain, infection may be the cause. Contact your dentist at once. If you have ever had an allergic reaction to any antibiotic, tell your dentist.

Sinus problems: The roots of some upper teeth may be close to the sinuses. Sometimes, a sinus may be opened when a tooth is removed. The opening will usually heal quickly. However, if infection sets in or other problems start, more treatment may be necessary.

Numbness or altered sensation: If a nerve is bruised or injured during extraction, numbness, tingling and loss of feeling in the teeth, gums, cheeks, lips, chin and tongue may occur. This effect will usually disappear over a few weeks as the nerve recovers. In some people, complete healing of the nerve may take six to 18 months. In rare cases, the nerve may not heal completely, and the numbness or altered sensation may be permanent.

Damages to a nearby tooth or fillings: Although rare, the tooth or fillings next to the tooth to be removed may be chipped or loosened during an extraction.

Thinning of jaw bone: Bone at the base of the extracted tooth is likely to thin a little over time. Thinning and fragility of jaw bone can become significant if many teeth are missing. To reduce thinning, jaw bone needs to have the pressures of daily chewing exerted on it. Your dentist may recommend dental implants or dentures to help prevent thinning.