Extractions – information for patients

Why is an extraction necessary?
If a tooth is so badly decayed or broken down that it cannot be repaired, the dentist may have to take the tooth out. This may also be necessary if the tooth has an infection that cannot be resolved with root canal treatment, or if the tooth as been loosened by gum disease.

Dental decay happens over time when the enamel and dentine of a tooth become softened by acid attack after you have eaten or drunk anything containing sugars. Over time, the acid makes a cavity (hole) in the tooth. 'Dental decay' is the same as tooth decay and is also known as 'dental caries'. If the decay reaches the inner part (pulp) of your tooth then either root canal treatment or extraction are necessary to prevent future pain and infection. Your dentist will advise you if root canal treatment is a possible alternative to extraction in your particular case.

Gum disease is caused by plaque and tartar build up on the teeth causing the gum to strip away and the bone levels to reduce, resulting in loose teeth.

Before the extraction appointment
You must advise your dentist of your medical history and any medications you take, including self- prescribed medications. This will allow the dentist to assess if it is safe to perform the extraction in the practice or f a referral to hospital may be necessary.

On the day of the appointment, it is important to eat as normal, and take any regular medication at the time you would normally take it. Alcohol must be avoided before an extraction.

The procedure
The dentist will prepare for the extraction by taking an x-ray of your tooth. A local anaesthetic will be given to numb the tooth and the surrounding tissues, and the dentist will test the anaesthesia before attempting the extraction.

The extraction is performed using special tools. The dentist may need to use only one or sometimes several of these tools.

How long will it take?
That depends on whether the extraction is simple or more complex. A simple extraction might be one where a loose tooth is being removed, or a tooth will very little damage to its structure. These can take very little time to remove – minutes if not seconds!

A more complex extraction will take longer. An extraction may become complex due to a number of reasons, including:

- the position of the roots of the tooth or neighbouring teeth
- the position of nerves and other structures around the tooth
- the density of the bone surrounding the tooth
- bone fused to the tooth root
- little tooth structure left to grip with
- instruments
- the tooth may fracture during the procedure
- poor patient co-operation and discomfort

Some of these reasons are not visible on an x-ray and so the dentist will not be aware of them until they attempt the extraction.

If an extraction becomes more complex, the dentist may need to use a drill to remove a very small amount of bone from around the tooth to allow it to be extracted. Sometimes a small cut to the gum is also necessary and sutures would be placed afterwards.

Risks and complications

With any extraction there are risks, both during the treatment and afterwards. Risks during the procedure include:

- a reaction to, or side effects from the local anaesthetic – these are rare, but care must always be taken following the treatment whilst your lips, cheek and tongue are still numb
- the extraction may become more complex for one or more of the reasons listed above – if the dentist is unable to remove all or part of the tooth then they may need to refer you to hospital to have it removed surgically
- displacement or fracture of adjacent teeth/tooth
- creation of an oro-antral fistula (OAF) – this is a hole between the mouth and the sinus, sometimes occurring when the tip of the roots of an upper tooth lie very close to the sinus. If an OAF is created, the dentist may need to refer you to hospital
- temporary or permanent nerve damage (most likely with lower wisdom tooth removal)
- fracture or dislocation of the jaw (in extreme

cases) Post-operative risks include:

- pain, swelling or bruising
- infection or inflammation
- haemorrhaging (excessive bleeding)
- delayed or complicated healing

After the extraction

The dentist will place a gauze pack over the extraction site and ask you to apply pressure to it (normally by biting) for several minutes. This is to encourage the socket to form a clot. The dentist or nurse will give you verbal advice and a written leaflet detailing aftercare instructions. These will include:

- Take it easy for the rest of the day. Take as little exercise as you can, and rest as much as you can. Keep your head up to avoid any bleeding.
- Avoid hot food or drinks until the anaesthetic wears off. This is important as you cannot feel pain properly and may burn or scald your mouth.
- Be careful not to chew your cheek. This is quite a common problem, which can happen when there is no feeling.
- Do not be tempted to rinse the area for the first 24 hours. It is important to allow the socket to heal, and you must be careful not to damage the blood clot by eating on that side or letting your tongue disturb it. This can allow infection into the socket and affect healing.
- Avoid alcohol for at least 24 hours as this can encourage bleeding and delay healing.

- It is important not to do anything which will increase your blood pressure, as this can lead to further bleeding. We recommend that you avoid smoking for as long as you can after an extraction, but this should be at least for the rest of the day.
- Eat and drink lukewarm food as normal but avoid chewing on that area of your mouth.
- It is just as important, if not more so, to keep your mouth clean after an extraction. However, you do need to be careful around the extraction site.

If you experience pain, swelling, excessive bleeding, or have any other concerns following the extraction, you should contact the practice immediately to ask advice and book an appointment if necessary.