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Pre-Operative Patient Information For Third Molar Surgery

Third molars (also called wisdom teeth) are the last teeth to emerge into the mouth. Usually there is not enough room in the jaw and these teeth remain partially or completely embedded. When a wisdom tooth is blocked from erupting or coming into a normal position in the mouth it is termed "impacted."

Teeth left impacted in the jaw can cause a number of problems. These problems may require extensive surgery, hospitalization, and loss of additional teeth or other tissues. Complications that can occur from impacted teeth include:

1. Infection of the surrounding tissue which can spread into other areas.
2. Damage to adjacent tooth roots.
3. Formation of cysts which may destroy large areas of bone in the jaws.
4. Earaches, headaches, and referred pain in the jaws.
5. Contribute to gum disease and cavities.
6. Crowding of adjacent teeth.

Some people have room to accommodate wisdom teeth. However, if wisdom teeth need to be removed, it is recommended that this be done before adulthood. In younger patients, the roots of the teeth are not completely formed and the surrounding bone is softer making removal easier and lessening the chance of nerve damage. Post-operative complications are also significantly less in younger patients.

Any surgical procedure, no matter how routine, has certain risks. Although remote, the following are possible complications:

1. Numbness or altered feeling: Impacted teeth may be close to or in actual contact with the nerves that supply sensation to the teeth, gums, chin, lips, and tongue. If this is the case, occasionally patients may experience some decrease sensation or feeling in these areas after surgery. In most cases, if this happens at all, the nerve repairs and regenerates in a short time. Rarely, does permanent numbness occur.
2. Sinus Opening: The roots of the upper molars are close to or may be partly in the maxillary sinus. On rare occasions, removal of these teeth can create an opening into the sinus cavity. The sinus usually heals uneventfully, but if a problem persists, further treatment may be needed.
3. Dry Socket: This term is used to describe a condition that can develop in the lower tooth sockets when normal blood clotting is disturbed following surgery. This condition is commonly seen in patients that smoke. This exposes the socket and leads to a constant, deep, throbbing pain beginning 3-4 days after surgery. A sedative dressing can be placed in the socket to reduce discomfort while healing takes place.

The type of anesthesia will have been discussed with your surgeon at the pre-operative consultation.

IF YOU HAVE SELECTED I.V. SEDATION (GENERAL ANESTHESIA), IT IS MANDATORY THAT YOU COMPLY WITH THE FOLLOWING:

1. Have nothing to eat or drink (not even water) after midnight prior to surgery. Any medication prescribed can be taken with a sip of water.
2. A responsible adult who will be driving must be present in the waiting room during the surgical appointment. You should arrange to have responsible adult supervision home overnight after your surgery.
3. Please wear a loose fitting shirt with short sleeves or sleeves that can be rolled up easily. This will allow us to take your blood pressure during surgery.

If you have any additional questions, please do not hesitate to ask. The office staff is devoted to making you comfortable and decreasing your apprehension. We will strive to make your surgical experience as pleasant as possible and render the finest treatment available. Your comfort and well-being are our primary concerns.