



Third Molar Surgery

(Diagnosis: Impacted teeth ICD-10: K01.1)

Wisdom teeth are the last teeth to erupt into the mouth and often does not have sufficient space to erupt. They are more prone to dental pathologies such as tooth decay, gum disease, tumours, or cysts. They may also preclude orthodontic treatment to straighten teeth. Not all wisdom needs surgical removal, but indiscriminate retention of wisdom teeth may also not be in patients' best interests.

Complications

Below complications does not constitute an exhaustive list but does highlight some of the most common complications. If you require more information, please ask your Maxillofacial and Oral Surgeon directly.

1. 1% Inferior alveolar nerve injury

This may lead to numbness of the same half of the lower teeth, lip and chin. Numbness could be temporary or may lead to some degree of persistent numbness. The affected lip moves normally.

2. 0.1-0.3% Lingual nerve injury

This may lead to numbness of the same half of the tongue. Numbness could be temporary or may lead to some degree of persistent numbness. The tongue moves normally.

3. 2-3% Dry Socket (Alveolar Osteitis)

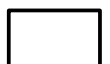
Dry socket (alveolar osteitis) is a condition where the blood clot inside the socket is lost resulting in exposed bone and severe pain not resolved by OTC painkillers. It becomes apparent during day 2-3 after surgery. More common in smokers and female patients. The condition is self-limiting and resolves within 10-14 days and treated with strong anti-inflammatories.

4. 3-5% Infection

Infection results in pain and swelling, mostly >7-days after surgery but it may develop weeks / months after surgery. We follow the American College of Surgeons Antibiotic prophylaxis protocol. Infections can be local and result in systemic infection with fever.

5. Uncommon complications:

Jaw fracture
Tooth displacement
Persistent sinus opening
Gum defects / recession





Treatment Alternatives



1. Active Surveillance

AS involved annual clinical and radiological examinations to identify any disease process early before it becomes difficult and/or risky to treat.

2. Coronectomy

This procedure involves removal of the crown of the wisdom tooth only and keeping the roots. Root removal may become necessary 6-10% of patients.

3. No treatment

CONSENT			
I HAVE BEEN INFORMED OF THE POTENTIAL COMPLICATIONS, TREATMENT ALTERNATIVES AND BENEFITS OF THIRD MOLAR SURGERY.			
MY RIGHTS AS A PATIENT ARE CONTAINED (NOT LIMITED TO) IN:			
SOUTH AFRICAN CONSTITUTION (1996); THE NATIONAL HEALTH ACT 61 OF 2003; CHILDREN'S ACT 2010.			
I ACKNOWLEDGE THAT I REMAIN ULTIMATELY RESPONSIBLE FOR THE COST OF THE ABOVE TREATMENT AS CONTAINED IN THE T&C OF THIS PRACTICE BILLING POLICY.			
I HEREBY GIVE MY CONSENT: <input type="checkbox"/>		I AM: The patient <input type="checkbox"/> The parent/legal guardian <input type="checkbox"/>	
SURNAME:	FULL NAMES:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Prof. <input type="checkbox"/> Mx.
BIRTH DATE:	<div style="text-align: right;">  </div>		
WITNESS INFORMATION			
SURNAME:	FULL NAMES:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Prof. <input type="checkbox"/> Mx.
BIRTH DATE:	<div style="text-align: right;">  </div>		

