If your wisdom teeth are giving you trouble, you may wish to try to settle the problem yourself to avoid the time and expense of seeing a dentist.

We would recommend you to see a dentist if:

- Pain is severe
- Your face is swollen
- You have a fever
- You cannot open your mouth fully
- Your symptoms do not improve within a few days

Why do my wisdom teeth hurt?

As the wisdom teeth come through (“erupt”) it is normal to experience some discomfort as they break through the gum. Sometimes, the gum around the tooth can become infected, or the tooth can become decayed—this can cause more serious pain.

What can I do to help myself?

If your discomfort is moderate, we often recommend that you use the cleaning and antiseptic methods advised below for a few days prior to seeing a dentist. The problem will often resolve on its own. Use of an antiseptic mouthwash or gel and deep cleaning of the affected area is usually effective: inflammation of the gum will be helped by Chlorhexidine – a very powerful antiseptic available as a gel or mouth wash. The Chlorhexidine can be used to treat acute flare-ups of the gum and prevent future problems. Cleaning the area with a special small-head toothbrush allows you to access the area under the gum where the inflammation or infection is at its worst. Putting some chlorhexidine gel on the toothbrush is very effective—this may be uncomfortable at first but the gum usually improves very quickly. Chlorhexidine mouthwash may stain the teeth if used for a long period. Pain can usually be relieved with over-the-counter painkillers.

Do I need antibiotics?

We try to avoid the use of antibiotics wherever possible. We usually only prescribe antibiotics if there is a large swelling visible on your face or signs of fever or spreading infection.

Do I need X-rays?

If you are registered with us and the problem is severe or recurrent we may need x-rays to decide what treatment is necessary. If you are registered elsewhere with another dentist, it is most appropriate that your regular dentist takes x-rays and advises you about the long term management of your teeth.

What can the dentist do to help?

If the infected gum over a wisdom tooth is further irritated by the opposing tooth biting on it, the dentist may recommend adjusting the opposing tooth to avoid this. A swelling that is near the surface may benefit from being drained, or the tooth being thoroughly cleaned. In very acute cases we may suggest immediate removal of the wisdom tooth.

Will I need to have my wisdom teeth removed?

Wisdom teeth can be present in almost any orientation (see diagram) but usually only cause problems when there is a partial eruption. We follow the guidance issued by NICE (National Institute for Clinical Excellence) regarding extraction of wisdom teeth. The guidelines recommend avoiding extraction unless:

- The infection has recurred two or more times and has required antibiotics.
- The tooth is decayed, or it is causing decay or gum disease in the adjacent tooth.

What are the disadvantages of having Wisdom removed?

Upper wisdom teeth are often (but not always) very easy to remove. Lower wisdom teeth vary in their difficulty of removal. If the tooth is impacted (growing at an angle and wedged into the adjacent tooth or tilted backwards), or “partially erupted” (only part way through in the mouth) – the extraction may be more difficult. The dentist can advise whether you will need to be referred to a specialist Oral Surgeon for extraction.

What are the risks of extraction?

There are risks with any surgical procedure. Any of the following could occur:

- Likely: pain, swelling, bleeding.
- Possible: infection, bone fracture.
- Upper tooth only: Oroantral fistula — (a hole opening up between the extraction socket and your maxillary sinus)
- Lower tooth only: Numbness of the lower jaw, tongue and lip, jaw fracture, altered taste sensation.

Will my wisdom teeth make my other teeth crowd together?

There have been clinical studies comparing tooth crowding in people with wisdom teeth and those without. The studies conclude that, although it is common for the front upper and lower teeth to become more crowded during the late teens and twenties, the wisdom teeth have little or no effect on this. Crowding of the teeth is not considered to be an indication for extraction of the wisdom teeth.