Patient Information

Patient information and consent to surgical removal of impacted wisdom teeth

Key messages

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies), and any information that you have been given relevant to your care in hospital, such as X rays or test results.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If your procedure is being performed under general anaesthesia or sedation, do not take any medications used to treat diabetes on the day of surgery. However if you are being treated as an outpatient under local anaesthesia take your diabetic medicines as normal and eat and drink normally.

- Please call the department of oral and maxillofacial surgery, Clinic 8, on 01223 216635 if you have any questions or concerns about this procedure or your appointment.

Please read this information carefully, you and your health professional will sign it to document your consent.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

Surgical removal of impacted wisdom teeth, CF300, V4, February 2015
About surgical removal of impacted wisdom teeth

The wisdom tooth (or third molar) is usually the last tooth to erupt into the mouth, this can happen anytime after about 16 years of age. Frequently, there is not enough room in the mouth to accommodate the erupting wisdom teeth, and therefore, they might not always come into the mouth normally. When this happens, the wisdom teeth are said to be ‘impacted’. Wisdom teeth are usually either impacted forwards into the tooth in front or backwards into the jaw bone.

Why do I need treatment?

An impacted wisdom tooth can cause a number of problems if not removed:
- repeated attacks of infection in the gum surrounding the tooth, leading to pain and swelling
- food packing, which causes decay in either the wisdom tooth or the tooth in front
- cysts can form around the wisdom tooth if it does not come into the mouth properly. A cyst occurs when fluid fills the sack that normally surrounds a developing wisdom tooth.

Intended benefits

To prevent any problems that can occur from an impacted wisdom tooth, most commonly being infection.

Who will perform my procedure?

This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your procedure

Most patients attend a pre-admission consultation, when you will meet members of the maxillofacial surgery team. At this clinic, we will ask you for details of your medical history and carry out any necessary clinical examinations and investigations including X-rays. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.

You will be asked if you are taking any tablets or other types of medication - these might have been prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (please bring the packaging with you).

The type of anaesthetic will be discussed with you before the operation, together with any possible complications of the surgery. A number of options are available and depend on how difficult the wisdom tooth is to remove.
Local anaesthetic - this is an injection into the gum surrounding the wisdom tooth, rather similar to the injection you might have had at your dentist for a filling. The injection takes a couple of minutes to numb the area and means that you will feel no pain while the wisdom tooth is removed. For wisdom teeth that are simple to remove, this is the best option.

Local anaesthetic and intravenous sedation – in addition to a local anaesthetic injection you can be given an injection into your arm or back of your hand. This makes you feel relaxed and less aware of the procedure.

General anaesthetic – it is usually possible to remove wisdom teeth as a day case under general anaesthetic, ie although you are put to sleep completely you will be able to go home on the same day as the surgery. You will find out more about general anaesthesia at the end of this leaflet.

During the procedure

Because the wisdom tooth has not fully erupted into the mouth it is often necessary to make a cut in the gum over the tooth. Sometimes it is also necessary to remove some bone surrounding the wisdom tooth and/or section the tooth into two or three pieces to remove it. Once the wisdom tooth has been removed the gum is put back together with stitches. In the majority of cases these stitches are dissolvable and take around two weeks to disappear.

Some wisdom teeth can take a few minutes to remove. More difficult wisdom teeth that need to be cut into pieces to remove can take around 20 minutes to remove.

After the procedure

How you will feel after the removal of your wisdom teeth will depend on what has been done, whether you had a local or general anaesthetic and how well you heal.

It is likely that there will be some discomfort and swelling both on the inside and outside of your mouth after surgery. This is usually worse for the first three days but it can take up to two weeks before all the soreness disappears. You might also find that your jaw is stiff and you might need to eat a soft diet for a week or so. If it is likely to be sore, your surgeon will arrange painkillers for you. It might also be necessary for you to have a course of antibiotics after the extraction. There can be some bruising of the skin of your face that can take up to a fortnight to fade away.

Eating and drinking. For the first 12 hours (after the numbness has worn off) avoid hot drinks (which can break down the clot). Take only liquid or soft foods.

Leaving hospital. Most people who have had this type of procedure will be able to leave hospital as soon as they feel well enough.
Resuming normal activities including work. Usually it will be necessary to take a few days off work and avoid strenuous exercise for this time. Depending on the type of anaesthetic used, you might not be able to drive (for 24 hours after intravenous sedation or a general anaesthetic).

Special measures after the procedure. When you have any teeth extracted (removed) you are left with a hole (tooth socket) in your jawbone, in which a blood clot forms first and then heals over with stronger gum. It is important to keep the extraction sites as clean as possible for the first few weeks after surgery. It might be difficult to clean your teeth around the sites of the extraction because it is sore. If this is the case, it is best to keep the area free from food debris by gently rinsing with a mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water). Start this on the day after surgery.

Significant, unavoidable or frequently occurring risks of this procedure

You might have swelling and stiffness of the jaw which can last for about one week. Although there might be a little bleeding at the time of the extraction this usually stops very quickly and is unlikely to be a problem if the wound is stitched. Should the area bleed again when you get home this can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab. If the bleeding does not stop, please contact the department of oral and maxillofacial surgery.

Pain and discomfort after surgery can usually be well controlled by pain killers prescribed by the surgeon.

Infection is uncommon, particularly if good oral hygiene is maintained after surgery.

There are two nerves that lie very close to the roots of the lower wisdom teeth. One of these nerves supplies feeling to your lower lip, chin and lower teeth. The other supplies feeling to your tongue and helps with taste. Sometimes, when a wisdom tooth is taken out, these nerves can be bruised. This causes tingling or numbness in your lip, chin or tongue, and more rarely can alter taste. About one in 10 people will have some tingling or numbness that can last several weeks. Less than one in 100 people will have problems that last more than a year. These risks can be higher if your tooth is in a difficult position. The surgeon will tell you if you are considered to be at an increased risk.

A dry socket (alveolitis) can lead to a persistently painful tooth socket which can be slow to heal. The socket then needs to be cleaned and a dressing is usually placed in the socket by the surgeon.

Damage to adjacent teeth and fractures of the mandible (lower jaw or jaw bone) are
very rare complications and you will be advised if this risk applies to you.

**Alternative procedures that are available**

Asymptomatic (not showing any symptoms of disease) wisdom teeth are usually best left alone.

Whether or not to take out wisdom teeth that are not (yet) causing problems remains debatable. Most dentists will recommend that impacted wisdom teeth are removed particularly if there have already been infections. If the teeth are only partially erupted, they are more likely to become decayed and infected. Gum disease might develop and the next tooth in the row can become decayed.

**Information and support**

We may give you some additional patient information before or after the procedure, for example, leaflets which explain what to do after the procedure and what problems to look out for. Please feel free to speak to a member of staff if you have any questions or anxieties.

For general enquiries please contact the department of Oral and Maxillofacial Surgery, Clinic 8 on **01223 216635**.

**Anaesthesia**

This section is relevant to patients who require removal of impacted wisdom teeth under general anaesthesia.

**Before your operation**

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

**Pre-medication**

You may be prescribed a ‘premed’ prior to your operation. This a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all
patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

**Moving to the operating room or theatre**
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask. It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

**Before starting your anaesthesia the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

**General anaesthesia**
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

**What will I feel like afterwards?**
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

**What are the risks of anaesthesia?**
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

**Very common (1 in 10 people) and common side effects (1 in 100 people)**
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Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

**Uncommon side effects and complications (1 in 1000 people)**
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

**Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications**
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure
Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care are required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
Patient Information
Surgical removal of impacted wisdom teeth
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- To prevent any problems that can occur from an impacted wisdom tooth, most commonly being infection.
- Possible pain or discomfort after surgery
- Injury to the nerves close to the roots of the lower wisdom teeth may cause tingling or numbness to the lip, chin or tongue which usually recovers but in rare cases may be permanent.
- A dry socket can be painful and slow to heal
- Very rarely: damage to adjacent teeth or fractures of the mandible.

Consultant or other responsible health professional
Name and job title:
Any special needs of the patient (e.g. help with communication)?

Statement of health professional (details of treatment, risks and benefits)
I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

- To prevent any problems that can occur from an impacted wisdom tooth, most commonly being infection.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient:

- Swelling or stiffness of the jaw, possibly some bleeding
- Possible pain or discomfort after surgery
- Injury to the nerves close to the roots of the lower wisdom teeth may cause tingling or numbness to the lip, chin or tongue which usually recovers but in rare cases may be permanent.
- A dry socket can be painful and slow to heal
- Very rarely: damage to adjacent teeth or fractures of the mandible.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
Consent Form

Surgical removal of impacted wisdom teeth

For staff use only:
Hospital number: 
Surname: 
First names: 
Date of birth: 
NHS no: __ __ / __ __ / __ __

Use hospital identification label

2) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion ☐ Other procedure (please state)

The following information leaflet has been provided:
Surgical removal of impacted wisdom teeth

Version, reference and date:  Version 4, CF300, February 2015
or ☐ I have offered the patient information about the procedure but this has been declined.

3) This procedure will involve:
☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ____________________________ Date: __ __ / __ __ / __ __

Name (PRINT): ____________________________ Time (24hr): __ __ __ __

Designation: ____________________________ Contact/bleep no:

C) Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1) Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes ☐ No

2) Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

3) Medical Training
I agree to the involvement of trainee medical and other students as part of their formal training. ☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): .......................................................... Date: ___/___/___

Name of patient (PRINT): ..........................................................

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .......................................................... Date: ___/___/___

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): .......................................................... Date: ___/___/___

Name of witness (PRINT): ..........................................................

Address: ..........................................................
Consent Form

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .................................................. Date: ........................................

Name (PRINT): ........................................................................... Job title: ........................................

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .................................................. Date: ........................................

Name (PRINT): ........................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .................................................. Date: ........................................

Signed (Health professional): .................................................. Date: ........................................

Name (PRINT): ........................................................................... Job title: ........................................