

## Wisdom Tooth Extraction: A Popular Oral Surgery Treatment

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### Abstract

The four permanent adult teeth known as wisdom teeth are placed at the top and bottom rear corners of your mouth. A wisdom tooth extraction is a surgical operation to remove one or more of these teeth. You'll probably need to have a wisdom tooth removed if it is impacted, or if it is causing you pain, an infection, or other dental issues. An oral surgeon or a dentist can remove a wisdom tooth. Even if impacted teeth aren't currently causing issues, some dentists and oral surgeons advise wisdom tooth evacuation to avoid potential future issues.

**Keywords:** Wisdom teeth, Oral Surgery, Oral Treatment, Oral Medicine, Oral surgeons

### Introduction

A popular oral surgery treatment is wisdom tooth removal, often known as wisdom tooth extraction. Dentists could advise this procedure to maintain your dental health and shield your other teeth from any problems in the future. Your third molars, or wisdom teeth, are located at the very rear of your mouth. They often "erupt" or "grow in" between the ages of 17 and 25. Wisdom teeth are thought by scientists to be vestigial structures, or elements of the human body that are no longer required. These teeth were necessary for our ancestors to chew and smash raw flesh, roots, nuts, and plants. We consume more prepared food these days, and we chop our meals into smaller pieces with forks and knives. As a result, wisdom teeth are no longer actually necessary. One in each quadrant—the upper left, lower left, upper right, and lower right—some people have all four wisdom teeth. Some people could have one, two, three, or perhaps none at all. Whatever number of wisdom teeth you have (or don't have); it doesn't always indicate a problem. It's only a variant on the norm and evidence of evolution's dynamic process [1-5].

Your oral surgeon will examine the condition of your wisdom teeth and take dental X-rays to pinpoint their precise placement during your appointment. Any drugs, vitamins, or supplements you are presently taking should be disclosed to your surgeon at this time. During this session, your surgeon will also go through sedation dentistry options with you. They could suggest local anesthetic, nitrous oxide (laughing gas), IV (intravenous, or via your vein) sedation, or general anaesthetic according on your requirements and preferences. Your surgeon will provide you with specific preparation instructions if you choose for IV sedation or general anesthesia. This can entail quitting some drugs a few days beforehand and fasting after midnight the evening before your operation. The final permanent teeth to erupt in the mouth are the wisdom teeth, sometimes known as third molars. Between the ages of 17 and 25 is when these teeth typically erupt. Some individuals never get wisdom teeth. Others do not have any issues when their wisdom teeth emerge naturally, just like their other molars did. Wisdom teeth that don't have enough space to erupt into the mouth or grow normally are known as impacted wisdom teeth. Impacted wisdom teeth may partially or completely fail to emerge.

One of the most frequent procedures performed in oral and maxillofacial surgery is the surgical removal of mandibular third molars (lower wisdom teeth). Although it is difficult to discover exact numbers for the number of people having these procedures, it is believed that 152,000 people in England alone receive third molar extractions each year through the UK National Health Service. Like everywhere else in

the globe, mandibular third molars are also extracted in private practice in the UK, although national methods for gathering this data are less advanced. A recent retrospective study of 1431 extracted third molars found that 49% of these were removed due to pericoronitis. There are many indications for third molar removal, but the most frequent cause is recurrent infection around the tooth as it attempts to erupt but is impacted against bone or soft tissues (pericoronitis). Other signs include unrepairable dental decay, tooth decay in the neighboring tooth, pulpal and periapical disease, tooth fracture, and cyst formation, among others. The benefits of surgically removing a wisdom tooth most frequently include the reduction of pericoronitis's signs and symptoms as well as any potential side effects. Pain, a bad taste in the mouth, swelling of the soft tissues around the tooth and on the face, and a limited range of motion in the mouth (trismus) are all signs of pericoronitis. Lymphadenopathy, pyrexia, and malaise are connected to local infection that has the potential to spread. Rarely, swelling may endanger both life and the patency of the airways. Postoperative discomfort, edema, and limited mouth opening (trismus) are often symptoms after surgery. Infection, such as alveolar osteitis (dry socket), trigeminal nerve injuries (inferior alveolar, lingual, and mylohyoid nerves), and, very infrequently, mandibular fractures are less frequent consequences. People who need to have their wisdom teeth surgically removed usually worry about the potential for serious postoperative discomfort. Because postoperative pain is so predictable, this kind of surgery is employed as a pain model for the clinical assessment of cutting-edge analgesics. After surgery, the level of discomfort often reaches a high and might linger for several days or longer. Patients may also have facial edema, which normally peaks after one or two days before decreasing over the following days. Inflammation of the muscles that move the jaw causes restricted mouth opening, which may initially be thought of as serving a protective purpose by inducing the patient to rest the surgical site and allow for healing. But if it lasts longer than a few days, it could make it difficult to eat and function [6-10].

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## During the surgery

**Sedation:** When getting nitrous oxide (laughing gas), you will wear a tiny mask over your nose to allow you to breathe in the anesthetic. If intravenous (IV) sedation is utilized, the sedative will be given to you through a vein in your arm.

**Local numbing:** Local anesthetic injections will be used to begin numbing the wisdom teeth and gums after your surgeon has administered anesthesia.

**Tissue resection:** The surgeon will use a scalpel to cut away (resect) gum tissue in order to more clearly reveal the wisdom tooth.

**Bone resection:** It's possible for bone to completely or partially encase an impacted wisdom tooth. In such circumstances, the overlying bone can be removed by drilling through with a high-speed tool.

**Loosening and sectioning:** Once the wisdom tooth is fully exposed, it can be gently dislodged from the socket's connective tissue using a variety of surgical tools. For easy removal, the surgeon may split the tooth into parts.

**Tooth extraction:** The surgeon will use devices especially made to extract the tooth once it has been loosen and divided.

**Closure:** To seal the wound, stitches are utilized. The majority of oral surgeons today utilize non-removable dissolvable sutures.

## After the surgery

When the treatment is over, the IV drip or nitrous oxide gas will be discontinued, and you'll be progressively pulled out of anesthesia. To aid in a blood clot, the dentist will give you some gauze to bite on. You can have moderate anesthetic after effects like nausea, dizziness, and shivering just after surgery. You'll be sent to a recovery room where you'll be kept under observation. You will be given the all-clear to return home if a specialist has assessed that you are stable and breathing correctly. You won't often stay in the recovery room for more than an hour. You'll feel drowsy and puffy after surgery. Even while you might not experience much pain right after, it will likely get worse as the anesthesia wears off in the hours that follow the procedure.

## Conclusion

Patients' social and professional life is immediately impacted

negatively by wisdom teeth removal. In one research, patients missed an average of 1.6 days of work, with over one-third of patients reporting that their work performance had been significantly impacted; social engagement, athletic performance, and other interests are all severely impacted. Surgery is regarded as a big event for a significant portion of patients because during one to two weeks following surgery, some patients' quality of life (QoL) is decreased. In a recent study, the emotional repercussions of third molar surgery were emphasized, and its implications on quality of life were specifically underlined in regard to anxiety and concern. Those who have nerve damage may experience negative impacts on QoL for a much longer period of time. In order to decrease postoperative morbidity and enhance patient satisfaction for this frequently performed surgical operation, it is critical to summarize and explain the existing evidence basis for third molar surgical procedures.

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