

## Patient agreement to investigation or treatment

# Surgical removal of impacted wisdom teeth

**Authors:** Department of Maxillofacial Surgery

**Brief description:**

- You have been recommended to have your wisdom tooth/teeth removed.
- Here, we explain some of the aims, benefits, risks and alternatives (including no treatment) to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:  
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....

.....

## About surgical removal of impacted wisdom teeth

The wisdom tooth (or third molar) is usually the last tooth to erupt into the mouth 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 that mean that the tooth is best removed. Most commonly these are:

- 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.

## Before your procedure

- Most patients attend a pre-admission consultation, when you will meet members of the Maxillofacial Surgery Team.
- At this clinic, we shall 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 be ones 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 (for example: 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 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 under a 'day case' general anaesthetic, ie although you are put to sleep completely you will be able to go home on the same day as surgery. 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. Usually the first step is to inject medication intravenously (ie. into a vein) through a small plastic tube, placed usually in your arm or hand. While you are unconscious and unaware, your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

## 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. Rarely the tooth needs to be cut into two or three pieces to remove it. Once the wisdom tooth has been removed the gum is put back into place with stitches. In the majority of cases these stitches are dissolvable and take around two weeks to disappear.
- Some wisdom teeth can take only a few minutes to remove. More difficult wisdom teeth that need to be cut into pieces to remove, can take around 20 minutes to extract.

## 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.
- **When you can leave hospital:** Most people who have had this type of procedure will be able to leave hospital as soon as they feel well enough.
- **When you can resume 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 (24 hours after intravenous sedation or a general anaesthetic).
- **Special measures you need to take 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.

## Intended benefits of the procedure

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

## Who will perform my procedure?

- A suitably qualified and experienced surgeon or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

## 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 teeth, they are more likely to become decayed and infected. Gum disease might develop and the next tooth in the row can become decayed.

## Serious or frequently occurring risks

- 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 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 are very rare complications and you will be advised if this risk applies to you.

## Information and support

You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. Do 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 Telephone No. 01223 216 635.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

### Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

### Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

### Gujarati

تکایہ پرسیار بگہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر ، بہ پیتی گہورہ یانیش بہ شیودہی دہنگ

### Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

### Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

### Document History

Authors	Department of Maxillofacial Surgery
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ <a href="http://www.addenbrookes.org.uk">www.addenbrookes.org.uk</a>
Contact number	01223 245151
Published	July 2006
Review date	July 2008
File name	CF300_maxfax_wisdom.doc
Version number	2
Ref	CF300

# Consent Form (Adults)

Patient agreement to  
investigation or treatment

<p><b>For staff use only:</b>  <b>Surname:</b>  <b>First names:</b>  <b>Date of birth:</b>  <b>Hospital no:</b>  <b>Male/Female:</b>  <b>(Use hospital identification label)</b></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Responsible health professional/job title

.....

Special requirements .....  
(For example other language/other communication method)

**Name of proposed procedure or course of treatment**

Surgical removal of impacted wisdom teeth **Side (left/right).....**

**Statement of health professional**

(To be filled in by 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:

- The intended benefits of the procedure .....
- Any serious or frequently occurring risks from the procedures including those specific to the patient .....
- Any extra procedures that might become necessary during the procedure

Blood transfusion  Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .....  
Version/Date/Ref: .....

This procedure will involve:

General and/or regional anaesthesia  Local anaesthesia  Sedation

Health professional's signature: ..... Date: .....

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

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

**Statement of the interpreter (if appropriate)**

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

Interpreter's signature..... Date: .....

Name (PRINT): .....

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

**For staff use only:**

**Surname:**  
**First names:**  
**Date of birth:**  
**Hospital no:**  
**Male/Female:**  
**(Use hospital identification label)**

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....  
**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.**      **Yes**      **No**

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.           

**I agree** to the use of photography for the purpose of diagnosis and treatment.           

**I agree** to anonymised photographs being used for medical teaching.           

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:** ..... **Date:** .....

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

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... **Date:** .....

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

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature      Date: .....

Name (PRINT): ..... Job Title: .....