Impacted Wisdom Teeth Removal

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/oral-maxillofacial-surgery/impacted-wisdom-teeth-removal/

Description:

Wisdom teeth — the third molars — are the last permanent teeth to develop, typically emerging between the ages of 17 and 25. In many patients, the jaw simply does not have sufficient space to accommodate these teeth. ...

Details:

Collins Street Specialist Centre — Impacted Wisdom Teeth Removal

What are impacted wisdom teeth?

Collins Street Specialist Centre provides specialist assessment and surgical management of impacted wisdom teeth for patients across Melbourne CBD and the surrounding region. Wisdom teeth, the third molars, are the last permanent teeth to develop, typically emerging between the ages of 17 and 25. For many patients, the jaw simply doesn't have enough space to accommodate them. When a wisdom tooth can't erupt fully and correctly into the mouth, it becomes *impacted*: partially or fully trapped within the jawbone or the overlying gum tissue.

Impaction presents in several distinct orientations, each with its own clinical character. A tooth may lean forward toward the adjacent molar — mesial impaction, the most common pattern — angle away from it (distal impaction), lie horizontally within the bone, or remain entirely vertical yet blocked beneath the gum line. Knowing the precise orientation and depth of impaction is central to planning safe, effective treatment.

Not every impacted wisdom tooth needs immediate removal, and a thorough specialist assessment will clarify whether intervention is warranted. Left unaddressed, though, impacted teeth are a well-recognised source of infection, cyst formation, damage to neighbouring teeth, and persistent discomfort. When removal is indicated, the proximity of lower wisdom teeth to the inferior alveolar nerve, which provides sensation to the lower lip and chin, and the proximity of upper wisdom teeth to the maxillary sinus, makes pre-surgical assessment and careful surgical technique critical to a safe, predictable outcome.

When might you need wisdom tooth removal?

Wisdom tooth assessment is commonly prompted by a referral from your general dentist following a routine panoramic X-ray, a pathway that allows concerns to be identified before symptoms become significant. A specialist evaluation at Collins Street Specialist Centre may also be appropriate if you're experiencing any of the following:

- **Pain or aching** at the back of the jaw, particularly when biting or chewing - **Pericoronitis** — infection or inflammation of the gum flap (operculum) overlying a partially erupted tooth, which may recur despite antibiotic treatment - **Trismus** — difficulty opening the mouth fully, arising from swelling or muscular involvement - **Crowding or pressure** on adjacent teeth - **Cyst or follicular sac formation** around an unerupted tooth, visible on imaging - **Resorption** — where the wisdom tooth

is actively dissolving the root structure of the neighbouring second molar - **Recurrent decay** in the wisdom tooth itself, or in the second molar against which it leans - **Pre-orthodontic or pre-prosthodontic planning** that requires third molar removal to optimise downstream treatment outcomes

In some circumstances, impacted wisdom teeth present no current symptoms yet are removed prophylactically when imaging suggests a meaningful risk of future complications. Your specialist will discuss this reasoning clearly with you during your consultation.

What to expect — step by step

Knowing what the process looks like from first appointment through to recovery helps patients approach treatment with confidence. Here's what the journey typically looks like at Collins Street Specialist Centre.

1. Consultation and imaging

Your initial appointment involves a thorough clinical examination and a careful review of existing radiographs. In more complex cases, particularly where tooth roots lie close to the inferior alveolar nerve or the maxillary sinus, a cone beam CT (CBCT) scan using the Planmeca ProMax 3D Max provides a detailed three-dimensional view of the relevant anatomy. This allows for precise surgical planning and accurate nerve mapping well before the procedure begins, reducing uncertainty during surgery and supporting a safer outcome.

2. Anaesthesia discussion

One of the more practical advantages of a specialist oral and maxillofacial surgery practice is the range of anaesthetic options available. Depending on case complexity, your medical history, anxiety level, and the number of teeth being addressed, options include:

- **Local anaesthesia** — appropriate for straightforward extractions; the area is numbed thoroughly and you remain fully awake throughout - **Intravenous (IV) sedation** — you remain conscious but deeply relaxed and largely unaware of the procedure; well suited to moderate anxiety or multi-tooth removal - **General anaesthesia (GA)** — administered in a hospital or accredited day surgery setting; appropriate for complex surgical cases, significant procedural anxiety, or patients having all four wisdom teeth removed at once

Oral and maxillofacial surgeons hold medical degrees in addition to their dental qualifications, which positions them to administer and manage IV sedation safely, and to coordinate care when GA is required. This dual training matters when deciding where to have this surgery performed.

3. Surgical removal

The surgical approach is tailored to the degree and orientation of impaction. Soft tissue impactions, where the tooth is covered only by gum, may require a small incision to expose the crown. Bony impactions, where the tooth is partially or fully surrounded by alveolar bone, involve controlled removal of overlying bone, division of the tooth into sections where necessary, and careful extraction in stages. The surgical site is then closed with sutures.

4. Immediate post-operative care

Before you leave, your care team will provide detailed recovery instructions, prescribed medications (typically analgesics, anti-inflammatories, and antibiotics where clinically appropriate), and dietary guidance. If sedation or general anaesthesia was used, a responsible adult must accompany you home and stay with you for the rest of the day.

Recovery and aftercare

Healing after wisdom tooth removal is generally predictable, and knowing what to expect at each stage makes the recovery considerably more manageable.

- **Days 1–2:** Swelling and discomfort typically peak around 48 hours. Applying ice packs to the face in 20-minute intervals helps moderate swelling. A soft diet, adequate rest, and avoiding vigorous rinsing or spitting during the first 24 hours are important — these protect the blood clot forming in the socket, which is essential for normal healing. - **Days 3–7:** Swelling begins to resolve and most patients feel well enough to return to light activity within three to four days. Physical exertion should be avoided for at least a week to reduce the risk of complications. - **Weeks 1–2:** If non-resorbable sutures were placed, these are removed at a follow-up appointment. The socket continues to granulate and close during this period. - **Full healing:** The gum surface typically closes within two to three weeks, while bone remodelling at the extraction site continues over several months.

Dry socket (alveolar osteitis), the loss of the protective blood clot before healing is established, is the most common post-operative complication. It occurs more frequently in lower extractions and in patients who smoke. It presents as intensifying rather than improving pain from around days three to four, and is readily managed at a follow-up appointment.

Temporary numbness or altered sensation of the lip, chin, or tongue can occur when roots lie close to the inferior alveolar nerve. In the vast majority of cases this resolves fully with time. Permanent nerve injury is rare and is substantially reduced by pre-surgical CBCT assessment and careful surgical technique, both of which are standard practice at Collins Street Specialist Centre.

Why see an oral & maxillofacial surgeon?

Wisdom tooth removal spans a wide spectrum of complexity. General dentists competently manage straightforward extractions, and your referring dentist is well placed to advise whether a specialist referral is appropriate. Deeply impacted teeth, those adjacent to critical anatomical structures, and procedures requiring sedation or general anaesthesia are where the oral and maxillofacial surgeon's training becomes directly relevant.

Oral and maxillofacial surgeons complete a minimum of 15 to 17 years of continuous training: an undergraduate dental degree, a full medical degree (MBBS), and a four-year postgraduate surgical specialty training programme accredited in Australia through AHPRA. That medical background provides a thorough understanding of anaesthesia pharmacology, surgical anatomy, complication management, and the systemic health factors that influence both surgical planning and patient safety. Patients can verify their specialist's registration and qualifications directly through the [AHPRA register](https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx).

At Collins Street Specialist Centre, specialist imaging, sedation options, and surgical care are coordinated within a single environment, removing the need for multiple referrals across different practices and ensuring continuity of care throughout treatment.

Our specialists

A/Prof Patrishia Bordbar is a Specialist Oral & Craniomaxillofacial Surgeon and Clinical Associate Professor at the University of Melbourne. Past President of ANZAOMS and Chair of the AOMI Board in Oceania, her qualifications include BDSc, MBBS (Hons), MDSc (OMS), FRACDS (OMS), and FRCS (Edinburgh). She holds Consultant Surgeon positions at the Royal Children's Hospital and Western Hospital Melbourne. A/Prof Bordbar brings extensive experience across dento-alveolar and maxillofacial surgery, including complex impactions adjacent to neurovascular structures, and

incorporates digital and virtual surgical planning across her case mix.

Dr Ricky Kumar is a Specialist Oral & Maxillofacial Surgeon with qualifications including BHB, MBChB, BDS, and FRACDS (OMS). Dr Kumar completed his specialist training in Adelaide with fellowships at the Royal Children's Hospital Melbourne and Oxford University Hospitals, and holds an Honorary Consultant position at the Royal Children's Hospital. He has extensive experience in dento-alveolar surgery, including complex wisdom tooth presentations. *Please confirm availability at the time of booking, as Dr Kumar's schedule at CSSC is subject to change.*

Both specialists consult from **Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD**.

Related treatments

The following services may be relevant depending on your clinical circumstances. Your specialist will discuss any associated treatment considerations during your consultation.

- [**Bone Grafting (OMS)**](/procedures/oral-maxillofacial-surgery/bone-grafting-oral-maxillofacial-surgery/) — Socket preservation or ridge augmentation following extraction, particularly where future implant placement is planned - [**Oral Pathology**](/procedures/oral-maxillofacial-surgery/oral-pathology-cysts-tumours-biopsies/) — Diagnosis and management of cysts or other pathology associated with impacted teeth - [**Dental Implants (Surgical Placement)**](/procedures/oral-maxillofacial-surgery/dental-implant-surgery-oral-maxillofacial-surgeon-perspective/) — Replacement of extracted wisdom teeth is uncommon; however, implants may be a consideration for the second molar where it has been damaged by an adjacent impacted third molar - [**Dental Implants (Periodontics)**](/procedures/periodontics/dental-implants-periodontal-specialist-placement/) — Periodontal-phase implant care and long-term maintenance following surgical placement

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