

Tooth Extractions — Simple & Surgical Removal

Canonical:

<https://directory.collinsstreetspecialistcentre.com.au/procedures/tooth-extractions-simple-surgical-removal/>

Description:

Learn about simple and surgical tooth extractions — when they're needed, what to expect, aftercare tips and replacement options at CSSC Melbourne.

Details:

Collins Street Specialist Centre — Tooth Extractions: Simple & Surgical Removal

Modern dentistry is built around saving teeth, and our oral and maxillofacial surgeons will always look for every viable option before recommending removal. Sometimes, though, extraction is simply the right call — the decision that protects your overall oral health and stops more serious problems from taking hold. Whether you're dealing with a severely compromised tooth, a troublesome wisdom tooth, or an extraction that's part of a broader treatment plan, knowing what the process actually involves makes it a lot easier to approach with confidence.

Collins Street Specialist Centre is a dedicated specialist dental practice in Melbourne's CBD. Our oral and maxillofacial surgeons are university-trained surgical specialists with extensive experience across the full range of tooth extractions — from routine single-visit procedures to complex surgical cases that require careful planning and technique. This article covers the clinical reasons extraction may be necessary, explains the difference between simple and surgical procedures, and walks you through what to expect at each stage.

When is extraction necessary?

Severe decay When decay has progressed to the point where a tooth can no longer be restored — through a filling, crown, or any other restorative option — extraction may be the only path left. This is typically the case when carious destruction has eliminated most of the tooth structure, extends well below the gum line, or has caused an infection that root canal treatment can't resolve.

Advanced periodontal disease Severe periodontitis can destroy the alveolar bone and periodontal ligament that hold teeth in place. When bone loss has progressed to the point where a tooth is markedly mobile and can't be stabilised through periodontal treatment, extraction may be necessary to allow healing and eliminate the risk of spreading infection.

Fractured teeth Some fracture patterns — vertical root fractures in particular, or fractures that extend well below the crestal bone — simply can't be repaired. These teeth often develop periapical infections and cause persistent symptoms, making extraction the appropriate course of action.

Failed previous treatment Despite best efforts, previous dental work — root canal treatment, crowns, post-and-core restorations — occasionally fails and can't be successfully retreated. In these situations, extraction followed by a well-planned replacement strategy is often the most sensible long-term approach.

Orthodontic purposes Orthodontists sometimes recommend removing specific teeth — most commonly premolars — to create the space needed to align the remaining dentition. This is a planned decision made as part of a comprehensive orthodontic treatment plan, and says nothing about the health of the tooth being removed.

Wisdom teeth Third molars are the most frequently extracted teeth in the population. Clinical reasons include impaction (partial or complete failure to erupt), recurrent pericoronitis, decay, damage to the adjacent second molar, and cyst formation. We cover this in detail in our dedicated wisdom teeth article.

Supernumerary teeth Extra teeth may need to come out when they block the eruption of permanent teeth, contribute to crowding, or cause other structural or developmental complications.

Pre-radiation therapy Patients scheduled for radiation therapy to the head and neck may need dentally compromised teeth removed before treatment begins. Extraction after radiotherapy carries a significantly elevated risk of osteoradionecrosis — a serious and difficult-to-manage complication — so pre-treatment dental clearance is an important preventive step.

Retained roots Root fragments from previously broken-down teeth sometimes remain in the alveolar bone. If they become symptomatic, develop associated pathology, or sit in the path of planned restorative or implant treatment, removal is indicated.

Simple extraction

A simple extraction is performed on a tooth that's fully visible in the mouth, has relatively uncomplicated root anatomy, and can be adequately mobilised and removed using standard instruments — no surgical access required.

The procedure

****Local anaesthesia:**** The tissues around the tooth are thoroughly anaesthetised. You'll be aware of pressure during the procedure, but shouldn't feel pain.

****Loosening the tooth:**** Using an instrument called an elevator, the surgeon carefully disrupts the periodontal ligament fibres and begins to mobilise the tooth within its socket.

****Removal:**** Dental forceps are applied to the tooth, which is then carefully rocked and rotated to progressively expand the socket before being lifted free.

****Post-extraction socket management:**** The socket is inspected and cleaned. A haemostatic agent or dissolvable packing may be placed where appropriate. Gauze is positioned over the site for you to bite on gently to help with initial bleeding control.

What to expect

Simple extractions typically take between 10 and 30 minutes per tooth. You'll be aware of pressure and movement throughout — if you feel pain at any point, let your clinician know immediately. Additional anaesthetic can always be given.

Some bleeding is normal for the first few hours. Mild to moderate discomfort is typical for the first one to three days and is generally well managed with over-the-counter pain relief such as paracetamol and/or ibuprofen. Swelling is usually minimal after a simple extraction.

Surgical extraction

A surgical extraction is needed when the tooth can't be accessed or removed by straightforward means. This is typically the case when the tooth is:

- Impacted (partially or fully submerged beneath bone or gum tissue) - Fractured at or below the gum line, with remaining root structure that can't be reached without surgical exposure - Presenting with complex, curved, or divergent root anatomy - Ankylosed (fused to the surrounding alveolar bone) - Close to critical anatomical structures — such as the inferior alveolar nerve or maxillary sinus — requiring careful, planned surgical management

The procedure

****Anaesthesia:**** Local anaesthesia is the standard approach. For more complex cases, patients with significant dental anxiety, or situations involving multiple surgical extractions, sedation options — including intravenous sedation or general anaesthesia — may be offered. Our oral surgeons at Collins Street Specialist Centre are trained and accredited to provide these options and will talk you through what makes most sense for your situation.

****Incision and mucoperiosteal flap:**** A carefully planned incision is made in the gum tissue, which is then gently elevated to expose the underlying bone and tooth root — a technique called raising a flap.

****Bone removal (if required):**** Where the tooth is covered by alveolar bone, a precise amount of bone is removed using a surgical handpiece with copious sterile water irrigation to protect tissue integrity and prevent thermal damage.

****Sectioning (if required):**** For teeth that are large, deeply impacted, or have divergent roots, sectioning — dividing the tooth into two or more pieces using a fine surgical bur — is often the better approach. It reduces the amount of bone removal needed and results in a less traumatic extraction overall.

****Removal:**** The tooth, or each individual section, is carefully elevated and removed using a combination of surgical elevators and forceps.

****Socket management:**** The socket is thoroughly debrided, any sharp bony margins are smoothed, and the area is irrigated with sterile saline. If socket preservation is indicated (see below), bone graft material is placed at this stage.

****Closure:**** The flap is repositioned and secured with sutures. Dissolvable sutures are used in most cases, so there's no need for a separate suture removal appointment.

What to expect

Surgical extractions are more involved than simple procedures and typically take between 20 and 60 minutes, depending on complexity.

Swelling is a normal response to surgical intervention. It generally peaks at 48 to 72 hours before gradually settling. Applying ice packs during the first 24 hours — 20 minutes on, 20 minutes off — helps limit the degree of swelling. Discomfort is typically moderate for the first two to four days; prescription analgesia may be provided for the initial postoperative period, with a transition to over-the-counter options as recovery progresses.

Some facial bruising may develop in the days following surgery, particularly after lower molar extractions. This resolves naturally within one to two weeks. Soft foods are recommended for the first several days, avoiding direct contact with the extraction site when chewing. Antibiotics may be prescribed where clinically indicated — for example, in the presence of pre-existing infection or in patients with specific medical considerations.

Wisdom teeth vs other teeth

Wisdom tooth extraction

Third molars are by far the most commonly surgically extracted teeth, and they present a distinctive set of clinical challenges:

****Impaction patterns:**** Wisdom teeth can present in a range of orientations — vertical, horizontal, mesioangular (tilted forward), or distoangular (tilted backward) — each carrying different surgical implications and technical demands.

****Proximity to the inferior alveolar nerve:**** Lower wisdom teeth are frequently close to the inferior alveolar nerve, which supplies sensation to the lower lip and chin. Pre-operative imaging — typically an OPG, and in selected cases a CBCT — is used to assess this relationship carefully and inform the surgical approach.

****Proximity to the maxillary sinus:**** Upper wisdom teeth may be directly adjacent to, or partially within, the maxillary sinus cavity, which requires specific surgical consideration.

****Soft tissue impaction:**** Some wisdom teeth are covered only by gum tissue rather than bone. These cases are generally less surgically demanding than those involving full or partial bony impaction.

Extraction of other teeth

Wisdom teeth attract most of the attention in discussions around surgical extraction, but other teeth may equally require a surgical approach, including:

- Broken-down molars with root fragments retained below the gum line - Impacted canines, commonly managed alongside orthodontic treatment - Supernumerary teeth causing developmental or eruptive complications - Teeth that have ankylosed (fused to bone) - Retained primary teeth in adult patients where the underlying permanent tooth has failed to erupt

Socket preservation: planning ahead

For patients likely to proceed to dental implant placement after extraction, your surgeon may recommend socket preservation — also called ridge preservation — performed at the same time as the extraction to maintain the architecture and volume of the alveolar bone.

Following removal of the tooth, bone graft material is placed directly into the socket. A resorbable membrane may be positioned over the graft to protect the site and guide tissue regeneration, and the gum tissue is sutured closed over the graft.

Without socket preservation, the alveolar bone around an extraction site undergoes predictable and often significant resorption in the weeks and months after tooth loss. This dimensional change can complicate future implant placement or require more extensive secondary bone grafting — adding time, cost, and complexity to your overall treatment.

This is worth discussing with your surgeon before extraction takes place. Proactive planning at this stage can genuinely simplify the path to implant placement and, in many cases, reduce the scope of what's needed later.

Aftercare — what you need to know

Following postoperative instructions carefully is central to comfortable healing and avoiding complications.

First 24 hours

Bite gently on the gauze pad provided for 30 to 45 minutes after the procedure to support initial clot formation and control bleeding. Apply ice packs to the outside of the face — 20 minutes on, 20 minutes off — to help minimise swelling. Eat soft, cool foods: yoghurt, smoothies, soup (not hot), and mashed vegetables are all good choices.

Take your pain medication as directed — it's worth taking analgesia before the local anaesthetic has fully worn off, rather than waiting until discomfort is established. Rest, and avoid strenuous physical activity for the remainder of the day.

Avoid spitting, using straws, or rinsing vigorously. These actions create negative pressure in the mouth that can dislodge the blood clot forming in the socket, significantly increasing the risk of dry socket.

First week

Gentle warm saltwater rinses can start the day after extraction — half a teaspoon of salt dissolved in a glass of warm water. Let the rinse bathe the area gently and allow it to fall from your mouth rather than actively spitting.

Continue with soft foods for the first few days, gradually returning to your normal diet as comfort allows. Don't smoke — it's the single most significant modifiable risk factor for dry socket and substantially delays tissue healing. Avoid smoking for at least 72 hours, with longer being better. Avoid straws for several days, and hold off on alcohol for the first 24 to 48 hours, as it can worsen postoperative bleeding. Keeping your head elevated when resting or sleeping for the first couple of nights also helps manage swelling.

Warning signs — when to contact your clinician

Get in touch with your dental team promptly if you experience any of the following:

- Severe or worsening pain developing three to four days after extraction — this is the hallmark of dry socket
- Persistent or excessive bleeding that doesn't respond to gentle sustained pressure
- Swelling that continues to worsen beyond the 72-hour mark rather than beginning to settle
- Fever
- Difficulty swallowing or breathing
- Numbness that persists beyond the expected duration of the local anaesthetic — particularly relevant after lower molar extractions
- Pus, discharge, or a foul taste from the extraction site

Dry socket (alveolar osteitis)

Dry socket is the most common complication following dental extraction. It happens when the blood clot that initially forms in the socket is dislodged or breaks down before adequate tissue healing has occurred, leaving the underlying alveolar bone exposed. The pain is often described as severe and throbbing, frequently radiating toward the ear, and typically develops three to four days after the extraction.

Known risk factors include smoking, use of oral contraceptives, technically demanding extractions, and not following postoperative care instructions. Treatment involves gentle irrigation of the socket to remove debris, followed by placement of a medicated dressing — which typically provides rapid and significant pain relief. The dressing may need changing once or twice until the socket has progressed sufficiently toward healing.

Replacement options after extraction

Unless the extracted tooth was a wisdom tooth or was removed to create orthodontic space, replacement should be part of your treatment plan. Leaving an extraction site unrestored can lead to:

- Adjacent teeth drifting and tilting into the space - The opposing tooth over-erupting - Progressive bone loss at the extraction site - Reduced chewing efficiency - Changes to your facial profile and smile over time

The main replacement options are:

****Dental implants**** are widely regarded as the gold standard for tooth replacement. A titanium implant fixture is placed in the alveolar bone and restored with a natural-looking crown. In some clinical situations, immediate implant placement at the time of extraction may be appropriate — worth discussing with your surgeon.

****Dental bridge**** — a fixed prosthetic tooth supported by crowns on the adjacent natural teeth. A well-established option, particularly where the neighbouring teeth already need restorative treatment.

****Removable partial denture**** — a less invasive and more cost-accessible option, often used as an interim solution while longer-term plans are being finalised or treatment is staged.

Our prosthodontists at Collins Street Specialist Centre can walk you through the replacement options in detail, helping you identify the most appropriate solution based on your clinical situation, treatment goals, and personal preferences.

The specialist advantage

Many straightforward extractions are appropriately handled within a general dental practice. Certain situations, though, benefit considerably from the expertise and facilities of a specialist oral and maxillofacial surgical setting:

- Complex impacted wisdom teeth, particularly those close to the inferior alveolar nerve - Teeth adjacent to the inferior alveolar canal or maxillary sinus - Patients with systemic medical conditions that introduce surgical or anaesthetic complexity - Patients who need intravenous sedation or general anaesthesia - Surgical extraction of multiple teeth in a single visit - Extraction combined with simultaneous bone grafting or socket preservation - Patients taking anticoagulants, bisphosphonates, antiresorptive agents, or other medications with implications for surgical management

At Collins Street Specialist Centre, our oral and maxillofacial surgeons bring extensive hospital-based surgical training and specialist-level expertise to every procedure — ensuring your extraction is managed with appropriate care, proper risk mitigation, and a clear plan for what comes next.

Book a consultation

If you've been told a tooth needs to come out — or if you have concerns that warrant an assessment — a consultation at Collins Street Specialist Centre will give you a clear clinical picture: what the procedure involves, what your options are, and how replacement can be planned from the outset.

****Call (03) 9654 5705 to book your appointment.**** We're located at 220 Collins Street, Melbourne CBD. Our oral surgeons are committed to making sure your extraction is handled as comfortably, safely, and efficiently as possible — with your long-term oral health at the centre of every decision.
