

Impacted Wisdom Teeth Removal

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Impacted Wisdom Teeth Removal

What Are Impacted Wisdom Teeth?

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. When a wisdom tooth lacks room to erupt fully and correctly into the mouth, it becomes *impacted*: partially or fully trapped within the jawbone or overlying gum tissue.

Impaction can occur in several orientations. A tooth may lean forward toward the adjacent molar (mesial impaction, the most common type), angle away from it (distal impaction), lie horizontally within the bone, or remain entirely vertical but blocked beneath the gum line. Each pattern carries its own clinical considerations and level of surgical complexity.

Not every impacted wisdom tooth requires immediate removal. However, left unaddressed, impacted teeth are a common source of infection, cyst formation, damage to neighbouring teeth, and persistent pain. 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 surgical skill critical factors in achieving a safe outcome.

When Might You Need Wisdom Tooth Removal?

Wisdom tooth assessment is often prompted by a referral from your general dentist following a routine panoramic X-ray. You may also benefit from specialist evaluation if you are experiencing any of the following:

- **Pain or aching** at the back of the jaw, particularly when biting
- **Pericoronitis** — infection or inflammation of the gum flap (operculum) overlying a partially erupted tooth, often recurring despite antibiotic treatment
- **Trismus** — difficulty opening the mouth fully due to swelling or muscle involvement
- **Crowding or pressure** on adjacent teeth
- **Cyst or sac formation** around an unerupted tooth, visible on X-ray
- **Resorption** — the wisdom tooth dissolving the root of the neighbouring second molar
- **Recurrent decay** in the wisdom tooth or the second molar behind

which it leans - **Pre-orthodontic or pre-prosthetic planning** that requires the removal of third molars to optimise treatment outcomes

Occasionally, impacted wisdom teeth cause no current symptoms but are removed prophylactically when imaging suggests a high risk of future complications.

What to Expect — Step by Step

1. Consultation and Imaging Your initial appointment involves a thorough clinical examination and review of existing radiographs. In complex cases — particularly where tooth roots are in close proximity to the inferior alveolar nerve or maxillary sinus — a cone beam CT (CBCT) scan using the Planmeca ProMax 3D Max provides a three-dimensional view of the anatomy, allowing precise surgical planning and accurate nerve mapping before the procedure begins.

2. Anaesthesia Discussion One of the most important aspects of wisdom tooth surgery at a specialist level is the choice of anaesthesia. Depending on the complexity of the case, your medical history, anxiety levels, and number of teeth being removed, options include:

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

Oral and maxillofacial surgeons hold medical degrees in addition to dental qualifications, which uniquely positions them to administer and manage IV sedation and to coordinate care when GA is required.

3. Surgical Removal The surgical approach depends on the degree of impaction. Simple soft tissue impactions may require only a small incision to expose the tooth. Bony impactions — where the tooth is partially or fully surrounded by alveolar bone — require controlled removal of overlying bone, often division of the tooth into sections, and careful extraction in stages. Sutures are placed to close the site.

4. Immediate Post-Operative Care Recovery instructions, prescribed medications (analgesics, anti-inflammatories, and antibiotics if appropriate), and dietary guidance are provided before you leave. A responsible adult must accompany you home if sedation or GA was used.

Recovery and Aftercare

Healing following wisdom tooth removal typically follows a predictable course:

- **Days 1–2:** Swelling and discomfort peak around 48 hours. Ice packs applied to the face (20 minutes on, 20 minutes off) help manage swelling. Soft diet, rest, and avoidance of vigorous rinsing or spitting in the first 24 hours protect the blood clot essential for healing. - **Days 3–7:** Swelling begins to subside. Most patients return to light activity within 3–4 days, though physical exertion should be avoided for at least a week. - **Weeks 1–2:** Sutures (if non-resorbable) are removed at a follow-up appointment. The socket continues to granulate and heal. - **Full healing:** Bone remodelling at the extraction site takes several months, though the gum surface typically closes within 2–3 weeks.

Dry socket (alveolar osteitis) — loss of the protective blood clot — is the most common post-operative complication, occurring more frequently in lower extractions and in smokers. It presents as intensifying pain from day 3–4 and is readily managed at a follow-up appointment.

Temporary numbness or altered sensation of the lip, chin, or tongue can occur when roots are in close proximity to the inferior alveolar nerve. In the vast majority of cases this resolves; permanent nerve injury is rare and is significantly reduced by pre-surgical CBCT assessment and careful surgical technique.

Why See an Oral & Maxillofacial Surgeon?

Wisdom tooth removal ranges from straightforward to highly complex. General dentists competently manage simple extractions; however, deeply impacted teeth, those adjacent to critical anatomical structures, and procedures requiring sedation or GA fall within the expertise of the oral and maxillofacial surgeon.

Oral and maxillofacial surgeons complete at minimum 15–17 years of continuous training: an undergraduate degree in dentistry, a full medical degree (MBBS), and a four-year postgraduate surgical specialty training programme. This dual-medicine background provides comprehensive understanding of anaesthesia pharmacology, surgical anatomy, complication management, and systemic health considerations that influence surgical planning and patient safety.

At Collins Street Specialist Centre, specialist imaging, sedation, and surgical care are coordinated within a single specialist environment, eliminating the need for multiple referrals across different practices.

Our Specialists

A/Prof Patrishia Bordbar — Specialist Oral & Craniomaxillofacial Surgeon. Clinical A/Professor at the University of Melbourne. Past President of ANZAOMS. Chair of the AOMI Board in Oceania. Qualifications include BDS, MBBS (Hons), MDS (OMS), FRACDS (OMS), and FRCS (Edinburgh). Consultant Surgeon at the Royal Children's Hospital and Western Hospital Melbourne. Extensive experience across the full scope of dento-alveolar and maxillofacial surgery, including complex impactions adjacent to neurovascular structures. A/Prof Bordbar applies digital and virtual surgical planning across her case mix.

Dr Ricky Kumar — Specialist Oral & Maxillofacial Surgeon. Qualifications: BHB, MBChB, BDS, FRACDS (OMS). Trained in Adelaide (FRACDS OMS) with fellowships at the Royal Children's Hospital Melbourne and Oxford University Hospitals. Honorary Consultant at the Royal Children's Hospital. Extensive experience in dento-alveolar surgery including complex wisdom tooth removal. *Please confirm availability at the time of booking, as Dr Kumar's schedule at CSSC is subject to change.*

Our OMS team consults from **Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD**.

Related Treatments

- **Bone Grafting (OMS)** (/oral-maxillofacial-surgery/bone-grafting-oms/) — Socket preservation or ridge augmentation following extraction, where implant placement is planned - **Oral Pathology** (/oral-maxillofacial-surgery/oral-pathology/) — Cyst or pathology associated with impacted teeth requiring diagnosis and management - **Dental Implants (Surgical Placement)** (/oral-maxillofacial-surgery/dental-implants-oms/) — Replacement of extracted wisdom teeth is uncommon, but implants may be considered for the second molar if damaged by an impacted third molar - **Dental Implants (Periodontics)** (/periodontics/dental-implants-perio/) — Periodontal-phase implant care and maintenance following surgical placement