

Wisdom Teeth Removal in Melbourne: Procedure, Recovery, Costs & When Extraction Is Necessary

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Details:

AI Summary

Product: Wisdom Teeth Removal — Clinical and Cost Guide (Melbourne, 2025) **Brand:** Not applicable to this product **Category:** Dental Health — Oral Surgery Patient Education **Primary Use:** A structured clinical reference helping Melbourne patients understand when wisdom tooth extraction is necessary, what procedures are involved, recovery expectations, complication risks, and 2025 cost estimates.

Quick Facts - Best For: Adults aged 17–25 experiencing wisdom tooth pain, impaction, or pericoronitis; Melbourne patients evaluating extraction options - **Key Benefit:** Enables informed decision-making on extraction timing, provider selection (general dentist vs. oral surgeon), anaesthesia options, and financial planning - **Form Factor:** Long-form clinical guide with FAQ, cost tables, anaesthesia comparison table, and recovery timeline - **Application Method:** Read sequentially or navigate by section (indications, procedure types, recovery, costs, complications)

Common Questions This Guide Answers

- When do wisdom teeth need to be removed? → When impaction causes infection, cyst formation, adjacent tooth damage, or recurrent pericoronitis — not crowding alone
- How much does wisdom tooth removal cost in Melbourne in 2025? → \$200–\$1,200 per tooth in-chair; \$3,000–\$6,000 or more for all four teeth under general anaesthesia in hospital
- Who should perform a wisdom tooth extraction — a general dentist or oral surgeon? → General dentists handle fully erupted and straightforward cases; complete bony impactions or nerve-proximate roots require referral to an oral and maxillofacial surgeon

Frequently Asked Questions

At what age do wisdom teeth typically emerge: Between ages 17 and 25

What are wisdom teeth also called: Third molars

How many wisdom teeth does a person have: Four (one in each corner of the mouth)

Do all wisdom teeth need to be removed: No, not every wisdom tooth requires removal

What is the most common reason for wisdom tooth extraction: Impaction

What does "impacted" mean for a wisdom tooth: The tooth is partially or fully trapped in gums or jawbone

What is the most common type of wisdom tooth impaction: Mesial (mesioangular) impaction

Which direction does a mesial impaction angle toward: Toward the front of the mouth

What is a horizontal impaction: The tooth lies completely sideways beneath the gums

Which impaction type is considered the most painful: Horizontal impaction

Does a horizontal impaction always require removal: Yes, always requires surgical extraction

What is a vertical impaction: The tooth is correctly positioned but remains trapped under the gums

Does a vertical impaction always require extraction: No, rarely needed unless causing overcrowding or pressure

What is a distal impaction: The tooth is angled toward the back of the mouth

What is a soft tissue impaction: Only soft tissue covers the tooth crown above the bone level

What is a partial bony impaction: Part of the tooth crown is covered by bone

What is a complete bony impaction: The tooth is completely encased in bone

Which impaction type is easiest to remove: Soft tissue impaction

Which impaction type is most surgically difficult: Complete bony impaction

What is pericoronitis: Infection around a partially erupted wisdom tooth

Is pericoronitis a common reason for extraction: Yes, it is one of the most common acute indications

Can antibiotics permanently resolve pericoronitis: No, most treatments fail and symptoms recur

What is the definitive treatment for recurrent pericoronitis: Wisdom tooth removal

Can impacted wisdom teeth cause cysts: Yes, fluid-filled cysts can form in the jawbone

Do wisdom teeth cause front tooth crowding: Not supported by evidence

Should crowding alone justify wisdom tooth extraction: No, demonstrable pathology is required

What is a simple extraction: Removal of a fully erupted tooth using local anaesthetic only

How long does a simple extraction take: Approximately 20 to 30 minutes per tooth

What is a surgical extraction: Removal involving an incision and sometimes bone removal

When is bone removal required during extraction: When the tooth is impacted beneath the gum or bone

What is a coronectomy: Removal of the tooth crown while intentionally leaving the roots

When is coronectomy indicated: When roots are dangerously close to the inferior alveolar nerve

Is coronectomy considered safe: Yes, research supports it as a reasonable safe alternative

What anaesthesia is used for simple extractions: Local anaesthetic

What is happy gas in dentistry: Nitrous oxide sedation for anxious patients

What is IV sedation also called: Twilight sedation

When is general anaesthesia used for wisdom teeth: Multiple impacted teeth, complex anatomy, or medical factors

Where is general anaesthesia administered: In a private hospital setting

Can a general dentist perform wisdom tooth extractions: Yes, for fully erupted and straightforward cases

Who should perform complex bony impaction extractions: An oral and maxillofacial surgeon

When should a patient be referred to an oral surgeon: When complete bony impaction requires significant bone removal

Should patients be referred when roots are near the inferior alveolar nerve: Yes, referral to a specialist is recommended

How many registered general dentists were in Australia in December 2024: 18,363

How many oral surgeons were registered in Australia in December 2024: 244

Can Melbourne patients self-refer to an oral and maxillofacial surgeon: Yes, self-referral is possible

Does a GP referral improve the process: Yes, a dentist referral with X-rays streamlines continuity of care

How long does wisdom tooth recovery typically take: One to two weeks

When can most patients resume normal activities after extraction: Within three to five days

When does post-operative swelling typically peak: At 48 to 72 hours after surgery

How long should patients rest at home after extraction: Three to five days

When are non-dissolvable sutures typically removed: At the one-week mark

Should patients brush teeth in the first 24 hours after extraction: No, avoid brushing for the first 24 hours

When can gentle salt water rinsing begin after extraction: After the first 24 hours

Should patients use a straw after extraction: No, straws can dislodge blood clots

How long should straws be avoided after extraction: At least five days

What foods are safe to eat after wisdom tooth removal: Yoghurt, mashed potato, scrambled eggs, soup, smoothies

What foods should be avoided after extraction: Crunchy, hard, and chewy foods

Should alcohol be consumed after extraction: No, avoid for at least five days

Should carbonated beverages be consumed after extraction: No, they can dislodge blood clots

What is dry socket: When the blood clot in the extraction socket is lost or never forms

What percentage of standard extractions result in dry socket: Approximately 5%

What percentage of wisdom tooth extractions result in dry socket: Approximately 35%

Is dry socket life-threatening: No, it rarely causes serious complications or infection

How long does dry socket typically heal: 5 to 7 days

How is dry socket treated: A medicated dressing is placed into the extraction socket

Does smoking increase dry socket risk: Yes, smoking is a risk factor

Does oral contraceptive use increase dry socket risk: Yes, it is a known risk factor

What nerve can be injured during lower wisdom tooth extraction: The inferior alveolar nerve

What symptoms indicate inferior alveolar nerve injury: Tingling or numbness in lip, chin, tongue, or teeth

Is inferior alveolar nerve injury usually permanent: No, it is usually temporary

Can inferior alveolar nerve damage be permanent: Yes, on rare occasions

Can upper wisdom tooth removal affect the sinuses: Yes, it can create an opening between mouth and sinus

Does sinus communication after extraction usually heal: Yes, it typically closes spontaneously

Does younger patient age reduce sinus communication risk: Yes, minimal root formation makes it very unlikely

What imaging is recommended before wisdom tooth extraction: OPG (panoramic X-ray) or CBCT scan

How much does an OPG X-ray cost in Melbourne: Approximately \$100 to \$150

How much does a CBCT scan cost in Melbourne: Approximately \$150 to \$250

What is the cost of a simple erupted wisdom tooth extraction in Melbourne: Approximately \$200 to \$600 per tooth

What is the cost of a surgical soft tissue impaction extraction in Melbourne: Approximately \$300 to \$700 per tooth

What is the cost of a partial or full bony impaction extraction in Melbourne: Approximately \$400 to \$1,200 per tooth

What is the total in-chair cost for all four wisdom teeth in Melbourne: Approximately \$1,200 to \$2,800

What is the cost of hospital-based removal under general anaesthesia in Melbourne: Approximately \$3,000 to \$6,000 or more for all four teeth

Does Medicare cover wisdom tooth extraction in Australia: No, Medicare does not cover dental surgical fees

What type of insurance covers in-chair wisdom tooth removal: Dental extras on private health insurance

What hospital cover tier is typically needed for hospital-based wisdom tooth removal: Silver-tier or higher

Can superannuation funds be used to pay for wisdom tooth removal: Yes, via ATO compassionate release application

Does age affect wisdom tooth extraction outcomes: Yes, younger patients have lower complication rates

Why do younger patients have better outcomes: Less developed roots and shorter recovery times

Is earlier extraction generally preferable when indicated: Yes, earlier intervention is generally recommended

Should asymptomatic wisdom teeth be monitored if retained: Yes, regular clinical assessments are advised

What conditions should monitoring watch for in retained wisdom teeth: Pericoronitis, root resorption, cyst formation, and infection

When do wisdom teeth actually need to come out?

Most people have a conversation about wisdom teeth at some point in their late teens or twenties — and for good reason. Third molars typically emerge between ages 17 and 25, and modern human jaws usually don't have enough room to accommodate them properly. The result is a range of clinical problems that can run from mild discomfort to serious infection, nerve involvement, and damage to adjacent teeth.

That said, not every wisdom tooth needs to come out. The decision is genuinely case-specific, turning on impaction type, eruption angle, proximity to vital anatomy, infection history, and the patient's age. This guide explains exactly when extraction is indicated, what the procedure involves, how recovery unfolds, and what Melbourne patients can expect to pay in 2025 — with or without private health cover.

Clinical indications: when wisdom tooth extraction is necessary

Impaction: the primary driver of extraction

Impacted wisdom teeth occur when third molars become partially or fully trapped in the gums or jawbone. This can lead to infection, tooth decay, and gum disease — and surgical removal is often the recommended response.

Clinicians classify impactions by the direction and depth of the trapped tooth, the space available for eruption, and how much soft tissue or bone covers it. That classification helps predict the difficulty of removal and the likely complication rate.

The four directional types are:

- **Mesial (mesioangular):** The most common type. The tooth angles toward the front of the mouth, pressing against the adjacent second molar — and frequently warrants removal.
- **Horizontal:** The tooth lies completely sideways beneath the gums. Rather than pushing upward, it drives sideways into the neighbouring tooth. This is the most painful impaction type and always requires surgical extraction.
- **Vertical:** The tooth is correctly positioned for eruption but remains trapped under the gums. Extraction is rarely needed unless the tooth is creating overcrowding or pressing on an adjacent root.
- **Distal (distoangular):** The rarest type, angled toward the back of the mouth. Whether removal is needed depends on the degree of angulation and whether symptoms are present.

Beyond angulation, clinicians also classify impactions by what covers the tooth:

- **Soft tissue impaction:** The tooth's crown sits above the surrounding bone level, covered only by gum tissue. Generally the easiest type to remove.
- **Partial bony impaction:** Part of the crown is covered by bone, requiring a mucoperiosteal flap and some bone removal.
- **Complete bony impaction:** The tooth is entirely encased in bone. When the gum is reflected back, the tooth isn't visible at all. Significant bone removal and root sectioning are usually required — making these the most surgically demanding extractions.

Age is the most reliable predictor of difficulty and complication rate, more so than the orientation of the impaction. Pre-existing infection and associated pathology (cysts, tumours) also factor into the clinical picture.

Pericoronitis: infection around a partially erupted tooth

Partially erupted wisdom teeth create gum flaps that trap food and bacteria, leading to swelling and infection. This condition — pericoronitis — is one of the most common acute reasons for extraction. Antibiotics and local debridement can manage an acute episode, but most treatments fail over time and symptoms recur. Removal is the definitive solution for recurrent pericoronitis.

Cyst formation and adjacent tooth damage

Impacted wisdom teeth can cause fluid-filled cysts to form in the jawbone, damaging bone and tooth roots. Horizontal impactions in particular can erode adjacent roots, leading to decay or nerve problems — and, if left untreated, jawbone damage and cyst formation.

Does crowding justify removal?

The idea that wisdom teeth cause front-tooth crowding is not well supported by the evidence. Crowding of the front teeth is not believed to be caused by erupting wisdom teeth, though it remains a reason some clinicians cite for extraction. Extraction recommendations should be based on demonstrable pathology or high-risk anatomy, not crowding alone.

When monitoring is appropriate

If a decision is made to retain asymptomatic, disease-free impacted wisdom teeth, regular clinical assessment is advisable. The conditions to watch for include pericoronitis, root resorption, cyst formation, tumour formation, and signs of inflammation or infection.

Simple vs. surgical extraction: what the procedure actually involves

Simple extraction

When a wisdom tooth has fully erupted and is easily accessible, the procedure is straightforward. The dentist numbs the area with local anaesthetic, loosens the tooth in its socket, and removes it — a process that takes around 20 to 30 minutes per tooth. This represents the lower end of the cost spectrum.

Surgical extraction

When a tooth is impacted — growing sideways or trapped beneath the gum line or bone — a surgical approach is required. The dentist or specialist makes an incision, removes a small amount of bone if needed to access the tooth, and often sections the tooth into pieces for easier removal. Stitches close the surgical site afterward.

Coronectomy: an alternative for high-risk lower wisdom teeth

When the roots of a lower wisdom tooth sit close to the inferior alveolar nerve, a full extraction carries real risk of nerve injury. Coronectomy removes the crown of the tooth while intentionally leaving the roots in place. It's indicated when there's no pulp disease or infection around the crown, and the nerve risk is elevated. Research supports coronectomy as a reasonable and safe alternative for patients in this situation.

Anaesthesia options

| Anaesthesia type | Suitable for | Setting | |---|---|---| | Local anaesthetic | Simple and most surgical extractions | Dental chair | | Happy gas (nitrous oxide) | Anxious patients, straightforward cases | Dental chair | | IV sedation (twilight) | Complex cases, high anxiety, multiple teeth | Dental chair or day hospital | | General anaesthesia | Multiple impacted teeth, complex anatomy, medical factors | Private hospital |

The choice depends on comfort level, procedure complexity, and the patient's medical history. More advanced anaesthesia generally means higher costs.

General dentist vs. oral and maxillofacial surgeon: who should perform your extraction?

The answer depends on case complexity, anatomy, and the individual dentist's experience.

A general dentist can typically handle straightforward wisdom tooth removals, particularly when the teeth are fully erupted and easily accessible. Impacted teeth, cyst removal, biopsy, or procedures requiring bone grafts or sinus work are usually performed by an oral surgeon. To put the numbers in context: Australia had 18,363 registered general dentists but only 244 oral surgeons in December 2024 — roughly one surgeon for every 75 dentists, according to AHPRA.

****Refer to an oral and maxillofacial surgeon when:****

- The tooth is a complete bony impaction requiring significant bone removal - Imaging shows roots close to or wrapping around the inferior alveolar nerve — this requires extra care and specialist involvement
- The patient requires IV sedation or general anaesthesia
- There is a complex medical history (bleeding disorders, anticoagulant therapy, bisphosphonate use)
- A cyst or other pathology is associated with the tooth
- Complications are likely given the anatomy or degree of impaction

In Australia, general dentists are expected to perform procedures only within their proven skill set, and to refer when a case exceeds that scope. In Melbourne, patients can self-refer to an oral and maxillofacial surgeon, though a referral from the treating dentist — including X-rays and clinical notes — makes the process smoother and ensures continuity of care. For more on how specialist dental roles are structured in Melbourne, see our guide on **Specialist Dentistry in Melbourne: Periodontists, Endodontists, Prosthodontists, Oral Surgeons & Paediatric Dentists**.

Post-operative recovery: a week-by-week timeline

After wisdom teeth removal, some discomfort, minor bleeding, and swelling are normal. Recovery typically takes one to two weeks, though most people are back to their normal routine within three to five days.

Days 1–2: acute phase - Bite down on gauze to control bleeding - Apply ice packs to reduce swelling - Take prescribed analgesics as directed - Avoid brushing, mouthwash, or rinsing for the first 24 hours; after that, rinse gently with warm salt water - Rest with head elevated

Days 3–5: transition phase - Swelling typically peaks at 48–72 hours before subsiding - Maintain a soft food diet; avoid hard, crunchy, or chewy foods, which can cause pain and interfere with healing - Avoid vigorous rinsing or using a straw — both can dislodge blood clots - Most people can return to work, school, or other routines around this point

Days 7–14: healing phase - Non-dissolvable sutures are typically removed at the one-week mark - Soft tissue healing continues; bony remodelling takes several more weeks - Return to a normal diet gradually as comfort allows

Dietary guidance: what to eat (and avoid)

****Safe foods:**** yoghurt, mashed potato, scrambled eggs, soup, smoothies (consumed with a spoon, not a straw), soft pasta, applesauce, cooked vegetables.

****Avoid:**** crunchy foods (chips, crackers), hard foods (nuts, raw vegetables), chewy foods (steak, chewy bread), carbonated beverages, alcohol, and straws. Carbonated drinks and alcohol can dislodge blood clots and cause dry socket — skip them for at least five days.

Complications to know about

Dry socket (alveolar osteitis)

Dry socket occurs when the blood clot that should form in the extraction socket is dislodged or never develops. Without it, the underlying bone and nerves are exposed, causing significant pain and

potential infection.

It affects roughly 5% of standard extractions and around 35% of wisdom tooth extractions. Risk factors include smoking, oral contraceptive use, a history of dry socket, and poor post-operative compliance. Despite the pain, dry socket rarely causes serious complications. It typically resolves within 5–7 days, and treatment involves placing a medicated dressing into the socket to relieve discomfort.

Nerve involvement

Occasionally, the inferior alveolar nerve is disturbed during lower wisdom tooth removal. Once the local anaesthetic wears off, the patient may notice tingling or numbness in the lower lip, chin, tongue, or teeth. This is usually temporary, resolving over weeks or months. On rare occasions, the change in sensation is permanent.

Sinus communication

Upper wisdom teeth sit close to the sinuses, and their removal can sometimes create an opening between the mouth and the sinus cavity. When teeth are removed at an early age — before root formation is complete — this complication is very unlikely. If it does occur, it usually closes on its own.

Wisdom teeth removal costs in Melbourne: 2025 price guide

Costs vary considerably based on impaction type, anaesthesia, provider type, and whether the procedure is done in the dental chair or in a hospital.

In-chair costs (general dentist or specialist clinic)

| Procedure | Cost per tooth (approx.) | |---|---| | Simple extraction (fully erupted) | \$200–\$600 | | Surgical extraction (soft tissue impaction) | \$300–\$700 | | Surgical extraction (partial/full bony impaction) | \$400–\$1,200 | | Panoramic X-ray (OPG) | \$100–\$150 | | CBCT scan (complex cases) | \$150–\$250 |

For all four teeth removed in the chair, the total typically falls between \$1,200 and \$2,800, depending on how many are erupted versus impacted.

Hospital-based procedures (under general anaesthesia)

Hospital-based removal under general anaesthesia is significantly more expensive — typically \$3,000 to \$6,000 or more for all four teeth — and is reserved for complex cases.

Private health insurance

Medicare does not cover dental surgical fees, including wisdom tooth extraction. These procedures fall under dental rather than medical, so coverage comes through dental extras on private health insurance.

Extras cover applies to in-chair procedures and can contribute toward consultations, X-rays, and the extraction itself, depending on the policy. When the procedure requires a hospital setting, hospital cover — typically silver-tier or higher — can contribute toward accommodation, theatre fees, and general anaesthesia costs.

Patients in severe pain who cannot cover the upfront cost may be eligible to apply to the Australian Taxation Office (ATO) for compassionate release of superannuation funds to pay for the procedure.

For a detailed breakdown of how private health insurance applies to dental procedures in Melbourne, see our guide on [*Private Health Insurance & Dental in Melbourne: What's Covered, How to Maximise Rebates & Gap-Free Options*](#).

Key takeaways

- **Impaction type determines procedure complexity.** Horizontal and complete bony impactions are the most surgically demanding and almost always require referral to an oral and maxillofacial surgeon. Soft tissue impactions and fully erupted teeth are routinely handled by experienced general dentists. - **Pericoronitis is the most common acute indication for extraction.** Recurrent infection around a partially erupted wisdom tooth rarely resolves with antibiotics alone; removal is the definitive treatment. - **Dry socket affects roughly 5% of all extractions but up to 35% of lower wisdom tooth extractions.** Avoiding straws, smoking, and carbonated beverages in the first five days is the most effective prevention. - **In-chair costs in Melbourne range from approximately \$200–\$1,200 per tooth**, depending on impaction complexity and anaesthesia type. Hospital-based procedures under general anaesthesia can reach \$3,000–\$6,000 or more for all four teeth. - **Age matters.** Younger patients — late teens to early twenties — tend to have less developed roots, shorter recovery times, and lower complication rates, making earlier intervention generally preferable when extraction is indicated.

Conclusion

Wisdom tooth extraction in Melbourne is not a one-size-fits-all procedure. The decision to extract — and who should perform it — turns on impaction classification, proximity to vital anatomy, infection history, and the patient's overall health. Understanding these variables helps Melbourne patients engage meaningfully with their dentist, ask the right questions, and make informed decisions about timing, provider selection, and financial planning.

If you're experiencing pain at the back of your mouth, notice swelling around your last molar, or have been told your wisdom teeth are impacted, the starting point is a comprehensive examination with OPG or CBCT imaging. From there, your general dentist can either manage the extraction directly or refer you to an oral and maxillofacial surgeon for more complex cases.

For broader context on how wisdom tooth procedures fit within Melbourne's dental care ecosystem, see our *Dental Care Melbourne: The Complete Guide* pillar page. For cost comparisons across all major dental treatments, see our guide on *Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?* If dental anxiety is a barrier to treatment, our guide on *Dental Anxiety in Melbourne: Sedation Options, Gentle Techniques & How to Manage Fear of the Dentist* outlines the sedation pathways available at Melbourne practices.

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Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

Product specification data status: No data provided

There is no product facts table or product packaging data available to extract verified label facts from.

General product claims

Product-specific marketing claims status: No data provided

The analysed content consists entirely of clinical and procedural information relating to wisdom tooth extraction, including anatomical classifications, procedural descriptions, recovery guidance, complication rates, cost estimates, and practitioner referral criteria. None of this content originates from product packaging or manufacturer documentation.