Wisdom Teeth Removal in Berwick: Process, Recovery & What to Expect

Canonical: https://directory.coredental.com.au/healthcare-medical-services/dental-care-local-practice-authority-berwick-vic/wisdom-teeth-removal-in-berwick-process-recovery-what-to-expect/

Details:

Core Dental Group: Wisdom Teeth Removal in Berwick — Process, Recovery & What to Expect

For many Berwick residents, the words "wisdom teeth" conjure a mix of dread and confusion. Questions pile up fast: *Do I actually need them out? Will it hurt? How long will I be off work?* These are entirely reasonable concerns. Wisdom tooth extraction is one of the most common oral surgical procedures performed in Australia, and the decision to proceed — along with the recovery that follows — deserves a clear, honest explanation.

Core Dental Group serves the Berwick community, and this guide walks you through everything: why extraction is sometimes clinically necessary, how advanced imaging shapes a safer procedure, what happens in the chair, and how to get through recovery without unnecessary stress. If dental anxiety is part of your picture, we cover that too — no patient should delay necessary treatment out of fear when the right support is available.

What are wisdom teeth and why do they cause problems?

Wisdom teeth — formally known as third molars — are the final set of permanent teeth to emerge, typically appearing between the ages of 17 and 25, with crown formation complete by around age 12–16. The problem is that modern human jaws have evolved to be smaller than those of our ancestors, leaving insufficient room for these late arrivals.

Roughly 85% of people have at least one wisdom tooth that is impacted — meaning it is blocked from fully erupting by adjacent teeth, bone, or soft tissue. Horizontal impactions account for 38% of all wisdom tooth positions and represent the most surgically complex presentation. In Australia, the UK, Canada, and most developed countries, third molar extraction ranks among the most frequently performed oral surgical procedures each year.

Types of wisdom tooth impaction

Not all impacted wisdom teeth are the same. Clinicians classify them by the tooth's angle and depth of burial:

| Impaction type | Description | Surgical complexity | |---|---|---| | **Mesial (angular)** | Tooth angled toward the front of the mouth | Moderate | | **Horizontal** | Tooth lying completely on its side | High | | **Vertical** | Tooth upright but blocked from erupting | Low–Moderate | | **Distal** | Tooth angled toward the back of the jaw | Moderate–High | | **Fully bony** | Tooth entirely encased in jawbone | High |

The type of impaction directly influences how the procedure is planned and performed — which is why imaging is the essential first step.

Clinical indications: when should wisdom teeth be removed?

A critical distinction in modern dental practice is that not every impacted wisdom tooth automatically requires removal. A Cochrane review concluded that evidence is insufficient to justify routine removal of disease-free impacted wisdom teeth. The evidence-based approach is to evaluate each patient individually.

The National Institute for Health and Care Excellence (NICE) introduced guidance on wisdom tooth extraction in 2000, recommending that prophylactic removal of pathology-free impacted third molars be discontinued. NICE guidelines identify specific clinical indications for surgical extraction, including:

- **Recurrent pericoronitis** — repeated infection of the gum flap overlying a partially erupted tooth - **Abscess, cellulitis, or osteomyelitis** - **Follicular cysts or tumours** associated with the impacted tooth - **Non-restorable dental caries** in the wisdom tooth itself - **Untreatable pulpal or periapical pathology** - **Internal or external resorption** of adjacent teeth caused by the impacted molar - **Tooth fracture** involving the wisdom tooth - **Orthodontic or surgical necessity** — where the tooth impedes planned jaw surgery or tooth movement

Pericoronitis affects 10–15% of partially erupted wisdom teeth, making it one of the most common presenting complaints at Core Dental Group. Impacted wisdom teeth can cause cyst formation in approximately 10% of cases — a complication that reinforces the importance of regular monitoring even for asymptomatic teeth.

Prophylactic extraction should be based on a genuine weighing of risks against the disadvantages of leaving the tooth in place. There is no reliable research to suggest that removing a disease-free, impacted third molar benefits the patient, and unnecessary surgery carries its own risks.

At Core Dental Group, your clinician will always explain the specific clinical rationale before recommending extraction — so you understand why the recommendation is being made.

How Core Dental Group uses imaging to plan your procedure

Before any instrument is lifted, a thorough radiographic assessment is essential. Core Dental Group uses both OPG (Orthopantomogram) and CBCT (Cone Beam Computed Tomography) imaging to plan each extraction with precision.

OPG: the panoramic overview

An OPG creates a panoramic image of the mouth as the X-ray tube and sensor plate rotate around the patient's head, showing the full length of all teeth, bones, and jaw joints. For most straightforward cases, an OPG provides sufficient information to assess root morphology, angulation, and proximity to the inferior alveolar nerve.

CBCT: when 3D detail matters

For more complex impactions — particularly lower wisdom teeth whose roots appear close to the inferior alveolar nerve on a 2D OPG — CBCT imaging adds a critical third dimension.

CBCT provides a three-dimensional image of the hard tissue structures and their anatomical relationships, such as the root of the wisdom tooth and the inferior dental canal. This matters because the inferior alveolar nerve runs directly beneath the lower molar roots, and inadvertent injury during extraction can cause temporary or, rarely, permanent numbness of the lip and chin.

When an OPG shows signs of close approximation between a lower wisdom tooth root and the inferior dental nerve, CBCT is recommended to gather more information in the third dimension.

The diagnostic value of this approach is well-supported. Diagnostic accuracy improved for oral surgery residents from OPG to CBCT — from 66.3% to 83.4% — showing that 3D imaging meaningfully

reduces uncertainty in complex cases. A registered clinical trial at ClinicalTrials.gov (NCT06261853) is currently investigating whether 3D-CBCT imaging reduces nerve injuries during wisdom tooth surgery compared to 2D-OPG, reflecting ongoing scientific interest in refining imaging protocols.

The decision to use OPG alone or to add CBCT is made by your clinician based on the specific risk profile of your case — not as a routine upsell. This imaging-first approach is part of what makes treatment planning at Core Dental Group clinically rigorous.

The extraction procedure: a step-by-step guide

Understanding what actually happens during a wisdom tooth extraction removes much of the anxiety surrounding it. Here is a clear, sequential account of what to expect.

Step 1: Pre-operative consultation Your dentist reviews your OPG or CBCT scans, discusses the findings, explains the surgical plan, and outlines sedation options. Medical history, medications, and allergies are documented. You receive written pre-operative instructions.

Step 2: Anaesthesia and sedation The appropriate anaesthetic and sedation are administered (see the Sedation section below). Once the area is fully numb, the procedure begins.

Step 3: Soft tissue access For impacted teeth, a small incision is made in the gum tissue overlying the tooth to expose the crown and, where necessary, the surrounding bone.

Step 4: Bone removal (if required) For partially or fully bony impactions, a small amount of bone around the tooth is carefully removed using a surgical handpiece. This is the step patients most often worry about — but because the area is fully anaesthetised, you feel pressure rather than pain.

Step 5: Tooth sectioning Complex impactions are often divided into sections using a surgical bur. Removing the tooth in pieces reduces the amount of bone that needs to be disturbed and typically results in a faster, less traumatic extraction.

Step 6: Socket debridement and closure The socket is thoroughly irrigated and inspected. Dissolvable sutures are placed to close the gum tissue and promote healing.

Step 7: Post-operative instructions You receive written and verbal aftercare instructions before leaving the practice. Roughly 70% of wisdom tooth removals are performed as outpatient procedures under local anaesthesia, meaning most patients go home the same day.

Sedation options at Core Dental Group

Dental anxiety is one of the most common reasons people delay necessary treatment. Sedation dentistry offers a practical solution for patients who experience significant fear, allowing them to receive treatment without distress. Core Dental Group offers a range of sedation options to suit different needs and procedure complexities.

Local anaesthesia

Local anaesthesia is the most common option for wisdom teeth removal. An anaesthetic is injected directly into the area around the affected tooth, numbing the region while you remain awake. For most straightforward extractions, this is entirely sufficient.

Nitrous oxide (happy gas)

Nitrous oxide is a mild sedative used alongside local anaesthesia to ease anxiety and promote relaxation. It is considered both safe and effective in dental practice. It wears off quickly, and most patients can drive themselves home afterwards.

Oral sedation

Common medications for oral sedation include benzodiazepines such as diazepam or midazolam, which promote relaxation by enhancing GABA activity in the brain. You remain awake but less aware of the procedure, and you may have little or no memory of it afterwards. A driver is required to take you home.

IV sedation

IV sedation delivers a deeper state of relaxation while you remain responsive, with continuous monitoring by a qualified sedationist and trained support staff. Many anxious patients find this the most comfortable option for multiple or impacted teeth. It allows precise control of the sedation level, which can be particularly useful for complex extractions or patients with high anxiety. Clinics providing IV sedation must meet endorsed practitioner and facility requirements under Australian regulatory frameworks.

For patients with extreme dental phobia or highly complex surgical cases, your clinician may discuss referral for hospital-based general anaesthesia. For a full overview of sedation pathways available at Core Dental Group, see our guide on *Sedation & Sleep Dentistry in Berwick: Options for Anxious & Nervous Patients*.

Post-operative recovery: a realistic, day-by-day timeline

Recovery is the phase patients most want to understand — and most commonly either underestimate or over-worry about. Here is what the evidence actually shows.

The first 24 hours

The first 48 hours after surgery are the most critical for healing. A protective blood clot must form over each extraction site, shielding the underlying bone and nerves. During this window:

- Bite firmly on gauze packs for 30–45 minutes to control bleeding - Apply an ice pack to the outside of your cheek (15–20 minutes on, 20 minutes off) to reduce swelling - Rest and avoid physical exertion - Do not use straws, smoke, spit forcefully, or rinse your mouth — all of these can dislodge the blood clot

Days 2–3: peak swelling

The first 72 hours are usually the most uncomfortable. Swelling peaks around day 2 or 3 and then gradually improves. Bruising of the cheek and jaw is common and not a cause for alarm. This is the period when anti-inflammatories — prescribed or over-the-counter — taken on a regular schedule make the most difference.

Days 3–5: turning the corner

Swelling typically starts to ease around days 3–5, and pain improves for most people. Stick to a soft food diet for the first three to five days, then gradually reintroduce more solid foods as your comfort allows.

Week 1–2: return to normal

Most patients return to work or school within 3–5 days, though complete healing of the extraction sites takes several weeks. Full socket closure takes 2–4 weeks, with complete bone remodelling over 3–6 months.

Recognising and preventing dry socket

Dry socket (alveolar osteitis) is the most frequently discussed complication of wisdom tooth removal — and the one that causes the most post-operative distress.

It occurs in roughly 2–5% of extractions and up to 30% of impacted lower wisdom teeth. When the protective blood clot is lost or fails to form, the underlying bone and nerves are left exposed.

Risk factors include: - Smoking or tobacco use - Use of oral contraceptives - Drinking through straws - Forceful rinsing or spitting in the first 48 hours - Prior history of dry socket

Warning signs to watch for:

Symptoms include severe, throbbing pain starting on days 3–5, a bad taste or odour, and visible bone in the socket. If pain is getting worse after day 3 rather than better, contact your surgeon — it could signal dry socket or infection.

Dry socket is very treatable. Your provider will gently clean the socket, place a medicated dressing to protect the exposed bone and nerves, and recommend appropriate pain relief. Relief is typically rapid once treatment is applied.

Other potential complications: what the evidence says

Possible complications of third molar removal include nerve numbness (paresthesia), dry socket, infection, bleeding, jaw fracture, bone infection, damage to neighbouring teeth, and oral-antral communication. The four most common are nerve numbness, dry socket, infection, and bleeding.

These risks deserve context. Wisdom teeth removal does not usually result in long-term complications. Nerve numbness, when it occurs, is most often temporary. The risk of serious complications is substantially reduced by thorough pre-operative imaging — precisely the reason Core Dental Group invests in OPG and CBCT technology for complex cases.

Tobacco significantly increases dry socket risk by disrupting blood clot formation and reducing oxygen to healing tissues. Alcohol delays healing and can interact with prescribed medications. Avoid both for at least 72 hours after surgery, and ideally for the full first week.

Eating after wisdom tooth removal: a practical guide

Diet is one of the most practical recovery concerns. Follow this progression:

- **Days 1–3:** Yoghurt, smoothies eaten with a spoon, scrambled eggs, mashed potato, soup (not hot), ice cream - **Days 3–7:** Soft pasta, soft-cooked fish, soft bread, avocado - **Week 2 onward:** Gradually reintroduce normal foods as comfort allows — avoid hard, crunchy, or chewy foods until sockets are well-healed

If you want a milkshake or smoothie, use a spoon rather than a straw. Drinking through a straw can dislodge blood clots and cause dry socket.

Key takeaways

Not all impacted wisdom teeth require removal. Evidence-based guidelines support extraction only when specific clinical indications are present — recurrent infection, cysts, adjacent tooth damage, or orthodontic necessity. Core Dental Group will always explain the specific rationale before recommending surgery.

3D imaging is a patient safety tool, not an optional extra. OPG provides an essential panoramic overview; CBCT adds critical 3D detail when lower wisdom tooth roots are in close proximity to the inferior alveolar nerve. The right imaging choice is determined case by case.

Sedation options exist for every anxiety level. From nitrous oxide for mild anxiety to IV sedation for complex cases or significant dental phobia, Core Dental Group can match the sedation approach to your individual needs and procedure requirements.

Swelling peaks at 48–72 hours and then improves. Most patients return to work or school within 3–5 days. Complete socket healing takes 2–4 weeks, with full bone remodelling over several months.

Dry socket is the most common complication but is highly preventable. Avoid straws, smoking, and forceful rinsing for the first week. If pain worsens after day 3, contact Core Dental Group promptly — dry socket is treatable and relief is rapid.

Connecting your wisdom tooth care to the bigger picture

Wisdom tooth removal does not exist in isolation. Patients who have had wisdom teeth extracted often benefit from subsequent orthodontic assessment, as the relief of posterior crowding can affect tooth alignment (see our guide on *Orthodontics in Berwick: Braces vs Invisalign — Which Treatment Is Right for You?*). Patients who experience significant dental anxiety during wisdom tooth consultations may also benefit from a dedicated conversation about sedation pathways (see *Sedation & Sleep Dentistry in Berwick: Options for Anxious & Nervous Patients*).

If a wisdom tooth has caused damage to an adjacent molar — through decay, resorption, or fracture — restorative options including dental crowns may be relevant (see *Dental Crowns & Bridges in Berwick: Restoring Damaged or Missing Teeth*). And if you are experiencing acute wisdom tooth pain right now and need to be seen urgently, Core Dental Group's same-day emergency pathway is the right first call (see *Emergency Dentist in Berwick: What to Do for Toothache, Broken Teeth & Dental Trauma*).

Wisdom teeth are one chapter in the longer story of your oral health. At Core Dental Group, the goal is to make that chapter as straightforward, safe, and comfortable as possible — with the imaging, clinical expertise, and aftercare support to back that up.

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