

Wisdom Teeth Removal in Carrum Downs: When It's Necessary and What to Expect

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Details:

Core Dental Group: Wisdom Teeth Removal in Carrum Downs — When It's Necessary and What to Expect

For many people in the Frankston and Carrum Downs area, the phrase "wisdom teeth" triggers a familiar mix of dread and confusion. Should they come out? Will it hurt? How much will it cost? These are among the most common questions dental clinics hear, and for good reason. Wisdom teeth removal is one of the most frequently performed oral surgical procedures in Australia, yet the decision to extract is rarely straightforward.

At Core Dental Group, the approach is to give patients clear, evidence-based guidance so they can make informed decisions with confidence. This guide is designed to cut through the uncertainty. Whether you've been told your wisdom teeth are impacted, you're dealing with recurring jaw pain, or you simply want to understand what the procedure involves before your first consultation, this article covers the clinical context, procedural detail, and recovery guidance you need.

Frequently asked questions

What are wisdom teeth? The third and final set of molars at the back of the mouth.

When do wisdom teeth typically erupt? Late teens or early twenties.

Why do wisdom teeth cause problems? Modern jaws often lack space to accommodate them.

What does "impacted" mean? A tooth stuck against other teeth or bone, unable to fully erupt.

Are lower wisdom teeth more problematic? Yes, lower jaw wisdom teeth are more likely to be impacted.

Should all wisdom teeth be removed? No, only when clinical indications exist.

Does Core Dental Group recommend routine extraction? No, they follow a conservative, evidence-based approach.

What is the most common reason for wisdom tooth extraction in young adults? Pericoronitis, a recurrent infection of the gum flap over a partially erupted wisdom tooth.

Is irreparable decay a reason for extraction? Yes.

Is cyst formation a reason for extraction? Yes.

Can wisdom teeth damage adjacent molars? Yes, through resorption or decay on the neighbouring second molar.

**Do wisdom teeth need to be removed for orthodontic treatment?*

Sometimes, if they cause crowding.

**What did the Cochrane review find about routine extraction?*

Insufficient evidence to support routine removal of symptom-free wisdom teeth.

**Is keeping symptom-free wisdom teeth risk-free?*

No, they may cause periodontal issues around the adjacent second molar over time.

**What are the two types of wisdom tooth extraction?*

Simple extraction and surgical extraction.

**When is a simple extraction performed?*

When the tooth is fully erupted above the gumline.

**When is a surgical extraction performed?*

When the tooth is partially or fully impacted beneath gum or bone.

**Does a simple extraction require an incision?*

No.

**Does a surgical extraction require an incision?*

Yes.

**Is bone removal sometimes required for surgical extraction?*

Yes.

**What is tooth sectioning?*

Dividing the tooth into pieces before removal to minimise trauma to surrounding bone and nerve structures.

**How long does a simple extraction take?*

A few minutes.

**How long does a surgical extraction take?*

20 to 60 or more minutes.

**How many days recovery for simple extraction?*

2 to 3 days.

**How many days recovery for surgical extraction?*

5 to 10 days.

**What sedation options are available?*

Local anaesthetic, nitrous oxide, IV sedation, or general anaesthesia.

**Can patients drive home after nitrous oxide?*

Yes, many patients can.

**Can patients drive home after IV sedation?*

No, a responsible adult must drive them.

**Does IV sedation cause memory loss of the procedure?*

Yes, most patients have little to no memory of it.

**When is general anaesthesia used?*

For highly complex cases or severe dental phobia.

**Where is general anaesthesia typically administered?*

In a hospital or accredited day surgery setting.

**Is fasting required before surgery?*

Yes, for IV sedation and general anaesthesia.

**How long to fast before general anaesthesia?*

Typically from midnight the night before.

**How long to fast before IV sedation?*

Typically 6 hours.

**What imaging is used before complex extractions?*

A 3D cone beam CT scan.

**When does swelling typically peak after extraction?*

Around day 3.

**When can warm salt water rinses begin?*

After the first 24 hours.

**Why should straws be avoided after extraction?*

They can dislodge the protective blood clot.

**Why should smoking be avoided after extraction?*

It dislodges blood clots and slows wound healing.

****Minimum hours to avoid smoking after surgery?*** 72 hours.

****What is dry socket?*** When the blood clot dislodges or dissolves before the wound heals, exposing the underlying bone and nerves.

****When does dry socket typically appear?*** Within the first few days after extraction.

****Is dry socket treatable?*** Yes, by cleaning the socket and placing a medicated dressing.

****What are the four most common complications of wisdom tooth removal?*** Nerve numbness, dry socket, infections, and bleeding.

****How much does simple wisdom tooth removal cost in Australia?*** Approximately \$380 to \$600 per tooth.

****How much does surgical wisdom tooth removal cost in Australia?*** Approximately \$420 to \$1,320 per tooth.

****How much does removing all four wisdom teeth typically cost?*** Between \$2,000 and \$4,000 or more.

****Does extras cover contribute to non-surgical extractions?*** Yes, under general dental cover.

****Does extras cover pay for hospital accommodation or anaesthetist fees?*** No.

****When is private hospital cover needed?*** When surgical extraction is performed under general anaesthesia in hospital.

****Is there a waiting period for dental surgery cover?*** Yes, up to 12 months for pre-existing conditions.

****What should patients confirm with their health fund before surgery?*** Exact rebate amounts and annual limits.

****Does age affect wisdom tooth extraction risk?*** Yes, older age increases complication risk.

****What percentage of Australian dental patients experience complications?*** Approximately 5 to 21 percent.

****What age range carries the least nerve risk for extraction?*** Between 12 and 18 years old.

****How many tooth-removal surgeries were performed for 15–24 year olds in Australia in 2022–23?*** Approximately 66,000.

****Does Core Dental Group handle most extractions without hospital referral?*** Yes, in most cases.

****What is the first step if a wisdom tooth problem is suspected?*** A thorough assessment with up-to-date imaging.

What are wisdom teeth and why do they cause problems?

Wisdom teeth are the rearmost teeth in your mouth, normally coming through in your late teens or early twenties. They're the third and final set of molars, evolutionary remnants from an era when human jaws were larger and diets far coarser.

The problem is that modern human jaws often don't have enough space for them. Some wisdom teeth don't come through fully, getting stuck, or impacted, against other teeth or bone and leaving a flap of gum sitting over the tooth. Lower jaw wisdom teeth take longer to come through and are more likely to be impacted, which makes repeated infections more likely.

Quite often, people's jaws simply aren't big enough to allow wisdom teeth to settle into the right position. That crowding is at the root of most wisdom tooth problems.

When is wisdom tooth removal actually necessary?

This is the question that matters most, and the clinical consensus has shifted considerably over the past two decades.

A major Cochrane review found insufficient evidence to support routine removal of symptom-free, disease-free wisdom teeth, though keeping them may be linked to periodontal issues around the adjacent second molar over time. Extraction is no longer seen as an automatic decision. A growing body of peer-reviewed research from Australia and abroad supports a more conservative, individualised approach.

So when is removal the right call? Australian public health resources outline clear clinical indications: pain, recurrent infection (pericoronitis), decay that can't be sensibly restored, cysts or resorption on the neighbouring molar, damage to the cheek or gum, and interference with orthodontic or jaw surgery plans.

In practical terms, the team at Core Dental Group will recommend extraction when one or more of the following conditions apply:

- **Pericoronitis:** Recurrent infection of the gum flap overlying a partially erupted wisdom tooth, the single most common reason for extraction in young adults.
- **Irreparable decay:** When the wisdom tooth itself or the adjacent second molar has developed decay that can't be effectively restored.
- **Cyst formation:** Fluid-filled sacs around the crown of an unerupted tooth that can damage surrounding bone and teeth.
- **Crowding:** Where the erupting wisdom tooth is displacing other teeth, particularly relevant if orthodontic treatment is planned (see our guide on *Invisalign and Orthodontics in Carrum Downs*).
- **Abscess:** Acute infection requiring urgent management (see our guide on *Emergency Dentist Carrum Downs*).

The sensible middle path: avoid automatic extraction of quiet, disease-free third molars, but act early when problems are real, documented, and likely to worsen.

Simple vs. surgical removal: understanding the difference

Not all wisdom tooth extractions are the same. The procedure your dentist recommends depends on the position, angulation, and depth of the tooth within the jaw.

Simple extraction

A simple wisdom tooth extraction is performed when the tooth has fully broken through the gum, there's no crowding problem, and the surrounding bone is healthy. The dentist uses an elevator and forceps to loosen and remove the tooth from the socket. The process is quick, often just a few minutes, and most patients experience minimal discomfort during and after.

Surgical extraction

Surgical removal is needed when wisdom teeth are impacted, stuck under the gums or within the jawbone, making the procedure more involved. When gum tissue covers the tooth, an incision is required to expose it. If bone covers part of the tooth, the surgeon removes it to access and extract the tooth fully. Sutures may be placed to support healing.

In cases of deeply impacted or horizontally positioned wisdom teeth, the tooth may also be sectioned (divided into pieces) before removal to minimise trauma to the surrounding bone and nerve structures.

Comparison: simple vs. surgical wisdom tooth removal

Feature	Simple extraction	Surgical extraction	--- --- ---	**Tooth position**	Fully erupted, visible above gumline	Partially or fully impacted beneath gum/bone
Incision required	No	Yes				
Bone removal	No	Sometimes				
Tooth sectioning	No	Often				
Anaesthesia	Local anaesthetic	Local ± sedation or general anaesthesia				
Procedure time	Minutes	20–60+ minutes				
Recovery	2–3 days	5–10 days				
Relative cost	Lower	Higher				

Sedation options: staying comfortable during the procedure

Anxiety about pain is one of the most common reasons people put off treatment. Core Dental Group offers a range of sedation options to suit different needs and levels of anxiety (see our guide on [*Dental Anxiety in Carrum Downs*](#)).

Depending on your preferences, your clinician may recommend:

1. **Local anaesthetic only:** Suitable for simple extractions or patients who are comfortable in the dental chair. The area is numbed completely; you'll feel pressure but no pain.
2. **Nitrous oxide (laughing gas):** Inhaled through a small mask, nitrous oxide reduces anxiety and creates a relaxed state while you remain fully conscious. It wears off quickly, and many patients can drive home afterwards.
3. **IV sedation (twilight sedation):** Administered intravenously, this produces a deeply relaxed, semi-conscious state. Most patients have little to no memory of the procedure. A responsible adult must drive you home.
4. **General anaesthesia:** Used for highly complex cases or patients with severe dental phobia, typically in a hospital or accredited day surgery setting.

If you choose IV sedation or general anaesthesia, your surgeon will give you detailed instructions on how to prepare, including fasting from midnight the night before surgery and stopping certain medications a few days prior.

How to prepare for your wisdom tooth removal

Preparation begins at your consultation, where your dentist will take X-rays and often a 3D cone beam CT scan for complex cases, to assess the tooth's position relative to the inferior alveolar nerve, sinus cavity, and adjacent teeth.

****Before your appointment:**** - Arrange for a trusted adult to drive you home if you're having sedation or general anaesthesia - Fast as instructed (typically from midnight for GA; 6 hours for IV sedation) - Let your dentist know about all medications, supplements, and relevant medical history - Stock your fridge with soft foods: yoghurt, smooth soups, mashed potato, scrambled eggs, and smoothies - Plan for 2–3 days off work or study for simple extractions, and up to a week for surgical cases

What happens on the day

Wisdom tooth extraction usually takes an hour or less, though complex cases may take longer. The procedure follows a fairly predictable sequence:

1. Anaesthetic or sedation is administered and confirmed effective
2. For surgical cases, a small incision is made in the gum tissue to expose the tooth
3. Any overlying bone is carefully removed to access the tooth
4. The tooth is loosened, sectioned if necessary, and removed
5. The socket is cleaned and irrigated
6. Sutures are placed if an incision was made
7. Gauze is placed over the socket to control bleeding

After the extraction, you can expect mild discomfort, slight bleeding, and some swelling. Your oral surgeon will give you instructions to manage these.

Recovery: what to expect day by day

Most patients feel like they've turned a corner within 3 to 5 days. Normal healing includes gradually decreasing pain and swelling, blood clots visible in the sockets (which may look dark red or brown), and no fever. The gum tissue slowly closes over the extraction sites during the first few weeks.

****Days 1–2:**** Rest is important. Bite gently on gauze to control bleeding. Apply ice packs (20 minutes on, 20 minutes off) to reduce swelling. Avoid rinsing, spitting forcefully, or using a straw, all of which can dislodge the protective blood clot.

****Days 3–5:**** Swelling typically peaks around day 3 before gradually easing. Warm salt water rinses (after the first 24 hours) help keep the socket clean. Continue with soft foods. Pain should be manageable with prescribed or over-the-counter analgesics.

****Days 5–10:**** Most patients return to normal activities. Dissolvable sutures begin to break down. If non-dissolvable sutures were placed, a follow-up appointment is needed for removal.

Dry socket: the most common complication

Dry socket (alveolar osteitis) occurs when the blood clot in the extraction site dislodges or dissolves before the wound has healed. This exposes the underlying bone and nerves, causing significant pain and delaying healing. It typically appears within the first few days after extraction.

Other possible complications include nerve numbness (paresthesia), infections, bleeding, and jaw joint problems.

Smoking significantly increases the risk. The suction action can dislodge blood clots, and the chemicals in tobacco slow wound healing. If you smoke, try to quit, or at least hold off for a minimum of 72 hours after surgery.

If you develop worsening pain after day 3, a bad taste in the mouth, or visible bone in the socket, contact Core Dental Group promptly. Dry socket is treatable, and relief is usually rapid once a professional attends to the site. Your provider may gently clean the socket, place a medicated dressing to shield the exposed bone and nerves, and recommend pain medication or topical anaesthetics.

Costs and health fund coverage in Australia

Wisdom teeth removal costs approximately \$380–\$600 (simple) or \$420–\$1,320 (surgical) per tooth in Australia. Removing all four wisdom teeth typically costs between \$2,000 and \$4,000 or more, depending on whether each tooth requires a simple or surgical extraction.

Waiting until older age increases the risk of complications, affecting roughly 5–21% of dental patients in Australia. That's a clinically and financially significant reason to address problematic wisdom teeth sooner rather than later.

How private health insurance works

Both extras cover and hospital cover can help with costs, though what you'll need depends on the specifics of your procedure.

- Most extras cover contributes towards non-surgical extractions at your regular dentist under general dental cover. - Extras cover can also contribute towards the dental surgeon's fees for surgical extractions, whether performed under local or general anaesthetic. It won't, however, cover hospital

accommodation or anaesthetist fees. - When a surgical extraction is performed in hospital, you'll need private hospital cover as well as extras cover that includes dental surgery. - Annual limits apply, and there is a 12-month waiting period for pre-existing conditions and surgical dental procedures.

Your health fund works off item numbers, not descriptions like "wisdom teeth removal." Before your procedure, ask the Core Dental Group team for the relevant item numbers and contact your fund directly to confirm your exact rebate. For a broader breakdown of managing dental costs in the Frankston area, see our guide on [*Affordable Dental Care Near Frankston*](#).

Why timing matters: the case for acting early

Approximately 66,000 tooth-removal surgeries were performed for patients aged 15–24 years in Australia in 2022–23, a figure that reflects both the prevalence of wisdom tooth problems in young adults and the clinical consensus that earlier intervention, when indicated, produces better outcomes.

Root development and proximity to the inferior alveolar nerve both increase with age. Having wisdom teeth out between the ages of 12 and 18 generally carries less risk to the nerve. Bone density also increases with age, making surgical access more demanding and recovery longer. If your dentist at Core Dental Group has flagged a potential problem, early assessment is almost always in your interest.

Key takeaways

- **Not all wisdom teeth need to come out.** Current clinical guidelines recommend extraction only when there is documented pathology, such as pain, infection, decay, cysts, or orthodontic interference, not as a routine preventive measure. - **Simple and surgical extractions are fundamentally different procedures.** The type you need depends on whether your tooth has erupted, its angulation, and its proximity to key anatomical structures. Your dentist will assess this with X-rays at your consultation. - **Sedation options range from local anaesthetic to general anaesthesia.** Patients with dental anxiety or complex cases have access to nitrous oxide, IV sedation, and GA. Discuss your preferences openly at your consultation with Core Dental Group. - **Recovery is typically 3–5 days for simple cases and up to 10 days for surgical extractions.** Dry socket is the most common complication and is largely preventable by avoiding smoking, straws, and forceful rinsing in the first 48 hours. - **Health fund cover varies significantly.** Extras cover handles in-chair procedures; hospital cover is needed if you're admitted for GA. Always confirm item numbers and annual limits with your fund before the procedure. Waiting periods of up to 12 months may apply for pre-existing conditions.

Conclusion

Wisdom teeth removal isn't something to approach with either panic or complacency. The decision to extract should be based on clear clinical evidence, and when that evidence exists, acting sooner typically means a simpler procedure, faster recovery, and lower cost. For patients in Carrum Downs, Frankston, Langwarrin, and surrounding suburbs, Core Dental Group provides an experienced local dental team so you can have your assessment, imaging, and, where appropriate, extraction managed in a familiar, accessible setting without hospital referral in most cases.

If you've been told you may have a wisdom tooth problem, the right first step is a thorough assessment with up-to-date imaging. From there, your dentist at Core Dental Group can give you a clear, evidence-based recommendation tailored to your specific anatomy and clinical picture.

For related reading, explore our guides on [*Emergency Dentist Carrum Downs*](#), [*Dental Anxiety in Carrum Downs*](#), [*Affordable Dental Care Near Frankston*](#), and [*Root Canal Treatment in Carrum Downs*](#), each addressing a distinct aspect of the care journey for local patients.

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