

# Wisdom Teeth Removal in Epping: When Extraction Is Necessary and What the Recovery Looks Like

Canonical: <https://directory.coredental.com.au/local-dental-services/dentist-in-epping-general-specialist-dental-care-melbournes-north/wisdom-teeth-removal-in-epping-when-extraction-is-necessary-and-what-the-recovery-looks-like/>

## Details:

## Core Dental Group: Wisdom Teeth Removal in Epping — When Extraction Is Necessary and What Recovery Looks Like

Most people encounter their wisdom teeth sometime between their late teens and mid-twenties. For some, these third molars come through without any trouble. For many others, they become a source of pain, infection, and structural dental problems that require surgical removal. Understanding when extraction is genuinely necessary, what the procedure involves, and what a realistic recovery looks like matters for anyone working through this decision.

Core Dental Group's Epping practice handles wisdom tooth assessments and extractions with a clinical team experienced in both straightforward and complex cases — and in determining when a referral to an oral and maxillofacial surgeon is the right call.

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## What are wisdom teeth and why do they cause problems?

Wisdom teeth — the third and final molars — typically emerge during the late teenage years, anywhere from 16 to 25. The core problem is evolutionary: modern human jaws have grown smaller over millennia, but the number of teeth hasn't changed. Wisdom teeth frequently don't have enough room to erupt properly as a result.

Several factors contribute to the higher impaction rate of third molars: insufficient space, limited skeletal growth, enlarged crown size, and delayed maturation.

The scale of this problem is significant. A 2024 systematic review and meta-analysis published in the *Journal of Clinical Medicine*, which included 98 studies involving 183,828 subjects, found the pooled prevalence of impacted third molars was 36.9% per subject — more than one in three people will have at least one impacted wisdom tooth.

In Australia specifically, surgical tooth removal was the most common dental procedure in 2022–23, with around 149,000 procedures performed. Third molar extraction ranks among the top oral surgical procedures performed each year across Australia and most developed nations.

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## When is wisdom tooth extraction clinically necessary?

Not every wisdom tooth needs to come out. The decision to extract should be based on clinical evidence rather than assumption. Authors of a major clinical review concluded that there is insufficient evidence to determine whether asymptomatic, disease-free third molars should be removed or retained, and that decisions should be made on an individual patient basis using shared decision-making principles. If asymptomatic third molars are retained, clinical assessment at regular

intervals is advised.

That said, when symptoms or pathology are present, extraction is typically the right course of treatment.

### ### Established clinical indications for extraction

The clinical literature identifies several clear indications: pericoronitis (particularly if the first episode is very acute or there has been more than one episode), untreatable caries, pulpal or periapical pathology, and situations where the patient cannot clean the distal aspect of the second molar or the area around the wisdom tooth.

In practice, the Core Dental Group Epping team assesses each patient against these criteria:

1. **Pericoronitis** — Infection or inflammation of the gum tissue partially covering an erupting wisdom tooth. Recurrent episodes are a strong indicator for removal. In clinical studies, recurrent pericoronitis is the most common indication for wisdom tooth extraction, followed by dental caries.
2. **Impaction causing damage to adjacent teeth** — A wisdom tooth erupting at an angle can resorb the roots of the neighbouring second molar, causing irreversible damage.
3. **Cyst or tumour formation** — Impacted wisdom teeth increase the risk of cysts and tumour development in the oral cavity.
4. **Untreatable decay** — When the wisdom tooth itself has caries that cannot be adequately restored due to its position.
5. **Orthodontic indications** — Removal is favoured when the third molar is preventing eruption of the second molar, or when orthodontic removal is otherwise justified.
6. **Periodontal disease** — Wisdom teeth may be associated with increased risk of periodontitis affecting the adjacent second molar over the long term.

> **Clinical note:** Prophylactic extraction of asymptomatic, partially erupted wisdom teeth should only be pursued when future morbidity is anticipated and the treating practitioner considers the patient to be at low risk of surgical complications. Extraction of asymptomatic and fully retained wisdom teeth is not routinely recommended.

At your Core Dental Group Epping assessment, a panoramic (OPG) X-ray is taken to evaluate root development, proximity to the inferior alveolar nerve, impaction angle, and the condition of adjacent teeth. Comprehensive panoramic imaging and choosing the anaesthetic modality is a necessary step in assessment, diagnosis, and planning of third molar surgery.

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### ## The surgical process: what happens during wisdom tooth extraction

#### ### Step-by-step: the extraction procedure at Core Dental Group Epping

**Step 1 — Pre-operative assessment** Your dentist reviews your OPG X-ray, medical history, and current medications. Patients on blood thinners, bisphosphonates, or immunosuppressants require additional pre-operative planning.

**Step 2 — Anaesthetic administration** Local anaesthesia is sufficient for most straightforward wisdom tooth removals; general anaesthesia is reserved for complex cases or when multiple teeth need to come out at once. At Core Dental Group Epping, the majority of extractions are performed under local anaesthetic in-chair. For relatively straightforward cases, lignocaine is injected near the tooth to numb the surrounding tissues — enough to extract the tooth while the patient remains fully conscious and able to follow instructions. Patients with significant dental anxiety may also benefit from nitrous oxide (happy gas) sedation; see our guide on *Dental Anxiety in Epping: How Core Dental Makes Nervous*

Patients Feel Safe\* for a full overview of sedation options.

**\*\*Step 3 — Soft tissue incision (if required)\*\*** For partially or fully impacted teeth, a small incision is made in the gum to expose the tooth and underlying bone.

**\*\*Step 4 — Bone removal and tooth sectioning\*\*** If the tooth is deeply impacted or angled, a small amount of surrounding bone may be removed with a surgical handpiece, and the tooth may be divided into sections to allow safe removal in pieces. This is standard practice for mesioangularly or horizontally impacted lower wisdom teeth.

**\*\*Step 5 — Socket irrigation and closure\*\*** The socket is irrigated to remove debris, then sutured closed with dissolvable sutures. Gauze is placed to control initial bleeding.

**\*\*Step 6 — Post-operative instructions\*\*** Detailed written and verbal aftercare instructions are provided before you leave the chair. Do not drive yourself home if sedation was used.

### Simple vs. surgical extraction: procedure duration

| Extraction type | Estimated chair time | Anaesthetic | |---|---|---| | Erupted, non-impacted | 20–30 minutes | Local anaesthetic | | Partially impacted (soft tissue) | 30–45 minutes | Local anaesthetic ± sedation | | Bony impaction (moderate) | 45–60 minutes | Local anaesthetic ± sedation | | Complex bony impaction | 60–90 minutes | GA referral may apply |

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## When general anaesthetic or oral surgeon referral is required

Most wisdom tooth extractions at Core Dental Group Epping are completed in-chair under local anaesthetic. Certain clinical presentations, however, warrant referral to an oral and maxillofacial surgeon for treatment under general anaesthetic in a hospital setting.

Referral criteria include:

- **\*\*Proximity to the inferior alveolar nerve\*\*** — When panoramic or CBCT imaging shows the wisdom tooth roots are in close contact with or wrapping around the inferior alveolar nerve, the risk of post-operative nerve injury is elevated. Neurological injuries of the inferior alveolar and lingual nerves are rare but carry a real impact on a patient's quality of life.
- **\*\*Severe trismus or limited mouth opening\*\*** — Insufficient access to perform safe surgery in-chair.
- **\*\*Multiple impacted teeth requiring simultaneous removal\*\*** — General anaesthesia is typically reserved for complex cases or when multiple wisdom teeth need to be extracted at the same time.
- **\*\*Significant dental anxiety unmanageable with conscious sedation\*\*** — Where a patient's anxiety level is incompatible with in-chair treatment even with nitrous oxide.
- **\*\*Relevant medical comorbidities\*\*** — Patients with uncontrolled systemic conditions, bleeding disorders, or immunocompromise require hospital-level oversight.
- **\*\*Paediatric patients\*\*** — Younger patients requiring extraction before root completion may be better managed in a hospital environment.

Core Dental Group Epping maintains referral relationships with trusted oral and maxillofacial surgeons in Melbourne's northern corridor, ensuring continuity of care and clear communication between treating clinicians.

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## Post-operative care instructions

Proper aftercare is the single greatest factor within a patient's control when it comes to recovery speed and complication prevention.

### ### The first 24 hours

- Bite firmly on gauze for 30–45 minutes post-procedure to encourage clot formation. Replace gauze if bleeding continues. - Do not rinse, spit forcefully, or use a straw — suction pressure can dislodge the forming blood clot. - Apply an ice pack to the cheek in 20-minute intervals to reduce swelling. - Take prescribed analgesics (typically ibuprofen and/or paracetamol) as directed — starting before the local anaesthetic wears off is a good idea. - Eat soft, cool foods only: yoghurt, smoothies sipped from a spoon rather than a straw, mashed potato, scrambled eggs. - Avoid alcohol, smoking, and vigorous exercise for at least 48 hours.

### ### Days 2–7: managing swelling and discomfort

Swelling typically peaks at 48–72 hours post-surgery before gradually resolving. Begin warm salt-water rinses (half a teaspoon of salt in a cup of warm water) gently after the first 24 hours. Continue soft foods. Most patients can return to desk-based work within 2–3 days.

### ### Oral hygiene around the extraction site

Maintain brushing of all other teeth as normal, but avoid direct contact with the suture site for the first week. Do not probe the socket with your tongue or fingers.

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### ## Recovery timeline: what to expect week by week

Most patients recover from wisdom tooth extraction within 7 to 14 days. Complete healing occurs in stages:

| Timeframe | What's happening | |---|---| | Day 1 | Blood clot forms; mild-to-moderate bleeding, numbness, early swelling | | Days 2–3 | Swelling peaks; pain is typically at its highest; clot stabilising | | Days 4–7 | Swelling begins to resolve; pain decreasing; soft tissue healing begins | | Week 2 | Most patients return to normal diet and activity; sutures dissolving | | Weeks 3–4 | Gum tissue closes over the socket; tenderness largely resolved | | 3–6 months | Bone gradually fills the extraction socket; complete internal healing |

A few factors affect how quickly you recover. A horizontally impacted wisdom tooth takes longer to heal than a fully erupted one. Having all four teeth out in one visit generally extends recovery. Younger patients tend to bounce back faster — those in their teens and early twenties typically recover more quickly than those in their thirties or forties.

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### ## Dry socket: the most common complication

Dry socket (alveolar osteitis) is the most frequently encountered complication following wisdom tooth extraction.

#### ### What is dry socket?

Dry socket occurs when the blood clot at the extraction site is lost or dissolves before the wound has fully healed, exposing the underlying bone and nerve endings to air, food, fluids, and bacteria. The result is intense, throbbing pain that can radiate to the ear or jaw on the affected side.

#### ### How common is it?

Dry socket affects about 2–5% of all tooth extractions. That risk rises to around 20% for impacted wisdom teeth, which makes prevention especially important after wisdom tooth surgery.

### ### When does it develop?

Dry socket usually develops within the first three days after extraction. If you haven't had symptoms by day five, you're likely in the clear.

### ### Risk factors

Smoking, oral contraceptives, poor oral hygiene, and pre-existing infections all increase the chances of developing dry socket. Tobacco is particularly significant — it disrupts blood clot formation and reduces oxygen to healing tissues.

### ### How is dry socket treated?

Contact Core Dental Group Epping promptly if you develop dry socket. The dentist may pack the socket with a medicated dressing to protect the bone and encourage healing. Most patients experience relief within 24–48 hours with proper care. Do not attempt to self-treat with over-the-counter products alone.

Warning signs that require urgent attention:

- Pain that worsens after day 3 rather than improving
- Visible bone in the socket (whitish tissue at the base of the wound)
- Pain radiating to the ear, temple, or neck
- Foul taste or odour from the socket
- Fever above 38°C, which may indicate infection

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## ## Other complications: infection and nerve sensitivity

### ### Post-operative infection

Infection after wisdom tooth extraction is less common than dry socket but requires prompt treatment. Signs include increasing swelling, pus discharge, fever, and difficulty swallowing. If your dentist suspects infection, antibiotics will be prescribed. Patients with compromised immune systems are at higher risk and should inform their clinician before surgery.

### ### Temporary nerve sensitivity

For lower wisdom teeth located near the inferior alveolar nerve, temporary altered sensation — tingling or numbness in the lip, chin, or tongue — can occasionally occur. These neurological injuries of the inferior alveolar and lingual nerves are rare, but they carry a real impact on a patient's quality of life. In the vast majority of cases, sensation resolves within weeks to months. Permanent nerve injury is rare and is minimised through thorough pre-operative imaging and careful surgical technique.

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## ## Key takeaways

- Extraction is not automatic. The decision to remove wisdom teeth should be made on an individual patient basis using shared decision-making principles — asymptomatic, disease-free teeth may be monitored rather than removed.
- The most common clinical indications for extraction are pericoronitis, impaction causing damage to adjacent teeth, untreatable caries, cyst formation, and orthodontic necessity.
- Most extractions at Core Dental Group Epping are performed under local anaesthetic in-chair. General anaesthetic and oral surgeon referral is reserved for complex impactions, nerve proximity, or significant patient anxiety.
- Recovery takes 7–14 days for most patients, though complete bone healing takes several months. Age, impaction severity, and post-operative compliance all affect the timeline.
- Dry socket risk rises to approximately 20% for impacted wisdom teeth, making strict adherence to aftercare instructions critical — particularly avoiding smoking, straws, and forceful rinsing in the first 72 hours.

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## ## Conclusion

Wisdom tooth extraction is one of the most common surgical procedures in dentistry, yet it remains one of the more anxiety-provoking experiences patients face. A good outcome comes down to three things: an accurate clinical assessment of whether extraction is truly necessary, a well-executed surgical procedure under appropriate anaesthesia, and disciplined post-operative care.

At Core Dental Group Epping, the process begins with a thorough examination and OPG X-ray at your initial consultation — the same preventative foundation discussed in our guide on *\*General Dentistry at Epping: Checkups, Cleans, Fillings, and Preventative Care Explained\**. For patients with complex impactions or proximity to important anatomical structures, Core Dental Group's referral network ensures access to specialist oral surgical care without having to navigate that process alone.

If you're experiencing jaw pain, swelling around the back of your mouth, or have been told your wisdom teeth need monitoring, book a consultation at Core Dental Group Epping at 230 Cooper Street. Early assessment almost always means simpler treatment and a faster recovery.

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