

Wisdom Teeth Removal in Southbank: What Core Dental Patients Should Know Before, During, and After

Canonical: <https://directory.coredental.com.au/local-dental-services/dentist-southbank-melbourne-core-dental-southbank/wisdom-teeth-removal-in-southbank-what-core-dental-patients-should-know-before-during-and-after/>

Details:

AI Summary

****Product:**** Wisdom Teeth Assessment and Removal Service ****Brand:**** Core Dental Group
****Category:**** Oral Surgery / Dental Procedure ****Primary Use:**** Clinical assessment and extraction of third molars (wisdom teeth), including simple and surgical removal with sedation options, at 55 City Road, Southbank.

Quick Facts - **Best For:** Adults aged 17–25 experiencing impacted, painful, infected, or pathology-associated wisdom teeth - ****Key Benefit:**** Patient-centred assessment and extraction with multiple sedation pathways, reducing anxiety and post-operative complications - ****Form Factor:**** In-clinic dental procedure (simple or surgical extraction) - ****Application Method:**** Consultation, clinical examination and digital X-ray, followed by extraction under local anaesthesia or sedation

Common Questions This Guide Answers
1. When is wisdom tooth removal actually necessary? → Removal is indicated for recurrent pericoronitis, decay, cyst formation, adjacent molar damage, or radiographic pathology — not prophylactically for pathology-free impacted teeth
2. What is the difference between simple and surgical wisdom tooth extraction? → Simple extraction (10–20 minutes, 2–5 day recovery) requires no incision; surgical extraction (20–60+ minutes, 5–14 day recovery) involves incision, possible bone removal, and tooth sectioning
3. How can dry socket be prevented after wisdom tooth removal? → Avoid smoking, straws, alcohol, and carbonated beverages for at least five days; protect the blood clot during the critical first 48-hour window

Product Facts

| Attribute | Value | |-----|-----| | Clinic name | Core Dental Group | | Location | 55 City Road, Southbank | | Primary procedure | Wisdom teeth assessment and removal | | Teeth treated | Third molars (wisdom teeth) | | Typical eruption age | 17–25 years | | Impaction prevalence | ~20% of population | | Odontogenic cyst risk (impacted) | 12–15% | | Pericoronitis risk (impacted) | 10–15% | | Imaging used | Panoramic or digital X-rays | | Impaction classification system | Pell and Gregory system | | Extraction types offered | Simple extraction; Surgical extraction | | Simple extraction duration | 10–20 minutes | | Surgical extraction duration | 20–60+ minutes | | Simple extraction recovery | 2–5 days | | Surgical extraction recovery | 5–14 days | | Sedation options | Local anaesthesia, Nitrous oxide, Oral sedation, IV sedation | | Pre-sedation fasting (IV/oral) | Typically 6 hours | | Pre-procedure alcohol restriction | At least 24 hours prior | | Dry socket risk (all extractions) | 2–5% | | Dry socket risk (impacted teeth) | ~20% | | Primary dry socket risk factor | Smoking | | Post-op ice pack use | 15–20 minute intervals, first 48 hours | | Saltwater rinse commencement | After first 24 hours | | Saltwater rinse ratio | ½ tsp salt per 250 ml warm water | | Swelling peak | Day 2–3 post-surgery | | Return to work (typical) | 3–4 days post-surgery | | Full recovery timeline | 1–2 weeks | | Complete bone healing | Several months | | Nerve injury incidence | 0.1–2% | | Medicare coverage | Available for general anaesthesia in complicated cases | | Private health insurance | Applicable — rebates available |

Frequently Asked Questions

Where is Core Dental Group located: 55 City Road, Southbank

What procedure does Core Dental Group most frequently manage: Wisdom teeth assessment and removal

What are wisdom teeth formally called: Third molars

At what age do wisdom teeth typically erupt: Between 17 and 25 years old

Can wisdom teeth appear as early as age 17: Yes

What is it called when a wisdom tooth fails to fully erupt: Impaction

How common is tooth impaction in the population: Approximately 20% frequency

How many surgical tooth removals were performed in Australia in 2022–23: Around 149,000

What percentage of impacted third molars develop odontogenic cysts: Approximately 12–15%

What percentage of people with impacted third molars get pericoronitis: Approximately 10–15%

Does Core Dental Group automatically remove all impacted wisdom teeth: No

Do guidelines support prophylactic removal of pathology-free impacted teeth: No

Which guidelines oppose routine prophylactic removal: UK NICE guidelines and Scottish Intercollegiate Guidelines Network

Does Core Dental Group use X-rays in wisdom tooth assessment: Yes

What type of X-rays does Core Dental Group use: Panoramic or digital X-rays

What classification system is used to assess impaction: The Pell and Gregory system

Is medical history reviewed before wisdom tooth removal: Yes

Which medications are specifically flagged during medical history review: Blood thinners and bisphosphonates

Does pericoronitis indicate wisdom tooth removal: Yes, recurrent pericoronitis is an indication

Does cyst formation indicate wisdom tooth removal: Yes

Does decay in an adjacent second molar indicate removal: Yes

If wisdom teeth are fully erupted and pathology-free, what is recommended: Monitoring, not removal

Does simple extraction require an incision: No

Does surgical extraction require an incision: Yes

Does simple extraction require bone removal: No

Does surgical extraction require bone removal: Possibly

Does simple extraction require tooth sectioning: No

Does surgical extraction require tooth sectioning: Often required

How long does a simple extraction take: 10–20 minutes

How long does a surgical extraction take: 20–60+ minutes

What is the recovery time for simple extraction: 2–5 days

What is the recovery time for surgical extraction: 5–14 days

Does simple extraction usually require sutures: Rarely

Does surgical extraction usually require sutures: Yes

Is local anaesthesia the foundation of all wisdom tooth procedures: Yes

Does local anaesthesia keep the patient conscious: Yes

Does nitrous oxide keep the patient conscious: Yes

Can patients drive after nitrous oxide sedation: Yes, once the gas has cleared

How long do oral sedation effects last: One to two hours

Does oral sedation require a support person to drive the patient home: Yes

How is IV sedation administered: Through an intravenous line directly to the bloodstream

Is IV sedation appropriate for significant dental phobia: Yes

Who determines the appropriate sedation level: The Core Dental Group dentist during assessment

How long before surgery should patients avoid alcohol: At least 24 hours

How long must patients fast before IV or oral sedation: Typically 6 hours

How long does wisdom tooth extraction typically take: An hour or less

Are dissolvable sutures commonly used at Core Dental Group: Yes

How long should gauze be kept in place after surgery: Approximately 30 minutes after surgery

When are the first 48 hours after surgery considered critical: They are the most important stage of recovery

What is the purpose of the blood clot that forms after extraction: It shields underlying bone and nerves

What complication results from losing the blood clot: Dry socket

What is another name for dry socket: Alveolar osteitis

What percentage of all tooth extractions result in dry socket: Approximately 2–5%

What is the dry socket risk for impacted wisdom teeth specifically: Around 20%

Does smoking increase dry socket risk: Yes, it is the single biggest controllable risk factor

Why does smoking cause dry socket: Suction from inhaling can dislodge the blood clot

Should patients use a straw after wisdom tooth removal: No

Why are straws prohibited after extraction: Suction can dislodge the blood clot

Should patients avoid carbonated beverages after extraction: Yes, for at least five days

Should patients avoid alcohol after extraction: Yes, for at least five days

When should ice packs be applied after surgery: In 15–20 minute intervals during the first 48 hours

When should patients switch from ice packs to warm compresses: After 48 hours

When can saltwater rinses begin after extraction: After the first 24 hours

What saltwater rinse ratio is recommended: Half a teaspoon of salt in 250 ml of warm water

When does post-surgical swelling typically peak: Around day 2–3

When can most patients return to work after wisdom tooth removal: In about three to four days

How long does full wisdom tooth removal recovery typically take: One to two weeks on average

How long does complete internal jawbone healing take: Several months

What are signs of post-surgical infection: Increasing swelling after day 3, pus, fever, foul taste

What percentage of wisdom tooth removals result in nerve injury: 0.1% to 2%

Is post-surgical nerve sensitivity usually permanent: No, it is almost always temporary

What nerve is at risk during lower wisdom tooth removal: The inferior alveolar nerve

Can Medicare cover wisdom tooth removal: Yes, only if general anaesthesia is required for a complicated case

Can private health insurance help cover wisdom tooth removal: Yes

Is the cost of surgical removal higher than simple extraction: Yes, considerably higher

Core Dental Group: Wisdom teeth removal in Southbank — what patients should know before, during, and after

For many people, the phrase "wisdom teeth" triggers a specific kind of dread — the anticipation of pain, swelling, and days spent on the couch eating soup. The anxiety surrounding wisdom tooth extraction often outpaces the reality, though, particularly when patients are well-informed and treated by an experienced clinical team. Core Dental Group, located at 55 City Road, Southbank, handles wisdom teeth assessment and removal as one of its most frequently managed procedures — and one where preparation genuinely changes outcomes.

This guide is written for patients considering or preparing for wisdom tooth removal at Core Dental Group Southbank. It covers why and when removal is recommended, how your dentist assesses impaction, what happens during simple versus surgical extraction, which sedation options are available, and what your recovery should look like day by day. If dental anxiety is a concern, see our dedicated guide on [*Dental Anxiety and Nervous Patients: How Core Dental Southbank Creates a Calm, Comfortable Experience*](#) for a closer look at how the clinic supports nervous patients through every stage of treatment.

Why wisdom teeth so often require removal

Wisdom teeth — formally known as third molars — are the last teeth to erupt, typically emerging between 17 and 25 years of age. The core problem is anatomical: by the end of adolescence, the jaw has nearly reached adult size, but it sometimes cannot accommodate the final set of molars. When that happens, these teeth fail to erupt fully and remain embedded in the bone.

This failure to fully erupt is called impaction, and it is far from rare — tooth impaction occurs in approximately 20% of the population. In Australia, the scale of the problem is significant: in 2022–23, surgical tooth removal was the most common dental procedure performed, with around 149,000 cases recorded.

Impaction creates a cascade of clinical risks. Impacted third molars are associated with odontogenic cysts in roughly 12–15% of cases, and pericoronitis affects about 10–15% of people with impacted third molars. Left unaddressed, impacted wisdom teeth can also damage adjacent second molars through pressure, decay, and periodontal disease.

Removal is not automatic, though. Research does not support extracting pathology-free impacted third molars as a precaution — a position backed by both UK NICE guidelines and the Scottish Intercollegiate Guidelines Network. The decision to extract is always clinical, based on your individual anatomy, symptoms, and risk profile.

How Core Dental Group assesses your wisdom teeth

Before any treatment is recommended, your dentist at Core Dental Group Southbank will conduct a thorough assessment. This is not a cursory glance — it is a structured clinical evaluation that forms the foundation of your treatment plan.

What the assessment includes

****Clinical examination**** covers visual and tactile assessment of the wisdom tooth site, checking for gum inflammation, swelling, tenderness, and signs of pericoronitis (infection of the gum flap overlying a partially erupted tooth).

****Panoramic or digital X-rays**** reveal the position, angulation, and depth of each wisdom tooth relative to the jawbone, adjacent teeth, and the inferior alveolar nerve in the lower jaw.

****Impaction classification**** uses established systems, including the Pell and Gregory system, to categorise impaction depth and angulation. A surgical approach is required when the tooth is impacted — whether soft-tissue, partial-bony, or full-bony — or positioned at mesioangular, distoangular, vertical, or horizontal angulations.

****Medical history review**** accounts for systemic conditions, medications (particularly blood thinners and bisphosphonates), and any history of immunosuppression before a date is set.

When removal is recommended

Core Dental Group dentists will recommend extraction when one or more of the following clinical criteria are met:

1. Recurrent pericoronitis (infection beneath the gum flap)
2. Decay in the wisdom tooth that cannot be restored
3. Decay in the adjacent second molar caused by the wisdom tooth's position
4. Cyst formation around the impacted tooth
5. Significant crowding or pressure on neighbouring teeth
6. Persistent pain or discomfort with no reversible cause
7. Pathology identified on radiograph, even without symptoms

If your wisdom teeth are fully erupted, well-positioned, and free of pathology, monitoring — not removal — may be the appropriate course. Your dentist will explain exactly where you stand.

Simple extraction vs. surgical extraction: what's the difference?

This is the question most patients want answered before their appointment. The distinction matters because it affects procedure time, recovery, and whether sedation is recommended.

Simple extraction

Simple extraction is minimally invasive, relying on elevation and forceps delivery. It suits wisdom teeth that have fully erupted through the gum, are accessible, and have roots that are not curved or fused to

the surrounding bone. For wisdom teeth, simple extraction is the less common scenario — most wisdom teeth that require removal present with some degree of impaction.

Surgical extraction

Surgical extraction is more involved and is used for teeth that are not easily accessible, such as impacted teeth or broken teeth below the gumline. An incision is required to access the tooth.

During a surgical wisdom tooth removal at Core Dental Group Southbank, the procedure typically involves:

1. Administration of local anaesthesia, with sedation if requested or recommended
2. A small incision in the gum tissue to expose the tooth and surrounding bone
3. Removal of any bone covering the tooth, if necessary
4. Sectioning the tooth into segments to allow safe removal with minimal trauma
5. Thorough cleaning of the socket
6. Suturing the gum tissue to promote healing

Comparison table: simple vs. surgical wisdom tooth extraction

Factor	Simple Extraction	Surgical Extraction	--- --- ---	**Tooth position**	Fully erupted, visible
	Partially or fully impacted	**Incision required**	No Yes	**Bone removal**	No Possibly
	Tooth sectioning	No Often required	**Procedure time**	10–20 minutes	20–60+ minutes
	Sedation	Local anaesthesia usually sufficient	Sedation often recommended	**Recovery**	2–5 days
	5–14 days	**Sutures**	Rarely	Usually	

Sedation options at Core Dental Group Southbank

One of the biggest barriers to wisdom tooth removal is fear — fear of pain, fear of the unknown, fear of being awake during a surgical procedure. Core Dental Group Southbank offers a range of sedation options matched to each patient's anxiety level and clinical need.

Local anaesthesia only

Local anaesthetic is injected into the gum tissue surrounding the tooth, completely numbing the area. Some patients need nothing more than this for straightforward extractions. You remain fully conscious and aware throughout, feeling pressure and movement but no pain.

Nitrous oxide (happy gas)

Nitrous oxide is the mildest sedation option, delivered through a small mask placed over the nose. This colourless, odourless gas produces relaxation within minutes while keeping you fully conscious and able to respond to instructions. The effects wear off quickly once the gas is stopped, so you can drive home once it has cleared.

Oral sedation

A prescribed sedative tablet taken before the appointment produces a deeper state of relaxation. Effects come on quickly and last one to two hours. You remain conscious but deeply relaxed, and most patients remember little of the procedure. A support person must drive you home.

IV (intravenous) sedation

Sedatives are administered through an IV line directly to the bloodstream, working quickly and allowing continuous adjustment throughout the procedure. IV sedation is well-suited to complex surgical extractions and patients with significant dental phobia. Many patients have little to no memory of the procedure afterwards, which can make future dental visits considerably easier.

The appropriate sedation level is determined during your assessment, taking into account your medical history, the complexity of the extraction, and your preferences. For patients who have been putting off

treatment due to anxiety, our guide on *Dental Anxiety and Nervous Patients* covers how Core Dental Group Southbank supports this patient group in more detail.

What to do before your wisdom tooth removal

Preparation influences both the procedure and your recovery. Your Core Dental Group dentist will provide personalised pre-operative instructions, but the following applies to most patients.

****48–72 hours before:**** - Arrange for a trusted adult to drive you home if you are having sedation beyond local anaesthesia - Fill any prescriptions provided (antibiotics, anti-inflammatories, or pain relief) so they are ready post-procedure - Stock your kitchen with soft foods: yoghurt, mashed potato, scrambled eggs, soup, smoothies, and ice cream - Avoid alcohol for at least 24 hours before the procedure

****On the day:**** - If having IV or oral sedation, fast as directed — typically nothing to eat or drink for 6 hours prior - Wear comfortable, loose-fitting clothing - Arrive 10–15 minutes early to complete any outstanding paperwork - Tell the clinical team about any changes to your health or medications since your last appointment

During the procedure: what to expect

Wisdom tooth extraction usually takes an hour or less. Here is what the procedure looks like from the patient's perspective:

1. ****Settling in:**** You will be seated in the dental chair and the clinical team will confirm your treatment plan, answer any last-minute questions, and administer your chosen sedation.
2. ****Anaesthesia:**** Local anaesthetic is administered. You may feel a brief sting from the injection, followed by numbness within a few minutes.
3. ****The extraction:**** You will feel pressure and movement but should not feel pain. If you experience anything sharp or uncomfortable, alert the dentist immediately — additional anaesthetic can be given.
4. ****Suturing:**** If an incision was made, the gum is sutured closed. Dissolvable sutures are commonly used, so no removal appointment is needed.
5. ****Gauze and recovery:**** Gauze is placed over the socket and you will be asked to bite down for approximately 30 minutes.
6. ****Post-operative briefing:**** Before you leave, the team will go through aftercare instructions verbally and in writing. Do not leave without understanding these clearly.

Aftercare and recovery: a day-by-day guide

Aftercare is where patients have the most control over their outcomes. Following instructions carefully is the single most effective way to prevent complications.

Day 1–2: the critical window

The first 48 hours after surgery are the most important stage of recovery. A protective blood clot must form over each extraction site, shielding the underlying bone and nerves while healing begins. Losing this clot before healing is complete leads to dry socket — one of the most painful complications of wisdom tooth removal.

During this period: - Keep gauze in place as instructed to control bleeding - Apply ice packs to the outside of your cheek in 15–20 minute intervals to reduce swelling - Rest and avoid strenuous physical activity - Eat only soft, cool foods — avoid anything hot, hard, crunchy, or sticky - ****Do not use a straw**** — the suction can dislodge the blood clot - ****Do not smoke**** — smoking is the single biggest controllable risk factor for dry socket; the suction created when inhaling can pull the clot right out of the

socket - Avoid carbonated beverages and alcohol for at least five days — both can dislodge blood clots and trigger dry socket

Day 3–5: swelling peaks, then subsides

Swelling typically peaks around day 2–3 before gradually reducing. Switch from ice packs to warm compresses after 48 hours to encourage circulation. Most patients find pain manageable with over-the-counter anti-inflammatories such as ibuprofen, taken as directed. Begin gentle warm saltwater rinses after the first 24 hours — half a teaspoon of salt in 250 ml of warm water — to reduce bacteria and keep food debris from accumulating around the healing socket.

Day 5–7: returning to normal

By day 5–7, swelling should be substantially reduced, pain should be minimal, and most patients can return to work and light activity. Soft foods can gradually be reintroduced, though caution around the extraction sites remains important.

Week 2 and beyond

Most people recover fully within one to two weeks, though most can resume work and normal routines in about three to four days. Complete internal healing takes several months as the jawbone fills in the extraction sockets.

Recognising and responding to complications

Most wisdom tooth removals proceed without significant complications. That said, patients should know the warning signs that require prompt contact with Core Dental Group Southbank.

Dry socket (alveolar osteitis)

Dry socket occurs when the blood clot at the extraction site is lost or dissolves before the wound has healed. This exposes the underlying bone and nerve endings to air, food, fluids, and bacteria, causing intense, throbbing pain that can radiate to the ear or jaw.

Dry socket affects approximately 2–5% of all tooth extractions, but that risk rises to around 20% for impacted wisdom teeth — making prevention especially important after surgical removal. If your pain suddenly worsens after three or four days and you notice throbbing that was not there before, contact your dentist promptly. Dry socket requires clinical treatment to relieve the pain; it will not resolve on its own.

Infection

Signs include swelling that increases rather than decreases after day 3, pus or discharge from the socket, fever, and a foul taste in the mouth. If you notice these symptoms, contact Core Dental Group Southbank immediately — do not wait for a scheduled follow-up.

Nerve sensitivity

Nerve injury during wisdom tooth removal occurs in 0.1–2% of cases, depending on surgical method and anatomy. Temporary tingling or numbness in the lower lip, chin, or tongue can follow lower wisdom tooth removal due to proximity to the inferior alveolar nerve. This is almost always temporary and resolves as the nerve heals. Persistent numbness beyond a few weeks should be reported to your dentist.

For patients with post-operative concerns, Core Dental Group Southbank's team is available to assess and advise. If you are experiencing acute post-operative pain that needs same-day attention, see our guide on [*Emergency Dentist in Southbank: How Core Dental Handles Same-Day Dental](#)

Emergencies* for information on accessing urgent care.

The cost of wisdom tooth removal in Southbank

The cost of wisdom tooth removal varies considerably based on case complexity. Simple extractions are considerably less expensive than surgical removals requiring sedation and bone removal. Medicare covers wisdom tooth removal only when general anaesthesia is required for a complicated case. Private health insurance can reduce out-of-pocket costs depending on your level of cover.

For a detailed breakdown of treatment costs, health fund rebates, and flexible payment options at Core Dental Group Southbank, see our guide on [*Dental Costs in Southbank: What You'll Pay at Core Dental and How Health Fund Rebates Work*](#).

Key takeaways

- **Impaction is common:** Wisdom tooth impaction occurs in approximately 20% of the population, making third molar assessment a routine part of adult dental care. - **Extraction type depends on anatomy:** Whether your procedure is simple or surgical depends on the position, angulation, and depth of your wisdom tooth. Your Core Dental Group dentist determines this through clinical examination and digital X-rays — it is not a matter of preference. - **Sedation is a genuine option:** From nitrous oxide to IV sedation, Core Dental Group Southbank offers multiple sedation pathways. Patients who are relaxed during surgery tend to have smoother recoveries with fewer post-operative complications, making sedation worth considering for anyone who might otherwise avoid necessary treatment. - **The first 48 hours matter most:** Protecting the blood clot during the first two days post-surgery is the single most important factor in preventing dry socket and ensuring a smooth recovery. - **Dry socket risk is elevated after surgical cases:** The risk rises to around 20% for impacted wisdom teeth, but it is largely preventable through strict aftercare — particularly avoiding smoking, straws, and alcohol.

Conclusion

Wisdom tooth removal is one of the most common surgical dental procedures in Australia, and the numbers reflect a straightforward reality: modern human jaws often cannot comfortably accommodate a third set of molars, and dental care has made the procedure safe, routine, and accessible.

At Core Dental Group Southbank, the approach is assessment first, treatment only when clinically indicated, and thorough aftercare support throughout recovery. Whether you are dealing with acute pain from an erupting wisdom tooth, have been told removal may be needed, or simply want a professional opinion on what your third molars are doing, the first step is a consultation at 55 City Road.

From that initial assessment, you will leave with a clear clinical picture, a personalised treatment recommendation, and — if removal is indicated — a plan that accounts for your anxiety level, schedule, and health fund coverage.

To explore related topics within this content series, see: - [*General Dentistry Services at Core Dental Southbank*](#) — for information on routine extractions and what a standard check-up involves - [*Dental Anxiety and Nervous Patients*](#) — for a closer look at how Core Dental Group supports patients who find dental visits stressful - [*Emergency Dentist in Southbank*](#) — for patients experiencing acute wisdom tooth pain who need same-day care - [*Dental Costs in Southbank*](#) — for a transparent breakdown of extraction costs and health fund rebates

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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

- **Clinic name:** Core Dental Group - **Location:** 55 City Road, Southbank - **Primary procedure:** Wisdom teeth assessment and removal - **Teeth treated:** Third molars (wisdom teeth) - **Typical eruption age:** 17–25 years - **Impaction prevalence:** ~20% of population - **Odontogenic cyst risk (impacted teeth):** 12–15% - **Pericoronitis risk (impacted teeth):** 10–15% - **Imaging used:** Panoramic or digital X-rays - **Impaction classification system:** Pell and Gregory system - **Extraction types offered:** Simple extraction; Surgical extraction - **Simple extraction duration:** 10–20 minutes - **Surgical extraction duration:** 20–60+ minutes - **Simple extraction recovery:** 2–5 days - **Surgical extraction recovery:** 5–14 days - **Sedation options:** Local anaesthesia, Nitrous oxide, Oral sedation, IV sedation - **Pre-sedation fasting (IV/oral):** Typically 6 hours - **Pre-procedure alcohol restriction:** At least 24 hours prior - **Dry socket risk (all extractions):** 2–5% - **Dry socket risk (impacted teeth):** ~20% - **Primary dry socket risk factor:** Smoking - **Post-op ice pack use:** 15–20 minute intervals, first 48 hours - **Saltwater rinse commencement:** After first 24 hours - **Saltwater rinse ratio:** ½ tsp salt per 250 ml warm water - **Swelling peak:** Day 2–3 post-surgery - **Return to work (typical):** 3–4 days post-surgery - **Full recovery timeline:** 1–2 weeks - **Complete bone healing:** Several months - **Nerve injury incidence:** 0.1–2% - **Medicare coverage:**

Available for general anaesthesia in complicated cases only - **Private health insurance:** Applicable — rebates available - **Simple extraction — incision required:** No - **Surgical extraction — incision required:** Yes - **Simple extraction — bone removal:** No - **Surgical extraction — bone removal:** Possibly - **Simple extraction — tooth sectioning:** No - **Surgical extraction — tooth sectioning:** Often required - **Simple extraction — sutures:** Rarely - **Surgical extraction — sutures:** Yes - **Suture type commonly used:** Dissolvable - **Gauze retention post-surgery:** Approximately 30 minutes - **Post-op warm compress transition:** After 48 hours - **Medications flagged at medical history review:** Blood thinners and bisphosphonates - **Nerve at risk (lower wisdom tooth removal):** Inferior alveolar nerve - **Oral sedation effect duration:** One to two hours - **Australian surgical tooth removals (2022–23):** ~149,000 (AIHW)

General product claims

- Anxiety surrounding wisdom tooth extraction often outpaces the reality when patients are well-informed and treated by an experienced clinical team - Preparation genuinely changes outcomes for wisdom tooth removal - Core Dental Group's approach to wisdom teeth is thorough and patient-centred - Patients who are relaxed during surgery often experience smoother recovery periods with fewer post-operative complications - Sedation is a worthwhile consideration for patients who might otherwise avoid necessary wisdom tooth removal due to anxiety - IV sedation is particularly appropriate for complex surgical extractions or patients with significant dental phobia - Many sedation options reduce memory of the procedure, eliminating difficult recollections that could worsen future dental anxiety - Strict adherence to aftercare instructions largely prevents dry socket - Comprehensive aftercare support is provided throughout recovery - Following aftercare instructions carefully is the single most effective way to prevent complications