

Wisdom Teeth Removal in South Melbourne: What to Expect Before, During & After Extraction

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Details:

Wisdom Teeth Removal: Complete Clinical Guide

Frequently Asked Questions

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

Are wisdom teeth the first or last molars to emerge: Last molars to emerge

What percentage of Australians never develop wisdom teeth: Up to 35%

Is wisdom tooth removal common in Australia: Yes, one of the most common dental surgical procedures

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

What percentage of dental extractions are due to wisdom tooth impaction: 30.9%

Is wisdom tooth impaction the most common reason for extraction in Australia: No, second most common

What is the most common reason for dental extraction in Australia: Tooth decay

Does everyone who develops wisdom teeth need them removed: No

What causes wisdom tooth impaction: Insufficient space in the jaw for the tooth to erupt

Can impacted wisdom teeth cause infection: Yes, a condition called pericoronitis

What is pericoronitis: Recurring infection of gum tissue over a partially erupted tooth

Can wisdom teeth damage adjacent teeth: Yes, by pressing against the second molar

Can impacted wisdom teeth cause cysts: Yes, fluid-filled cysts can develop around them

Can cysts from impacted wisdom teeth erode bone: Yes

Are wisdom teeth difficult to keep clean: Yes, due to their position at the back of the jaw

Can wisdom teeth interfere with orthodontic treatment: Yes

Does removing wisdom teeth at an older age increase complication risk: Yes

What complication rate is associated with older-age wisdom tooth removal: Approximately 5–21% of patients

When does Core Dental Group recommend wisdom tooth assessment: Late teens or early twenties

What imaging is used first for wisdom tooth assessment: OPG (orthopantomogram)

What does an OPG show: All teeth of the upper and lower jaw on a single image

Does an OPG show unerupted teeth: Yes

What does OPG reveal about wisdom teeth specifically: Angulation, impaction depth, root shape, and nerve proximity

What is CBCT: Cone beam computed tomography producing a 3D image

Is CBCT used for every wisdom tooth case: No, only when clinically indicated

When is CBCT required for wisdom tooth planning: When roots are very close to the inferior alveolar nerve

Does CBCT produce 2D or 3D images: 3D images

Does advanced imaging reduce surgical complications: Yes, studies show lower incidence of intraoperative complications

What are the two types of wisdom tooth extraction: Simple extraction and surgical extraction

What tooth position requires simple extraction: Fully erupted, visible above the gum

Does simple extraction require an incision: No

Does surgical extraction require an incision: Yes

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

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

What is the soft tissue recovery time for surgical extraction: 3–7 days

How long does full bone healing take after extraction: Several months

Are sutures usually required for surgical extraction: Yes

Are upper or lower wisdom teeth more commonly impacted: Lower wisdom teeth

What anaesthesia is standard for all wisdom tooth extractions: Local anaesthetic

Will you feel pain during extraction with local anaesthetic: No, only pressure and movement

What is relative analgesia in dentistry: Nitrous oxide (happy gas) inhaled through a nosepiece

Does nitrous oxide replace local anaesthetic: No

Can you drive after nitrous oxide sedation: Yes, it wears off within minutes

Who is nitrous oxide suitable for: Patients with mild to moderate dental anxiety

Who may be referred for IV sedation or general anaesthesia: Patients with severe anxiety or complex extractions

Is smoking a risk factor for post-extraction complications: Yes

Is uncontrolled diabetes a risk factor for post-extraction complications: Yes

Is hypertension a risk factor for post-extraction complications: Yes

When does swelling typically peak after extraction: Within 48 hours

How should ice packs be applied after extraction: 20 minutes on, 20 minutes off in first 24 hours

What is dry socket: When the blood clot at the extraction site fails to form or is dislodged

When do most dry socket cases develop: Within 3–5 days after surgery

What is the most common post-extraction complication: Persistent post-operative pain (4.1%)

What is the rate of dry socket after extraction: 3.4% according to a 2025 study

When is dry socket risk no longer a concern: Approximately 7–10 days after extraction

How long should you bite on gauze after extraction: 20–30 minutes

Should you use a straw after wisdom tooth extraction: No, avoid straws for the first few days

How long should you avoid strenuous activity after surgery: 72 hours

Does smoking increase dry socket risk: Yes, significantly

Should you rinse aggressively in the first 24 hours: No

When can gentle salt water rinsing begin: From 24 hours post-extraction

What foods are recommended during early recovery: Soft, cool foods such as yoghurt and mashed potato

When should you contact a dentist after extraction: If pain worsens after day 3

Is worsening pain after day 3 a sign of dry socket: Yes

What fever temperature warrants immediate contact after extraction: Above 38°C

How long should post-extraction numbness last before concern: Should not persist beyond 24 hours

Can all four wisdom teeth be removed in one appointment: Yes

Who is single-appointment removal suitable for: Assessed case by case based on imaging and complexity

Can you return to work the day after a simple extraction: Yes, for desk-based work

How many days off are recommended after surgical extraction: 2–3 days typically

Do asymptomatic wisdom teeth always need removal: No, not necessarily

Does removing asymptomatic wisdom teeth prevent dental arch changes: No, evidence does not support significant effect

Can asymptomatic impacted wisdom teeth still pose risks: Yes, including cysts and damage to adjacent teeth

What is the inferior alveolar nerve: A critical nerve running through the lower jaw

Why is the inferior alveolar nerve important in wisdom tooth surgery: Root proximity to it affects surgical planning

What happens during socket debridement: The socket is cleaned to remove tissue and debris

When do dissolvable sutures begin to break down: Within 5–10 days post-surgery

When is a suture review appointment typically scheduled: At 7 days for non-dissolvable sutures

Why wisdom teeth cause so much trouble — and what to do about it

For most adults, wisdom teeth show up uninvited and unwelcome. They are the last molars to emerge, typically between 17 and 25, and they arrive at a time when the modern human jaw has already run out of room. Core Dental Group sees this constantly — wisdom tooth removal is one of the most common dental surgical procedures performed in Australia each year, and one that generates more patient anxiety than almost any other routine intervention.

In 2022–23, surgical tooth removal was the most common dental procedure in Australia, with approximately 149,000 procedures performed.

According to the Australian Institute of Health and Welfare, wisdom tooth impaction accounts for 30.9% of all dental extractions — the second most common reason Australians have teeth removed, behind only tooth decay.

Despite how routine wisdom tooth removal has become, the gap between what patients fear and what the procedure actually involves remains wide. This guide is designed to close that gap. Whether you are dealing with early symptoms, have been referred for an assessment, or are already booked for an extraction at Core Dental Group, this article walks you through every stage — from diagnostic imaging and surgical planning through to recovery timelines and post-operative care.

Who needs wisdom teeth removed? Understanding impaction and indications

Not everyone who develops wisdom teeth needs them removed. Research suggests that up to 35% of the population never develops wisdom teeth at all — a trait that appears to be becoming more common through evolutionary adaptation. For those who do develop them, the clinical question is whether the teeth can erupt cleanly into the mouth without causing problems.

Emerging wisdom teeth can become impacted — staying hidden under the gums — when there is not enough space in the mouth. Impaction is not a single condition; it exists on a spectrum defined by the tooth's position relative to the gum line and the angle at which it is growing.

Common clinical indications for removal

Your dentist at Core Dental Group will recommend extraction when one or more of the following conditions are present:

- **Partial or full impaction** — the tooth cannot fully erupt through the gum
- **Pericoronitis** — recurring infection of the gum tissue overlying a partially erupted tooth
- **Damage to adjacent teeth** — the wisdom tooth is pressing against the second molar, causing root resorption or decay
- **Cyst or tumour formation** — fluid-filled sacs can develop around impacted teeth and erode surrounding bone
- **Recurrent decay** — wisdom teeth at the back of the jaw are notoriously difficult to clean, making them prone to cavities
- **Orthodontic interference** — impacted wisdom teeth may compromise the results of Invisalign or other alignment treatment (see our guide on [\[Invisalign in South Melbourne: Why Core Dental's Blue Diamond Status Matters for Clear Aligner Treatment\]](https://www.coredental.com.au/invisalign-south-melbourne/))

Impacted wisdom teeth may be associated with pathological changes such as pericoronitis, root resorption, gum and alveolar bone disease (periodontitis), caries, and the development of cysts and tumours.

Getting wisdom teeth removed at an older age increases the likelihood of complications from surgery, affecting approximately 5–21% of dental patients in Australia. That is a key reason Core Dental Group's clinical team encourages assessment in your late teens or early twenties, before roots are fully formed and bone density makes the procedure more complex.

Step 1: The diagnostic assessment — what imaging is used and why

Accurate imaging is the foundation of safe wisdom tooth planning. At Core Dental Group, your assessment starts with a clinical examination and a targeted imaging protocol. The two primary tools are the OPG and, where indicated, cone beam CT (CBCT).

OPG (orthopantomogram) — the standard first step

An OPG is a panoramic X-ray of the lower face that displays all the teeth of the upper and lower jaw on a single image. It shows the number, position, and growth of all teeth, including those that have not yet surfaced or erupted.

An OPG often acts as the first planning image before deciding whether more detailed imaging is needed. For wisdom teeth specifically, it reveals the angulation of each tooth, the depth of impaction, root shape, and how close the roots are to critical anatomical structures — most importantly, the inferior alveolar nerve, which runs through the lower jaw.

OPGs are useful in planning orthodontic treatments, implant surgery, wisdom teeth removal, and root canal treatment.

CBCT — when 3D detail is required

Cone beam computed tomography (CBCT) produces a 3D image of the soft and hard tissues of the head and neck, allowing structures to be seen with a level of detail beyond conventional 2D dental X-rays.

CBCT is not needed for every wisdom tooth case. It is reserved for situations where the OPG shows that the roots of a lower wisdom tooth are very close to the inferior alveolar nerve — a finding that significantly changes how surgery is planned. Advanced imaging and navigation-guided extraction techniques have demonstrated shorter mean surgery duration and lower incidence of intraoperative complications compared to traditional extraction approaches.

At Core Dental Group, the decision to use CBCT is made on clinical grounds — not as a default. If your case requires it, your dentist will explain exactly why.

Step 2: Understanding your extraction type — simple vs. surgical

Once imaging is complete, your dentist will classify your extraction as either a simple extraction or a surgical extraction. This classification determines the complexity of the procedure, the anaesthesia required, and what your recovery will look like.

Comparison: simple vs. surgical wisdom tooth extraction

Factor	Simple extraction	Surgical extraction	--- --- ---	**Tooth position**	Fully erupted, visible above gum	Partially or fully impacted	**Incision required**	No Yes	**Bone removal**	No	
	Sometimes required	**Tooth sectioning**	Rarely	Commonly required	**Anaesthesia**	Local anaesthetic	Local ± sedation	**Procedure time**	10–20 minutes	20–60 minutes	**Recovery**
	1–2 days	3–7 days (soft tissue); weeks for full bone healing	**Sutures**	Rarely	Usually required						

A simple extraction involves removing a tooth that is already visible and accessible. A surgical extraction is more involved and necessary when a tooth is trapped under the gum, broken at the gum line, or has complex roots. In these cases, the dentist makes a small incision in the gum to access the tooth, and sometimes divides it into smaller pieces to remove it safely.

Simple extraction relies on elevator-forceps mechanics with minimal manipulation of bone or soft tissue. A surgical extraction is required when the tooth is impacted — whether soft-tissue, partial-bony, or full-bony — or positioned at a mesioangular, distoangular, vertical, or horizontal angle.

The majority of lower wisdom tooth removals in general dental practice are surgical extractions. Upper wisdom teeth, which tend to have simpler root anatomy and are less commonly impacted, are more often amenable to simple extraction.

Step 3: Anaesthesia options — what you will (and won't) feel

Pain during extraction is one of the most common patient concerns. Understanding the anaesthesia options available at Core Dental Group takes much of the uncertainty out of the equation.

Local anaesthesia

Local anaesthetic is standard for all wisdom tooth extractions performed in a dental chair. Administered by injection to the nerve supplying the tooth, it completely numbs the area before any surgical instruments are used. You will feel pressure and movement — but not pain. If you feel pain at any point during the procedure, signal your dentist straight away so additional anaesthetic can be given.

Relative analgesia (happy gas)

Nitrous oxide — commonly called "happy gas" — is inhaled through a small nosepiece and produces a state of relaxation and mild euphoria. It does not replace local anaesthetic but significantly reduces anxiety during the procedure. It wears off within minutes of the mask being removed, meaning you can drive yourself home afterwards. This is a good option for patients with mild to moderate dental anxiety (see our guide on [*\[Dental Anxiety in South Melbourne: How Core Dental Creates a Comfortable, Stress-Free Experience\]](https://www.coredental.com.au/dental-anxiety-south-melbourne/)*)

IV sedation / general anaesthesia

For patients with severe dental anxiety, complex multi-tooth extractions, or significant medical considerations, referral for IV sedation or general anaesthesia may be appropriate. In these cases, Core Dental Group will coordinate a referral to a specialist oral and maxillofacial surgeon, ensuring continuity of care throughout.

Statistically significant patient-related risk factors for post-extraction complications include smoking, uncontrolled diabetes, and hypertension. Surgical extractions and mandibular tooth removals carry higher complication risks. Identifying modifiable risk factors and minimising surgical complexity may reduce adverse outcomes; operator experience and anaesthesia choice should be considered during preoperative planning.

This is why Core Dental Group's pre-operative consultation is thorough — your medical history, medications, and anxiety levels are all factored into the treatment plan before a single instrument is picked up.

Step 4: The extraction procedure — a step-by-step walkthrough

Knowing what will actually happen during your appointment removes the fear of the unknown. Here is what a typical wisdom tooth extraction at Core Dental Group looks like:

1. **Arrival and preparation** — You are seated and any pre-operative instructions are confirmed. If sedation is being used, your vital signs may be checked.
2. **Anaesthetic administration** — Local anaesthetic is injected. You will feel a brief sting, followed by numbness developing over 2–5 minutes.
3. **Soft tissue management** — For surgical extractions, a small incision is made in the gum to expose the tooth and surrounding bone.
4. **Tooth elevation and/or sectioning** — The dentist uses elevators to loosen the tooth from the socket. If the tooth is angled or has curved roots, it is sectioned with a surgical handpiece to allow safe removal in segments.
5. **Socket debridement** — The socket

is cleaned to remove any follicular tissue or debris. 6. ****Wound closure**** — Sutures are placed (for surgical extractions) and gauze is positioned over the site. You will be asked to bite down firmly for 20–30 minutes. 7. ****Post-operative briefing**** — Your dentist or nurse reviews written post-operative instructions with you before you leave.

The entire chairside procedure for a single wisdom tooth typically takes between 20 and 45 minutes for a surgical case, though complex impactions may take longer.

Step 5: Recovery — a realistic, day-by-day timeline

Recovery from wisdom tooth removal is the stage patients most often underestimate. Setting realistic expectations prevents unnecessary alarm and supports better healing outcomes.

Days 1–2: the acute phase

Expect swelling, mild bleeding, and some discomfort. Swelling typically peaks within 48 hours of extraction and gradually reduces over the following week. Apply an ice pack (20 minutes on, 20 minutes off) to the outside of your face during the first 24 hours to help manage swelling. Take prescribed or recommended pain relief before the anaesthetic fully wears off.

Days 3–5: the critical healing window

This is the period of highest risk for the most common post-extraction complication: dry socket (alveolar osteitis). Most cases develop within roughly 3–5 days after surgery, and the risk decreases as the wound heals.

Dry socket happens when the blood clot at the extraction site fails to form, dissolves too early, or becomes dislodged. This clot is essential for protecting the exposed bone and nerve underneath as your gums heal.

The most common post-extraction complications are persistent post-operative pain (4.1%) and alveolar osteitis/dry socket (3.4%), according to a 2025 retrospective study from a Western Australian tertiary dental hospital published in *Clinical Oral Investigations**

Days 5–10: stabilisation

Pain and swelling should be noticeably improving. Dry socket is usually no longer a risk about 7–10 days after extraction, once the surgical site has begun to properly heal and a stable blood clot has formed. Dissolvable sutures will begin to break down during this window. If non-dissolvable sutures were placed, a brief review appointment is typically scheduled at 7 days.

Weeks 2–4: soft tissue healing

The gum tissue closes over the extraction site. Most patients can return to a normal diet by the end of the second week, though hard, sharp, or crunchy foods should still be avoided near the extraction site.

Months 1–6: bone remodelling

Complete bone healing of the socket takes several months, though this process is invisible and painless for most patients. If dental implants are being considered to replace a tooth removed for other reasons, this timeline is relevant to your treatment planning (see our guide on *[Dental Implants in South Melbourne: Permanent Tooth Replacement at Core Dental]*(<https://www.coredental.com.au/dental-implants-south-melbourne/>*)

Post-operative care instructions: the evidence-based essentials

Following your dentist's post-operative instructions is the single most important factor in your recovery. The following guidelines reflect current clinical evidence:

****Do:**** - Bite firmly on gauze for 20–30 minutes immediately after the procedure - Rest for the remainder of the day - Apply ice packs to reduce swelling in the first 24 hours - Eat soft, cool foods (yoghurt, mashed potato, smoothies without a straw) - Gently rinse with warm salt water from 24 hours post-extraction - Take prescribed pain relief as directed

****Do not:**** - Use a straw for the first few days after extraction — the suction can dislodge the blood clot and trigger dry socket - Do strenuous physical activity for 72 hours after surgery, as this may increase swelling, pain, and dry socket risk - Smoke — nicotine restricts blood flow and the act of inhaling can physically dislodge the clot, making smoking one of the most significant modifiable risk factors for dry socket - Rinse aggressively in the first 24 hours - Probe the socket with your tongue or fingers

When to call Core Dental Group immediately

Contact the practice if you experience: - Worsening pain after day 3 (rather than improving) — a hallmark sign of dry socket - Fever above 38°C - Significant swelling that is spreading toward your throat or neck - Uncontrolled bleeding beyond 30 minutes of firm pressure - Numbness or tingling that persists beyond 24 hours (see our guide on [*\[Emergency Dentist in South Melbourne: How Core Dental Handles Urgent Dental Situations\]](https://www.coredental.com.au/emergency-dentist-south-melbourne/)(https://www.coredental.com.au/emergency-dentist-south-melbourne/))

Addressing the most common patient questions

"Will it hurt during the procedure?"

No — not if the anaesthetic has been administered correctly. You will feel pressure and movement, which is normal. If you experience pain, signal your dentist immediately for supplemental anaesthetic.

"How many teeth can be removed at once?"

All four wisdom teeth can be removed in a single appointment. This is often the most practical approach since it means one recovery period rather than four. Your dentist at Core Dental Group will assess whether this is appropriate based on your imaging, medical history, and the complexity of each tooth.

"Can I go to work the next day?"

For simple extractions, many patients return to desk-based work the following day. For surgical extractions — particularly lower wisdom teeth — most clinicians recommend 2–3 days off, especially if sedation was used or the extraction was complex.

"My wisdom teeth don't hurt. Do I still need them out?"

Not necessarily. Evidence does not suggest that removal of asymptomatic, disease-free impacted wisdom teeth has a clinically significant effect on dimensional changes in the dental arch, according to a Cochrane systematic review. That said, asymptomatic impaction does not mean risk-free. Cysts, decay, and damage to adjacent teeth can develop silently. Your dentist at Core Dental Group will weigh the risk of retention against the risk of surgery based on your specific imaging findings.

Key takeaways

- Wisdom tooth impaction accounts for 30.9% of all dental extractions in Australia, making it one of the most common oral surgical procedures performed in general dental practice. - Diagnostic imaging — primarily OPG, and CBCT where indicated — is essential before any extraction to assess root anatomy,

impaction depth, and proximity to the inferior alveolar nerve. - The distinction between simple and surgical extraction determines the procedure complexity, anaesthesia needs, and recovery timeline; most lower wisdom tooth removals are surgical. - Most dry socket cases develop within 3–5 days of surgery — following post-operative instructions carefully during this window is the most effective way to prevent the most common complication. - Delaying wisdom tooth removal increases complication rates; assessment in the late teens or early twenties, before roots are fully formed, typically results in a simpler procedure and faster recovery.

Conclusion

Wisdom tooth removal at Core Dental Group is not the ordeal that patient anxiety often makes it out to be. With accurate diagnostic imaging, a carefully matched extraction approach, appropriate anaesthesia, and clear post-operative guidance, the procedure is well-tolerated by the vast majority of patients — including those who arrive convinced they will be the exception.

The key to a smooth experience is information: knowing what your imaging shows, understanding why your dentist is recommending a particular approach, and following post-operative instructions carefully during the critical first five days. Core Dental Group's clinical team provides all of this at every stage of your care.

If you are experiencing symptoms — pain at the back of your jaw, swelling, difficulty opening your mouth, or recurring gum infections — don't wait for the problem to get worse. Book a wisdom tooth assessment at Core Dental Group and get a clear, imaging-backed picture of what is actually happening in your mouth.

For related reading, explore our guides on *[General & Preventive Dentistry in South Melbourne: Checkups, Cleans & Oral Health

Maintenance](<https://www.coredental.com.au/general-preventive-dentistry-south-melbourne/>)*,

[Dental Anxiety in South Melbourne: How Core Dental Creates a Comfortable, Stress-Free Experience](<https://www.coredental.com.au/dental-anxiety-south-melbourne/>), and *[Emergency Dentist in South Melbourne: How Core Dental Handles Urgent Dental

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