

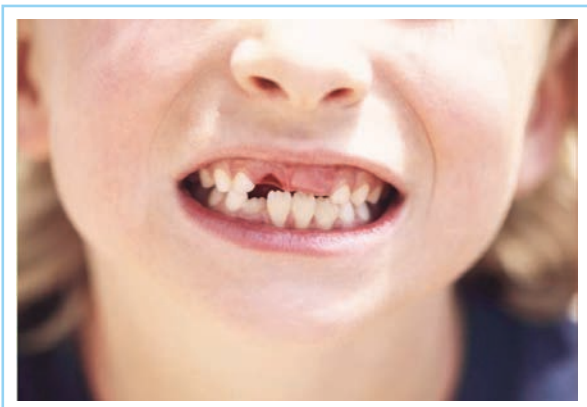
311 • Extractions of Primary and Permanent Teeth

Extractions of teeth with large holes involving nerves already infected or beyond repair

Risk of non-treatment/delayed treatment: holes become deeper and bigger, bacteria may reach into the nerve, dental pain, and dental abscess, facial infection needing emergency attention may result.

What you need to know about Extractions of Front Teeth

- The adjacent teeth will tilt into the “space” created by the extracted tooth.
- The adult teeth may take longer to come through.
- In some occasions, the adult teeth do not develop straight.
- In some very rare occasions, the adult teeth may not have enough space to develop and may become impacted.
- For the above reasons, your child may require orthodontic treatment to correct or improve the bite and alignment of teeth.
- For infected or traumatised teeth, the underlying bud of the adult teeth may be damaged to some extent already (which happened at the time of impact).
- Patient may develop a lisp (usually transient) or speech conditions.



What you need to know about early extractions of back molar primary teeth (earlier than the natural shedding of the teeth)

- The infection from the baby teeth may have infected the bones around or under the teeth
- There may already be some damage to the adult teeth from the infection of the baby teeth
- The consequence of removing a baby tooth earlier than its natural exfoliation (shedding) timing include:
 - a. Adjacent teeth to move into the open space over time leading to severe crowding or impaction of the succeeding adult tooth
 - b. Space loss for the succeeding adult teeth
 - c. Future orthodontic (braces) treatment will be needed where one or more permanent teeth may need to be extracted to make space to line up the other teeth
 - d. In severe cases, the impacted adult teeth may require surgical removal by an oral surgeon
 - e. With the loss of certain baby teeth, the centre-line of the teeth may shift
 - f. In some rare circumstances, the succeeding adult tooth may come through earlier, and can be defective in structure

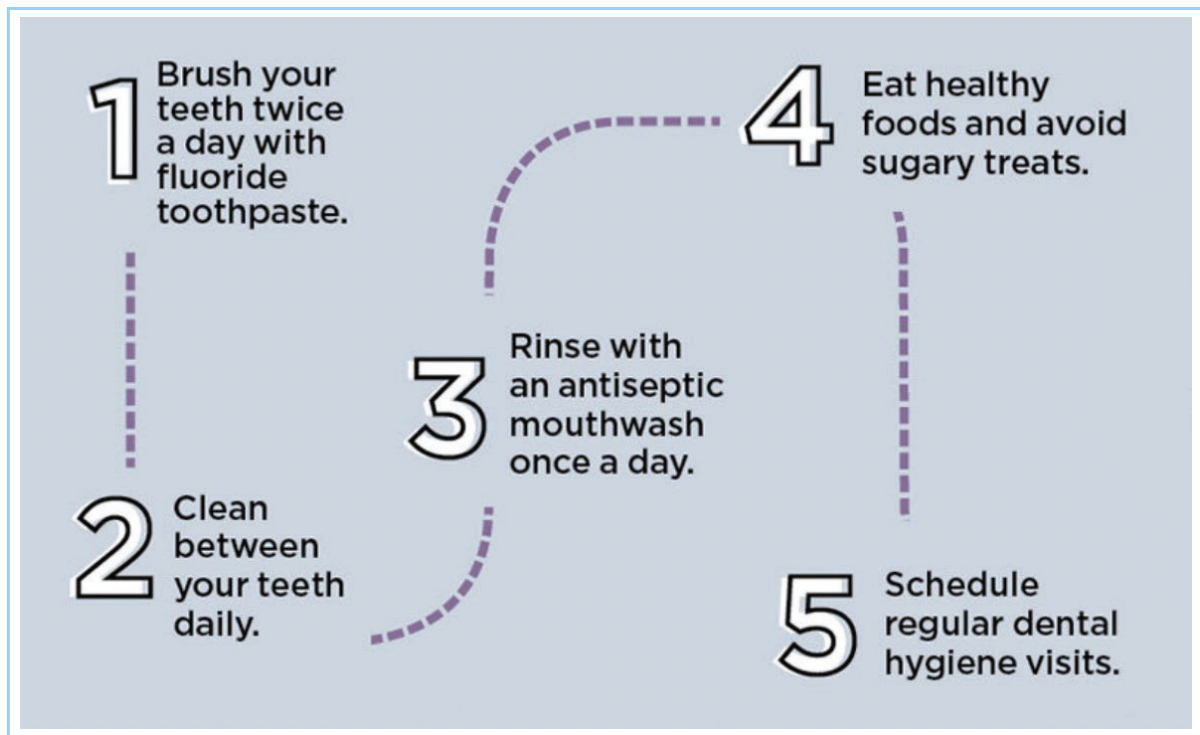
Have you been shown a model or an example of space loss (if not, please let us know as soon as possible)

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Important information about Extraction of the decayed permanent molar teeth

- Extraction may be considered when:
 - The decay is very deep and involving the nerve
 - The tooth has poor long term restorative outcomes
- Please note when a permanent tooth is extracted, it will not grow back.
- A consultation with your orthodontist is highly recommended prior to extracting a permanent tooth because extractions of permanent teeth have implications to the developing bite/occlusion.
- It is important to time the extractions accurately. This increases the chances of the second permanent molar drifting into the extracted tooth position.
- The best time for extraction is generally 9-10 years of age (provided there is no pain or symptoms requiring urgent extraction)

- Extraction of a permanent molar is highly invasive and can cause significant stress to a young child – we highly recommend your child to have a general anaesthetic to have the procedure performed (please see separate sheet on Treatment Under General Anaesthetics)



**Give your child a BIG HUG,
they are very brave!**

- Take Panadol when you get home if required.
- Your child may have numb lips/tongue/cheeks for another 3 hours - don't bite, rub, or pinch the numbed area.

Healing

- Do not rinse your mouth vigorously.
- No drinking through a straw for 24 hours.

Activity

- Avoid running around - Have a relaxing day.
- No spitting.
- No rinsing.

Eating

- No hot food, luke warm or room temperature are good.
- No spicy food.
- Soft diet

Cleaning your teeth

- Gentle brushing tonight.
- Do not clean the teeth next to the healing tooth socket for the rest of the day. You should, however, brush and floss your other teeth thoroughly, and begin cleaning the teeth next to the healing tooth socket the next day. The tongue should also be brushed. This will help eliminate the bad breath and unpleasant taste that are common after an extraction.
- The day after the extraction, gently rinse your mouth with warm salt water (half a teaspoon salt in a glass of warm water) after each meal to keep food particles out of the extraction site. But remember not to rinse your mouth vigorously, as this may dislodge the blood clot.

*****If bleeding occurs, bite on the pack supplied, for 10min. If bleeding continues, contact dentist on mobile Dentist number: 1300 555 555, Page 177 776 or go to your nearest local hospital if dentist is not contactable.**

