

The exposure of impacted canines

What does 'impacted' mean?

This means that your tooth has been prevented from coming through correctly by bone, fibrous tissue or another tooth.

Upper canine teeth are some of the last to come through and therefore have more potential to become impacted and fail to reach their correct position within the upper jaw.

How common are impacted canines?

About 2% of the population have an impacted upper canine, usually affecting one side only. Most of these *impact* towards the roof of the mouth (the 'palate') but some impact towards the cheek.

Why does it happen?

A variety of factors can reduce the space available for a canine to come through, contributing to it becoming impacted. Commonly, there may already be a degree of teeth crowding in the upper jaw due to a shortage of space. In some cases, there is a family history of canines being impacted.

What happens if it is left untreated?

If the canine is left in its impacted position, a cystic lesion can develop around the crown of the tooth, which can become infected and can also cause damage by putting pressure on the roots of adjacent teeth.

Treatment for an impacted canine is usually part of a course of orthodontic therapy and so you should seek the advice of your orthodontist regarding your particular circumstances.

How will the tooth be exposed?

First, x-ray images are used to locate the position of the canine. The overlying tissues are then surgically raised away from the tooth to allow for sufficient soft tissue and bone removal to expose the tooth adequately.

Stitches are used to put the raised tissue back in place (these are usually dissolvable). A healing pack is then placed over the exposed tooth and non-dissolvable stitches may be used to secure this. The pack and stitches are quick and easy to remove and an appointment will be arranged for this, usually one week after surgery.

How long will the operation take?

This depends on the position of the impacted canine and whether the operation is being carried out with local anaesthesia alone or with additional intravenous sedation.

An appointment for surgery under local anaesthesia usually lasts 45 minutes. When intravenous sedation is used, an appointment usually lasts 90 minutes. The longer time allows for the recovery period needed before you can be discharged home.

Will I be in pain afterwards?

You should not feel any pain immediately after the operation as the area of surgery will be numb from the local anaesthetic.

As the numbness wears off, the area might become uncomfortable and then you should take painkillers. We will supply you with these, with information about doses.

Could there be any after-effects?

This depends on the operation. If there are any issues in particular to be aware of, they will be discussed with you beforehand.

There may be swelling and bruising in the area of surgery, as well as some discomfort. Bruising is usually at its most obvious two to three days after surgery and varies between patients. It normally resolves itself after 10 to 14 days.

Once the pack and stitches have been removed and the impacted tooth is exposed in the mouth, healing usually progresses quite quickly. We advise that a review appointment is arranged with your orthodontist a week to 10 days after your operation.

When can I return to work?

This depends on your occupation and how you are after your treatment. It may be possible for you to return to work the next day.

Some people need to take some time off work, especially if the operation has been carried out under intravenous sedation. We will give you appropriate advice for your particular circumstances.