

Patient Information

Possible complications of dental treatment

Before we treat you

Every dental treatment is a procedure on your body. Most of the time everything goes well. Still, problems can sometimes happen. These problems are called complications.

This is general information. Every patient should read it and take note of it, so that you know the most important risks.

Important: Rare complications are also listed here. This does not mean they will happen to you. We list them so that you are fully informed.

Before treatment, please tell us what has changed since you filled in your medical history form, especially:

- new medication, especially blood thinners
- new illnesses or allergies
- a pregnancy

1. Local anaesthesia (injection)

With an injection we numb part of your mouth. This usually makes the treatment painless.

■ Common

- Numbness of lip, tongue and cheek for one to several hours
- Slight pain or a bruise at the injection site
- Pounding heart, trembling or restlessness for a short time (caused by adrenaline in the anaesthetic)

■ Occasional

- The anaesthetic does not work fully, especially in inflamed tissue.
- Dizziness, nausea or brief fainting, often due to anxiety or an empty stomach
- Bite injury: you bite your numb lip or tongue without noticing.
- Pain when opening the mouth or jaw stiffness after an injection in the lower jaw, usually for a few days

■ Rare

- Haematoma (swelling caused by blood) in the tissue
- Infection at the injection site
- The eyelid does not close properly or a corner of the mouth droops for a few hours, if the anaesthetic reaches a facial nerve

■ Very rare

- Nerve damage: altered sensation, tingling or numbness of lip, chin or tongue for weeks. Very rarely it is permanent.
- Allergic reaction with itching, rash, shortness of breath or circulatory shock. It is treated immediately, in hospital if necessary.

What you can do: Eat and drink enough before your appointment. This protects against dizziness and fainting. After treatment, only eat and drink once the numbness has gone. Do not drive while you feel dizzy.

Costs: For most treatments, you pay for the local anaesthesia yourself.

2. Root canal treatment

Inside the tooth is the dental nerve (pulp). If it is inflamed or dead, we remove it. Then we clean the root canals and seal them tightly. This way the tooth can often be kept for many years.

Root canal treatment is the last attempt to save a tooth. It usually takes several appointments. It succeeds in most cases, but there is no guarantee.

■ Common

- If a tooth is strongly inflamed, the anaesthetic works less well. Treatment may then be uncomfortable.
- Pressure or pain when biting for a few days

■ Occasional

- The inflammation flares up between appointments. An antibiotic may then be needed.
- Very narrow or curved canals cannot always be cleaned right to the end.
- The tooth becomes more brittle and can break. That is why we often recommend a crown.
- The tooth becomes darker.

■ Rare

- A fine instrument breaks in the canal. This usually causes no problems.
- A crack or a small hole in the tooth wall. The tooth then sometimes has to be removed.
- The inflammation does not heal or comes back. Then repeat treatment, surgery at the root tip or removal of the tooth is needed.

If you do not want a root canal treatment: The inflammation can spread into the bone. Often the only option left is then to remove the tooth.

Costs: You pay yourself for the medicated dressings we place in the root canal during treatment.

3. Tooth removal

Tooth extraction: We loosen the tooth and remove it from the jaw.

Surgical tooth removal: Some teeth lie in the bone, are broken or have curved roots. Then we open the gum, remove some bone and divide the tooth if needed. At the end we stitch the wound.

Afterwards a blood clot forms in the wound. It protects the wound and helps it heal. The following risks apply to both procedures. With surgical removal they happen more often.

■ Common

- Bleeding for a few hours
- Swelling and pain for a few days
- Bruise on the cheek

■ Occasional

- After-bleeding, especially with blood thinners
- Dry socket: the blood clot falls out and severe pain starts after 2 to 4 days. Smoking greatly increases this risk.
- Wound infection with swelling or fever
- A piece of the root breaks off, or the filling or crown of the neighbouring tooth is damaged.

■ Rare

- Upper teeth: an opening to the maxillary sinus forms. It is usually closed. Then do not blow your nose hard for a few days.
- Altered sensation of lip, chin or tongue, usually temporary, very rarely permanent
- Jaw joint problems from keeping the mouth open for a long time

■ Very rare

- Death of jawbone tissue (bone necrosis) with certain bone medicines, e.g. for osteoporosis, or after radiotherapy to the head and neck
- Severe infection spreading into the neck or face

Additionally with surgical tooth removal:

- Stronger swelling and pain for 3 to 7 days
- Limited mouth opening, difficulty swallowing, bruising (haematoma) on cheek and neck

After tooth removal: The gap can have consequences. Neighbouring teeth can drift or tilt. We will discuss with you whether and how the gap should be closed.

If the tooth stays: It can become inflamed again and again, form cysts or damage the neighbouring tooth. We will discuss with you what is better in your case.

4. After treatment

After every treatment with anaesthesia:

- Do not eat or drink until the numbness has gone.
- On the day of treatment: no alcohol, no coffee, no smoking, no sport.
- Take painkillers and antibiotics exactly as we tell you.

After an extraction or surgery, also:

- Bite on the gauze for 30 to 60 minutes.

- Cool the cheek from the outside: 10 minutes cooling, 10 minutes break. Do not put ice directly on the skin.
- On the first day do not rinse, do not suck and do not drink through a straw.
- For at least 24 hours: no smoking, no alcohol, no coffee and no black tea.
- No sport and no sauna for 2 to 3 days.
- Eat soft, lukewarm food. No dairy products on the first day.
- Brush your teeth normally, but leave out the wound.

If bleeding starts again: Place fresh gauze or a clean, folded handkerchief on the wound. Bite firmly on it for 30 minutes. If the bleeding does not stop, call us.

Contact us immediately (outside opening hours: the dental emergency service) if:

- the bleeding does not stop after biting on fresh gauze for 30 minutes
- the pain gets worse after day 3
- the swelling still increases after day 3
- you have a fever above 38 °C
- your lip, chin or tongue is still numb the next day
- air or liquid comes out of your nose or you feel air passing through the wound

Go immediately to the oral and maxillofacial surgery (MKG) outpatient clinic at the University Hospital Salzburg if:

- the swelling increases quickly or reaches the neck or the eye
- you have difficulty swallowing or can hardly open your mouth

Emergency number 144: If you have shortness of breath, a rash all over your body or circulatory problems, call 144 immediately.

At your first appointment, you confirm with your signature that you have read this information and received answers to your questions.