

DENTAL EXTRACTION



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This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and prompt other questions you may wish to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

AN OVERVIEW TO DENTAL EXTRACTIONS

- A dental examination, including dental x-rays should be arranged before radiotherapy starts, usually by the special dentist who is part of your cancer care team.
- It will be important for you to see a dentist trained in head and neck cancer treatments and who is part of your cancer care team before your cancer treatment starts.
- The dentist will examine your teeth and gums, and take x-rays to determine if any dental treatment is required before you commence your cancer treatment.
- Head and neck cancers are often treated with radiotherapy. Side effects from radiotherapy can lead to faster rates of tooth decay and poor healing in the mouth.

The dentist will decide if any teeth should be extracted before radiotherapy starts. It is possible that the dentist may recommend removing (extracting) teeth that are broken, infected or decayed, particularly teeth in the area receiving radiotherapy

The dentist will also develop an oral healthcare plan to help you keep your mouth as clean and comfortable as possible, while you are having cancer treatment.

WHY IS A DENTAL EXTRACTION NEEDED?

- If there is an infection in either the teeth and/or gums you could experience problems during cancer treatment including pain, a high fever and/or facial swelling.
- This could lead to a delay or interruption in your radiation and/or chemotherapy, which potentially could affect the success of the treatment outcome or recovery after treatment.
- To reduce the risk of these side effects, teeth that are likely to cause a problem and not able to be successfully treated are ideally removed (extracted) 2 weeks before radiotherapy starts.

- Removing decayed, infected or heavily broken down teeth before radiation therapy starts, and allowing time for healing can reduce the risk of an uncommon complication of radiotherapy to the jawbone (OsteoRadioNecrosis or ORN for short) which can occur if teeth become infected and need extraction months or even years after radiation therapy is finished.

HOW TO PREPARE FOR THE ANY DENTAL PROCEDURE

BEFORE THE DENTAL EXTRACTION:

- You will visit the dentist for a dental check-up. During this appointment, the dentist will put together a plan for any dental work that you may need. They will often take an X-ray of your teeth during the appointment.
- Your dentist or oral specialist will explain the details of your extraction. Be sure to discuss any questions or concerns you have and share your needs and preferences with the team.
- Your dentist may ask questions about your lifestyle, such as smoking, vaping, drinking alcohol, chronic conditions (e.g. diabetes and obesity) and medications, such as blood thinners, that may increase the risk of complications with the extraction(s).
- Dental extractions can be done with a local or general anaesthetic:
 - Most dental extractions are done with local anaesthetic (a needle to numb the gum and teeth). Sometimes some other medications are used to make you less anxious.
 - Sometimes the dental extractions are done as part of the cancer surgery, while you have a general anaesthetic (meaning you will be asleep for the procedure). If this is the case, you will be provided with specific advice by the surgeons and anaesthetists, including the need to fast (have nothing to eat or drink) before your operation

Visit the [Head and Neck Cancer Australia website](#) for further information on the health professionals who may be part of your cancer care team

WHAT TO EXPECT DURING THE EXTRACTION

- Before the extraction, you will be given a local or a general anaesthetic so that you do not feel anything during the procedure. A local anaesthetic numbs the mouth and prevents pain during the procedure. With a general anaesthetic, you are asleep for the operation.
- When the area around the tooth is numb, the tooth is loosened and then removed. Sometimes considerable pressure is needed to loosen the tooth. If the tooth is under the gum or broken, the gum may need to be cut and the bone drilled away around the root(s).
- Once the tooth has been removed, the dentist/oral surgeon may place gauze over the gum and ask you to bite down to help control bleeding.
- Stitches are sometimes placed to close up the hole left by the tooth. These will dissolve over time. The gum normally heals in two weeks.

WHAT TO EXPECT AFTER THE EXTRACTION

- After the operation, your lip and mouth may feel numb if you have had a local anaesthetic. It is important to avoid eating anything hot at this time, and be careful not to bite on the numb lip or tongue.
- You may experience some pain or swelling in the days after the operation. Your dentist or oral specialist will give you medicine to help manage this. Regular paracetamol and/or ibuprofen are usually sufficient, and only rarely do people need stronger pain medications.
- The dentist may ask you not to rinse your mouth for 24 hours after the extraction. After 24 hours the dentist may recommend the use of salty water or an antiseptic mouth rinse to help keep the wound clean. This should be used after every eating to help keep the gum clean.
- The dentist will ask you not to smoke cigarettes or use a vape for 48 hours after the extraction.

The dentist will usually check the gum where you had the extraction to make sure it is healed, prior to you starting your cancer treatment.

POSSIBLE RISKS OF DENTAL EXTRACTION

All operations carry some risks, such as wound infections, bleeding, adverse reactions to anaesthetic, and other complications. These risks will be explained by your dentist and anaesthetist, if you have a general anaesthetic.

Your proceduralist will explain details of what will occur, the general risks and side effects of the procedure, and they may recommend changes to your medications or antibiotics to reduce the risk of wound infection.

Although dental extraction is not a major operation, there are some specific risks. These include:

- **Dry socket:** This can occur if a blood clot does not form in the hole or the blood clot is disrupted. This can be very painful and can cause a bad taste and odour in your mouth. If this occurs you need to contact your dentist.
- **Numbness, tingling or pain:** can affect the lip, tongue, cheek, gums and teeth. This occurs due to the irritation or damage to the nerve during the extraction. It is usually temporary and only lasts a few days. Prolonged or permanent nerve damage is uncommon but can occur.
- **Root fragments:** a piece of root may break off during the extraction particularly if the tooth is very decayed or broken down. Usually the fragment can often be removed without any further complications.
- **Fracture:** There is a small chance of the jawbone breaking due to the force needed to remove the tooth. This is more likely if the bone is already weak.
- **Damage to lips and cheeks:** you may bite or rub the numbed area without realizing because the tissue is still numb.
- **Bruising or bleeding:** if you take medication to thin your blood, you are more likely to get a bruise. Applying a cold pack to the area will help to minimise the bruising. If there is delayed bleeding, direct pressure with a gauze will usually stop this.

FOLLOW-UP CARE

- You will receive ongoing support to care of your mouth during your cancer treatment from your cancer care team. They will advise on how to deal with some of the effects of cancer treatments on your mouth (such as dry or sore mouth, ulcers, loss of taste or difficulty chewing), and on any difficulty with dentures, if you wear these.
- It will be important for you to follow-up with your dentist or oral care specialist after your cancer treatment finishes. This follow-up will check the progress of healing in the mouth after cancer.

treatment including where you had the dental extraction and give you advice about how to keep your remaining teeth in good condition.

- You should continue to have regular check-ups with your dentist thereafter.

EXTRACTIONS AFTER RADIOTHERAPY

- If a dental extraction is needed after radiation therapy, there may be some additional measures used to reduce the risk of osteoradionecrosis.”. These may include:
 - The dentist checking the radiotherapy plans to decide if the extraction will need some additional treatment to identify if there will be a healing problem.
 - **Additional treatments that are sometimes considered are hyperbaric oxygen** (high pressure oxygen given in a decompression chamber like what is used to treat divers with ‘the bends’). Often there will be about 30 sessions, some before and some after the extraction) or **special medications that may help with healing** (e.g. antibiotics, Vitamin E, pentoxifylline (Trental®) and a steroid medication).

QUESTIONS TO ASK YOUR DOCTOR

- Which teeth are being extracted? Will this affect my other teeth?
- What will happen if I don't have the dental extraction?
- How long do I need to wait in between my dental extraction and cancer treatment?
- What are the possible side effects of treatment? How can they be prevented or controlled?
- What lifestyle changes (diet, exercise) do you recommend I make?
- How much will the surgery cost? Will my health insurance cover it?
- Who are the health professionals that I need to see as part of my follow up care?

You may want to write additional questions here to ask your doctor or cancer care team

About Head and Neck Cancer Australia

Head and Neck Cancer Australia is the only national charity dedicated to providing free, trusted and easy to understand information, education and support to people affected by Head and Neck Cancer.

We represent over 5,300 people who are newly diagnosed each year and more than 17,000 people who are living with Head and Neck Cancer across Australia.

We also lead the national effort to advocate for government support to encourage prevention, increase early diagnosis and improve the quality of life of people living with Head and Neck Cancer in Australia.

T: 1300 424 848

E: contact@headandneckcancer.org.au

W: www.headandneckcancer.org.au

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