

Maxillofacial Department

Surgical exposure of impacted canine teeth

Canine teeth usually erupt (come through) between 11-13 years old. However, occasionally they form in the wrong position, preventing normal eruption.



Why might I need surgery?

Occasionally teeth are buried in the jawbone during development and unable to erupt normally. This sometimes results in a gap in your smile. In addition, impacted teeth may damage the roots of neighbouring teeth or push them into the wrong position. In order to align buried teeth into your smile, they must be uncovered so that your orthodontist can move them into the correct position with braces.

What type of brace will I have?

Your orthodontist will normally fit a fixed brace prior to your surgery and in some cases you may have to wear a removable cover-plate after surgery to protect the surgical site.



Patient Information

How will the operation be done?

The procedure involves making a cut and repositioning the gum to expose the impacted tooth. Occasionally bone removal is necessary to expose the buried tooth and create a path through which the tooth can erupt. Once exposed, a bracket and gold chain are glued to the tooth and the end of the chain is attached to your brace. The gum is then repositioned with dissolvable stitches.

You will need to attend for a review appointment one to two weeks following your procedure.

Can I eat normally?

Your surgeon will advise you to eat a soft, cool diet initially after your procedure, as this will be more comfortable for you. After a few days most patients are able to eat as normal.

Will I look any different after the procedure?

You may have some minor swelling afterwards inside your mouth but this would not be noticeable to others.

How long will I be in hospital?

You will be able to go home later that day, as a day-case general anaesthetic is used for the procedure.

What happens after the operation?

You may feel sore for a few days after the procedure so your surgeon will advise you to take painkillers.

You must keep your teeth clean so you should continue brushing as usual, using a soft (baby) toothbrush, taking care around the operation site. In addition you will be advised to rinse your mouth with hot saltwater mouthwashes and/or Corsodyl mouthwash to keep the surgical site clean.

How long will it take to reposition the tooth fully?

At least six months to a year depending on the tooth's starting position. Your orthodontist will advise you on this.

Patient Information

Do I still need to see my regular dentist?

Yes, you will still need to attend for your regular check-ups every six months.

What are the risks of the procedure?

- **Infection:** Very rarely the wound may become swollen, red and tender after the operation, which may be a sign of infection. You may need to take a course of antibiotics.
- **De-bonding:** This refers to the metal bracket falling off the canine. In this case, it may be necessary to re-attach it.
- **Failure of canine movement:** Rarely the impacted canine becomes fused to the jawbone and fails to move into position. This is called **ankylosis**. In this case it may be necessary to remove the canine.
- **Damage to neighbouring teeth:** Teeth adjacent to the canine may feel slightly loose after the procedure. If so, you should avoid hard/chewy foods as it may take a few weeks for the teeth to feel normal again. On rare occasions the blood supply to neighbouring teeth may be disrupted during the procedure, which could result in your dentist needing to root fill these teeth.

If you have any further questions you would like to ask, **please write them down and bring them with you to your next appointment.**

Useful terms:

Impaction: Teeth are termed “impacted” when they are unable to grow into their normal position due to gum, bone or neighbouring teeth. Canines can be either buccally or palatally impacted.

Buccally positioned: The impacted canine is buried in your jawbone towards the side of your lip or cheek (i.e. buccal sulcus).

Palatally positioned: The impacted canine is buried in your jawbone towards the roof of your mouth (i.e. palate).

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Cover-plate: A removable, acrylic brace with metal clips that protects the surgical site to increase comfort and aid healing.

Bracket: A small metal attachment that is glued onto teeth and used to align teeth.

Eruption: The natural movement of teeth from beneath the gum through into the oral cavity i.e. into your smile.

Pack: Your surgeon may place a “pack” on the roof of your mouth. This is a hard setting putty which acts as a protective dressing over the wound. It is easily removed after 7-10 days.

Exposure: This refers to making an incision into the gum (with or without bone removal) and repositioning it, such that the impacted canine is visible.

Ankylosed: Refers to when a tooth becomes fused to the jawbone and therefore cannot be moved into correct alignment.



Fig. 1: Gold chain attachment bonded to partially exposed upper canine.

Patient Information



Fig. 2: Gold chain attachments.

If you have any further queries please contact us on: 024 7696 6500.

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