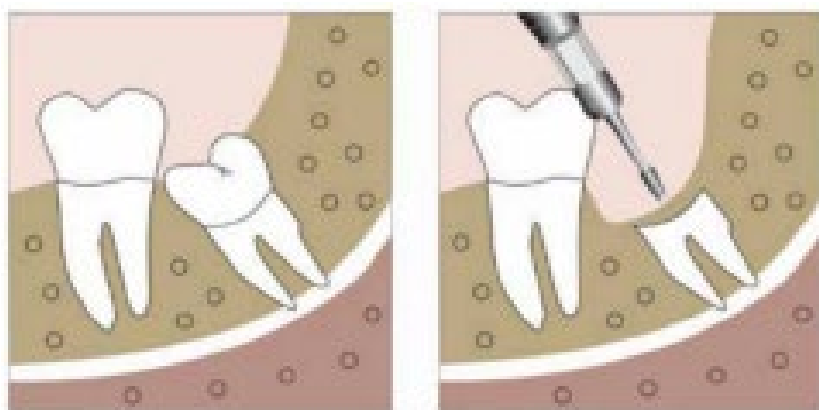


# Coronectomy (crown removal)

This leaflet aims to improve your understanding of any forthcoming treatment and has answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer, or you would like further explanation, please ask.

## What is coronectomy?

It is a minor surgical procedure that involves removing the crown (above the gumline) of the lower wisdom tooth and leaving the roots behind. This is an alternative procedure to the complete removal of the tooth, used only in suitable cases. It is done to avoid damage to the nerve that gives sensation to lower lip, as the roots of lower wisdom teeth lie very close to this nerve.



Coronectomy technique (Ahmed et al, 2011), <https://www.baoms.org.uk/>

## Why have a coronectomy instead of just removing the entire tooth?

As mentioned earlier, conventional wisdom teeth removal has a risk of damaging the nerves supplying the lower lip, chin and tongue. Temporary injury occurs in up to 8% (8 out of every 100) cases, and permanent injury in up to 3.6% (less than 4 out of every 100) cases where the roots of the lower wisdom teeth are near the nerve. Symptoms of this damage are a numb lip and tongue, with small proportion of people experiencing an unpleasant burning sensation of the lower lip and tongue on the affected side.

Since the crown of the impacted lower wisdom teeth are often the cause of various problems, removing the crown and leaving the roots undisturbed, minimises the risk of nerve damage. However, please be aware that this procedure may not prevent or minimise the risk of damage to the nerve which supplies the sensation of your tongue, as the position of this nerve in relation to the surgical area cannot be assessed using X-rays.

## What happens to the remaining roots?

About 70% of the time, the roots become buried in the bone as bone forms over the remaining roots. It is estimated that eruption of the roots may occur in a quarter of cases over 25 years.

However, in all cases, the root fragments move into a safer position with regards to the nerve and it can then be removed with a lower risk of nerve damage.

Unfortunately, in many cases (up to 38%), the roots move during the procedure and any advantage is lost – the whole tooth is removed, and the nerve is at risk.

On rare occasions, the roots may become infected and need to be removed, again, putting the nerve at risk.

## **Post-operative instructions**

No special instructions are required before or after the surgery so please follow the advice given for a tooth extraction (please refer to the post-op instructions leaflet provided).

## **Follow-up**

You will have a review after the procedure and any further follow-ups will be advised at your next appointment.

Please speak to the clinician if you have any concern before the procedure.

## **When to seek help after surgery**

If you experience any excessive pain, swelling or bleeding, contact the Oral, Maxillofacial and Orthodontics Department on: 0118 322 8978 Monday–Friday 9am-5pm.

Out of hours, please telephone NHS 111 to book in at the Emergency Department (A&E).

## **Contacting us**

Oral & Maxillofacial Department, Tel: 0118 322 8978 / 7139 or email:rbb-tr.cat1@nhs.net.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Department of Oral & Maxillofacial Surgery, October 2022

Next review due: October 2024