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**AAOMS White Paper discusses why, when and how to treat third molar teeth**

ROSEMONT, IL. Tragedies like the recent death of a young Maryland woman undergoing surgery to remove her wisdom teeth (third molars), while rare, serve to remind us that there is an inherent risk in every surgical procedure, just as there is a risk in postponing or refusing a necessary surgery.

Every patient who undergoes surgery is unique. Such factors as age, physical condition, family history, medications, diet and potential underlying medical conditions are all pertinent factors that may complicate the most routine surgery.

The American Association of Oral and Maxillofacial Surgeons and its members do not advocate the performance of unnecessary surgical procedures, including the prophylactic or unwarranted removal of third molar teeth. We do, however, support the surgical management of erupted and impacted third molar teeth for which there is the presence of pathology or a reasonable potential that pathology may occur in relation to, or as a result of, these teeth.

The initial decision to remove third molar teeth is most often made by a general dentist, orthodontist, or family physician in consultation with the patient and/or a caregiver. Once it has been agreed that third molar surgery is likely necessary, the dentist or specialist generally refers the patient to an oral and maxillofacial surgeon for further evaluation and to perform the procedure.

Oral and maxillofacial surgeons are committed to providing a Culture of Safety that encompasses all areas of their practice and each member of the clinical team. This Patient First approach is ingrained into the job performance of all surgical team members and every step of the surgical procedure from consultation, to presurgical checklists, to the administration and monitoring of anesthesia, to the surgery, and to post-surgical monitoring and care.

A [White Paper on Evidence-Based Third Molar Surgery](#), which discusses the considerations involved in deciding why, when and how to treat third molar teeth, is available on the American Association of Oral and Maxillofacial Surgeons (AAOMS) Web site. The White Paper references the latest research in third molar science, including the findings of a 14-year Third Molar Clinical Trial conducted at the request of the American Association of Oral and Maxillofacial Surgeons (AAOMS) through the auspices of the University of North Carolina – Chapel Hill.

The White Paper states that the removal of third molar teeth is always appropriate when there is evidence of pathological changes such as periodontal disease, non-restorable decay, infections, cysts, tumors, and damage to adjacent teeth.

The paper further asserts that third molar teeth that are completely erupted and functional, painless, free of decay and without other associated pathologic conditions may not require extraction, but do require hygiene maintenance and periodic clinical and radiographic surveillance if retained.

There is also general agreement in the dental community that complications of third molar surgery may be minimized when the patient is a young adult whose third molars are not fully developed and with immature roots that have not grown to become entangled with adjacent nerves and other structures.

The AAOMS encourages patients and their families to talk to their general dentist, orthodontist or family physician to determine whether third molar surgery is indicated. If a decision is made to retain these teeth, regular dental check-ups and good dental hygiene to control or prevent periodontal disease are essential.

*Saving Faces | Changing Lives — The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization representing more than 9,000 oral and maxillofacial surgeons in the United States, supports its fellows' and members' ability to practice their specialty through education, research and advocacy. AAOMS fellows and members comply with rigorous continuing education requirements and submit to periodic office examinations, ensuring the public that all office procedures and personnel meet stringent national standards.*

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