

DRY SOCKET ADVICE SHEET

What is a “dry socket”?

A dry socket /infected socket referred to by dentists is Alveolar Osteitis, is a commonplace complication of having a tooth extracted.

The formation of a dry socket involves a scenario where the clot is lost from the extraction socket, or disintegrates.

Since the blood clot is an important factor in protecting the bony socket and initiating the healing process, the healing becomes delayed.

Causes of a dry socket

All risk factors have not been identified. The ones we know about are:-

Patient factors

- smoking predisposes to this, even if cessation has occurred after the extraction.
- alcohol use, by encouraging bleeding affecting the immune system
- excessive rinsing /spitting within 24 hours of the extraction
- genetic predisposition, often a history of this from previous extractions
- low immune system /or poor blood supply

Surgical factors

Difficult /prolonged procedures when removing the tooth, especially after a surgical extraction And the gum is raised bone removal with tooth dissection. After wisdom teeth extraction, especially the lower jaw, there is a 37% occurrence rate. A simple extraction with no risk factors there is a 0.5-5% occurrence rate.

Signs and symptoms

Pain

Discomfort from the extraction site intensifies after 3-5 days. Pain can be moderate to severe associated with throbbing. This can remain localized, but occasionally radiates to adjacent Teeth, or even ear/eye on that side.

Appearance

The socket can appear empty and exposed bone can be visible, or covered with a grayish yellow layer of necrotic tissue, or even pus exuding. The gum area is often reddened and inflamed.

Other signs

May notice a foul odor and/or taste. Lymph nodes in the jaw and neck may become swollen And/or tender. A fever or feeling unwell is occasionally reported

How long does it last?

Once the dry socket is developed it can take 7-10 days for new granulation tissue to form and start to heal.

Treatment of dry socket

Pain relief with strong painkillers and anti inflammatories to help control pain. Antibiotics may Help, but certainly will not prevent a dry socket, so these are never /rarely given preoperatively. In most cases, the most effective treatment involves the dentist placing an antibacterial /medicated dressing to the socket, which can need reapplying on a regular basis (even daily) where necessary. The old one is removed and a fresh dressing placed.

Being an operative procedure there is often a small cost associated and this is currently around \$30 per treatment. Where access to a dentist is not available, irrigation of saline/chlorhexidine into the socket with an irrigation syringe can help after a meal to removed packing food debris.

On rare occasions even all this is not enough and a second surgical procedure is required where the area is numbed and the socket is surgically debrided and the bone cleaned up to encourage a fresh clot to form. A further fee again would apply.

For any advice please call the Practice on:

Pacific Paradise 5448 7849

After Hours 0439 715 963