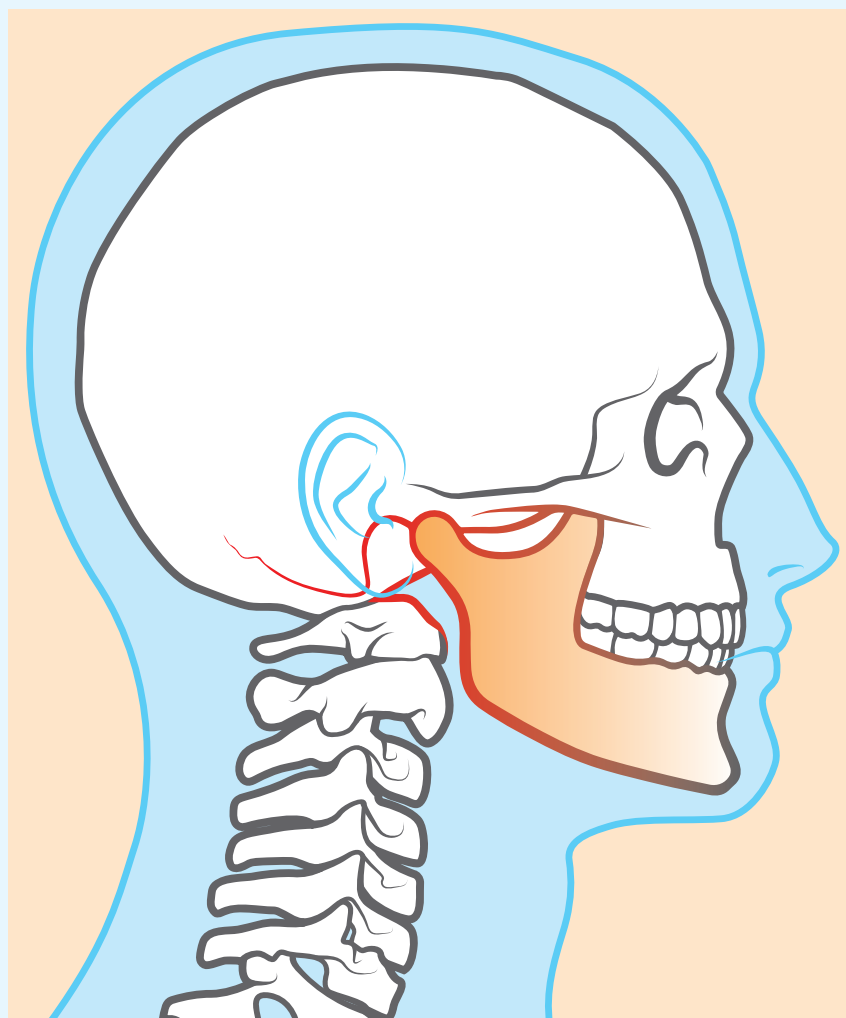
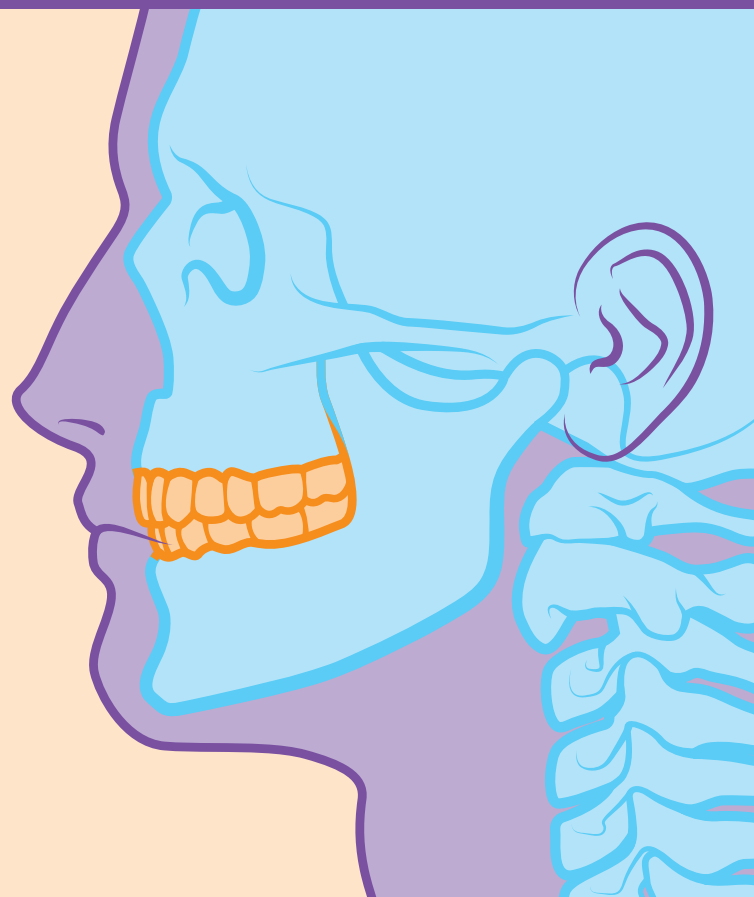


The purpose of this leaflet is to improve your understanding of jaw cysts and contains some answers to frequently asked questions. If you have any further questions or concerns after reading this leaflet please ask a member of the surgical team looking after your care.



What is a jaw cyst?

A jaw cyst is a fluid-filled sac which forms inside your jaw bone. They can form around the roots of your teeth or around teeth that are buried. They are not cancerous.

Why do jaw cysts form?

Most jaw cysts form because of infection coming from a tooth which is broken or bad. Another type of cyst forms in the covering that is found around buried teeth. Some cysts are formed by the cells which originally formed your teeth.

What problems can jaw cysts cause?

Most jaw cysts grow very slowly and you may not know that you have one until your dentist takes an x-ray for some other reason. Cysts may get infected and when this happens they can become painful. As the cyst grows, the teeth nearby sometimes can get damaged or become loose. There are nerves in your jaw bone that may be affected and this could cause numbness or tingling in your lips, gums or teeth. When the cyst is very big you may notice a swelling in your jaw.

What treatment will I need?

- You will have x-rays and sometimes a scan to see how large the cyst is. The type of surgery will depend on the size of the cyst and what kind of cyst it is.
- Usually, a cut will be made in your gum over the cyst to uncover it.
- If the cyst is not very large then the whole lining of the cavity will be removed and sent to the laboratory to be examined. Your gum will then be stitched back in place with dissolvable stitches and the cavity in the bone will gradually heal during the weeks and months that follow. Teeth which are buried, broken or bad may need to be removed at the same time.
- Sometimes the cyst is too large to remove all the lining at one time. In this case your surgeon will remove part of the lining and leave a small opening (hole) into the cavity.
- The cavity will be washed out and packed with an antiseptic gauze pack which helps prevent infection and keeps the hole open to your mouth.
- The cyst will slowly shrink over the following weeks and months until it is possible to remove the rest of the lining and close the hole. You will need to have the antiseptic gauze pack changed regularly (every few weeks) during this time.



What sort of appointment will I need?

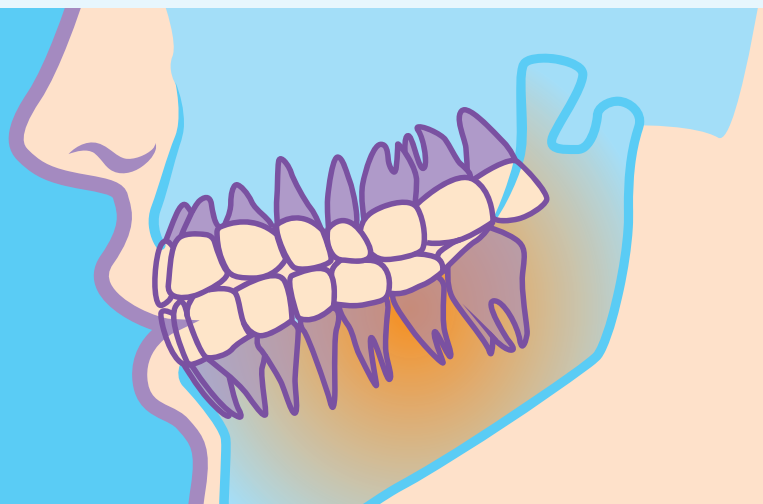
There are usually three options – depending on how difficult the surgery will be. This will be a joint decision made between you and your surgeon.

These appointment options are:

- Local anaesthetic – an injection into your gum to make the area completely numb - just as you would have for a filling with your own dentist. This is suitable for small cysts or when only removing part of the cyst lining.
- Local anaesthetic with sedation – an injection into your arm to help you feel more relaxed during treatment.
- General anaesthetic – you are put to sleep completely in a hospital theatre setting. This is used for larger cysts and cysts that are in awkward positions. The surgery is done as a day case - you come into hospital and go home on the same day.

What are the risks?

- As with all surgery there is a risk of pain, swelling, bruising, bleeding and infection. Some slight bleeding from the cuts inside your mouth is common in the first day or so. It is unlikely to be a problem and it can usually be stopped by putting pressure on the area for at least 15 minutes with a clean, rolled up damp handkerchief or gauze swab.
- The area can get infected – this can be treated with antibiotics.
- There is a nerve that runs through a tunnel in the centre of your lower jaw. This gives the feeling to your lower lip, chin and bottom teeth. This nerve may be bruised or torn when the cyst lining is removed and as a result you may feel some tingling or numbness in your lip and / or chin.
 - For most people who have tingling or numbness it does get better on its own - although this can take several months. A smaller number of people may have permanent numbness afterwards; your surgeon will discuss your risk based on your surgery.
- If the cyst is very large in size there is a very small risk that your jaw may break during or after the surgery and need to be repaired.
- If you wear a denture it may not fit properly following the surgery and may require adjustment or remaking.



What happens afterwards?

Your surgeon will usually see you again a few weeks after your surgery. They will check your healing and talk to you about the results from the laboratory. You may need further appointments after this. Your surgeon will usually take x-rays periodically to check on how the bone is healing. If you have an antiseptic gauze pack placed during the surgery you will need to have this changed regularly (every few weeks) until the cavity has healed. Although jaw cysts are not cancerous, some types of cyst can grow again. If you have one of these cysts you will need regular appointments for check-ups, anywhere from once every 6 months to once a year, for a few years.

**If you have any further questions or concerns
after reading this leaflet please ask a member of the surgical team
looking after your care.**

How To Contact Us

By Post

SMOS, School of Dentistry, Royal Hospitals, Grosvenor Road, Belfast BT12 6BA

By Phone

Secretaries 028 9615 5915
 028 9615 5962

Reception 028 9615 1204

For patients who are hearing impaired or require an interpreter

SODAppBooking@belfasttrust.hscni.net