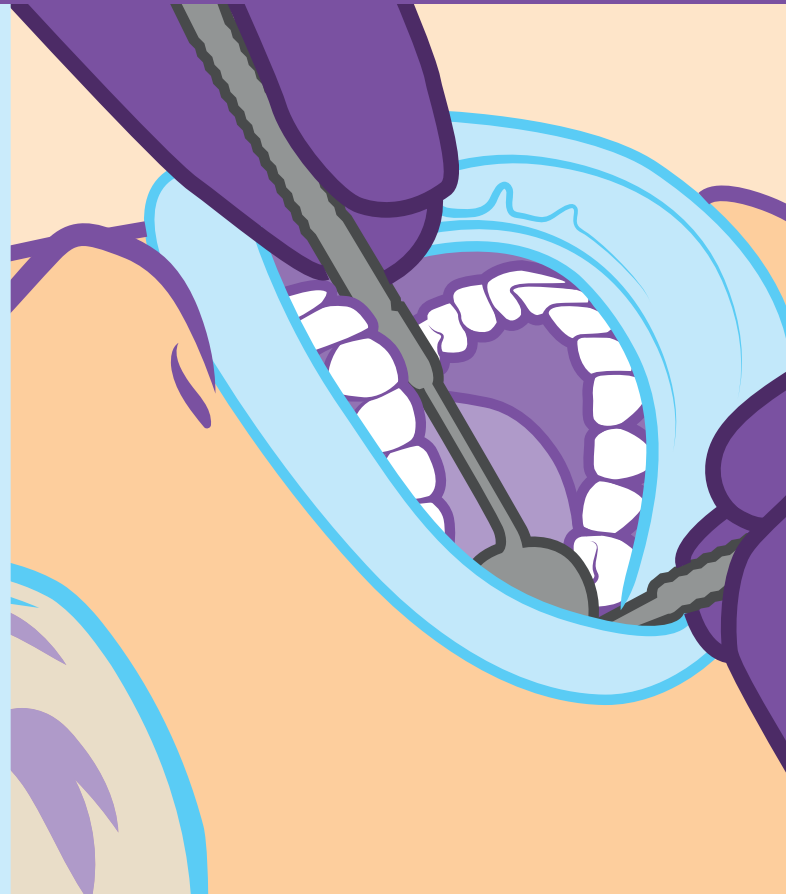


# Exposure (uncovering) of canine teeth

The purpose of this leaflet is to improve your understanding of this procedure 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.



**The upper canine, or 'eye tooth', normally erupts into the mouth between about the ages of 10 and 13. Sometimes these teeth can develop in an abnormal position and do not grow (erupt) into the mouth but instead remain buried (unerupted) under the gum or surrounding bone. This may affect the upper canine tooth on just one, or both sides of your mouth.**

## Why is treatment required?

Upper Canine teeth are important both for biting and in the development of a normal smile. Sometimes unerupted canines may be left alone and will remain unerupted for many years, possibly a whole lifetime without causing issue.

They can, however, in some instances cause damage to the roots of other front teeth or push them out of position. They can interfere with the orthodontic movement of other teeth. In rare cases, a cyst can develop around them. Treatment is almost always provided as part of on-going orthodontic care to help the teeth to erupt normally into the mouth.

## What does the treatment involve?

Your orthodontist has referred you here for exposure of your unerupted canine tooth. This relatively minor surgical procedure will help the tooth to erupt into the mouth.

Depending on the exact position of the unerupted tooth, there are three treatment options that can be carried out:

## 1. Exposure and placement of an antiseptic pack (bandage)

If the tooth is in the roof of the mouth, a small window of gum may be removed along with a thin layer of bone if necessary. An antiseptic pack may be placed over the tooth, which is held in place by one or two stitches. This protects the wound and helps to prevent the gum growing back over the tooth.

The pack is usually left in the mouth for 2 weeks, after which it is very simple to remove. This is the most common procedure and is the one normally used if the tooth is in the roof of your mouth.

## 2. Exposure and placement of a gold chain

If the tooth lies outside the arch of the teeth near the lip or is covered by a thick layer of bone then a gold chain may be attached to the tooth.



The bone is removed, a small bracket and gold chain are glued to the tooth and the gum is put back in place. The chain is stitched to the outside of the gum where the orthodontist can use it to pull the tooth gradually into the correct position. Pulling can usually begin a couple of weeks after surgery when healing is complete.

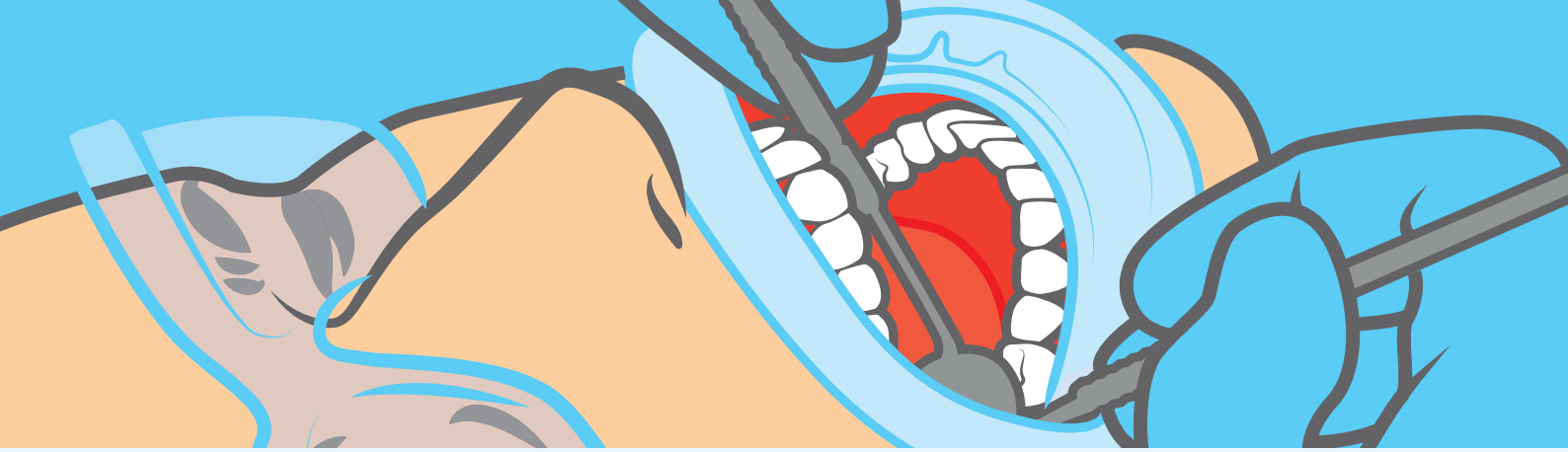
## 3. Exposure and repositioning the gum

If the tooth lies outside of the arch of teeth near the lip, the gum can be repositioned with stitches to expose the crown of the tooth. Sometimes, if there is a thin layer of bone also covering the tooth, this will need to be removed at the same time.

These procedures may be carried out under local anaesthetic (numbing injection in the gum), intravenous sedation (an injection to help you relax but you are not asleep) or as a day-case general anaesthetic (you are asleep for the procedure but will return home the same day). The surgeons will discuss these options with you and help you decide what would be most appropriate.

## What happens after the procedure?

Immediately following surgery, there is usually very little swelling, although there will be some soreness. This is normally managed with simple painkillers such as paracetamol and ibuprofen. It is not usually necessary to take antibiotics.



## Will I need another appointment?

You will normally need a review appointment between 1 and 2 weeks following the procedure. Further appointments with your Orthodontist for ongoing treatment will be necessary and are usually arranged directly by them.

### How To Contact Us

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