

DRY SOCKET

WHAT IS A DRY SOCKET?

Many patients have heard and asked about “dry socket.” The technical term is alveolar osteitis. In normal healing, a blood clot fills the socket and matures and acts as a template for new, healing tissue. In the case of a dry socket, the blood clot breaks down before it should and the socket is empty or “dry.” This leaves the bone surface of the socket exposed. The exposed bone is very sensitive and the source of significant discomfort, often described as a throbbing pain radiating to the ear. The area of the socket often has a bad odor and the patient complains of a bad taste. Dry sockets are not dangerous and are not infections. They are simply uncomfortable.

Dry sockets are more common when lower teeth are extracted than when upper teeth are removed. They occur more often with wisdom teeth (3rd molars) removal than with other teeth, the rate of which being approximately 15-20%. Patients who smoke and women who take oral contraceptives have a much higher incidence of dry socket. In these patients the risk approaches 50%.

HOW DO YOU KNOW IF YOU HAVE A DRY SOCKET?

In typical extraction healing, discomfort is less each day and by the 3rd or 4th day after surgery you should be reasonably comfortable. The area may still be a little tender but you should not have distracting discomfort by the 4th day. If you do, notify the office so that we can make arrangements to help treat the discomfort.

HOW IS A DRY SOCKET TREATED?

Treatment consists of gently irrigating the socket to cleanse it and placing a small piece of gauze with medication on it into the socket. This relieves most of the discomfort until the healing process progresses. It is usually necessary to irrigate and place the dressing every 24-48 hours for 4-7 days.