

# IS THERE WISDOM in Wisdom Teeth Removal for Your Teen?

Most dentists recommend wisdom teeth removal around 16 to 20 years old, when it looks (from X-rays) like there's not enough room for them to erupt. Most kids today don't even have enough space to avoid crowded teeth. They all seem to "need" braces, not just wisdom teeth removal.

Since when did too-small jaws and crowded teeth become commonplace? In the 200,000-year history of the human race, this has happened in the blink of an eye – far too soon for it to be as a result of a genetic shift.

It was only 200 years ago when indigenous people had larger, fuller facial structures that resulted in straight teeth and room for all 32 teeth. Evidence pins the cause on environmental influences that are a result of *lazy musculature*. (You read that right – lazy.) We need strongly developed tongue muscles to form generous arch shapes *from birth until the age of 6 or 8*.

As a result of bottle feeding (vs. breast feeding), pacifiers, eating pureed baby foods (instead of weening on chewable foods) and habitual mouth breathing (vs. nose breathing), our jawbone growth gets thwarted. Sadly, I can predict whether a child will need orthodontics and wisdom tooth removal by age 6, even if a child's orthodontist widens the jaws with a turnkey "rapid palatal expander." But there is no way to make up for the lack of *forward* development of the face. You see, our jawbones also need more length to accommodate wisdom teeth.

Because wisdom teeth often fail to erupt on their own, the oral surgeon creates an opening in the bone to remove the teeth. The surgical defect heals well over time. But from an oral-systemic standpoint there are a couple of significant concerns.

In my mind the most significant side effects are not from the surgery itself. The first is the consequence from prescribing *preventive* antibiotics. Putting a youngster on antibiotic prior to the extractions, even when there is no sign of infection, seems like the definition of "overkill" to me. Antibiotics don't just kill potentially harmful bacteria but all the good, protective gut bacteria along the way. Because there are significant individual and population health risks surrounding this routine practice, I will fully address this subject in my next *517 Magazine* submission.



The second, perhaps equally significant side effect of oral surgery is overprescribing of prescription opioid pain killers. Sure, most kids feel some post-op discomfort. That makes sense. But what doesn't make sense is the strength and quantity of opioid pain killers usually prescribed to remedy the pain. Most teens and adults will do well to control the discomfort with non-steroidal anti-inflammatories (such as ibuprofen) combined with an analgesic (acetaminophen). I definitely do *not* want my teenage patients taking post-surgical opioid pain killers. This is often their *first* taste of an opioid, which stimulates a powerfully euphoric experience – one that might be enticing enough to beg a repeat performance.

In the same vein, I'm also dumbfounded (and disgusted) by the popular trend of posting funny videos of teenagers high on the IV sedation medicines used for wisdom teeth surgery. And it's not just kids posting, it's their parents! Since when did playing-up the fun factor of narcotic drugs for kids start to make sense to us? Granted, we've already lost the war on illicit drugs, but do the drug cartels need our *help*?

Your kiddo needs YOU to be a steadfast advocate for their health, in *every* respect.

Be a brave parent and join the movement.  
Check out [www.BeABraveParent.com](http://www.BeABraveParent.com).



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