Knocked-out Tooth

About one in four children in the UK will injure a front tooth at some stage. **Tooth injuries** also happen to some adults. Sometimes a tooth may be completely knocked out. This leaflet tells you what to do.

For first teeth (milk or baby teeth)
These teeth start coming out naturally at about age 6 or 7 years. If one is knocked out earlier by accident - leave it out. Do not try to put it back, as this may damage the adult tooth growing underneath.

The adult tooth will grow eventually. Give some **paracetamol mixture** (Calpol®, Disprol®, etc) or **ibuprofen** (Brufen®, Calprofen®, etc) if the injured gum is sore.

If the tooth is only chipped or damaged, it may require the attention of a dentist but this is not an emergency.

For second (adult) teeth
These are commonly knocked out in older children and sometimes in adults. If one of these teeth is knocked out it is vital that:

- **It should be put back into its socket as soon as possible;** and
- **You should then see a dentist as soon as possible** to secure the tooth. This should be done within an hour of the injury.

An adult at the scene of the accident will usually be able to place the tooth back into its socket in the injured person's mouth.

- Do not delay doing this. Do not wait to see a dentist.
- If the tooth is clean, do it straightaway and then seek dental help.
- Hold the tooth by the crown (the white shiny part normally seen in the mouth) and not the root. The root has delicate cells needed to attach the tooth so try not to touch this part.
- Take care to get the tooth the right way around.
- Once back in, get the injured person to bite gently on a handkerchief until seen by a dentist.

What if the tooth is dirty?
A tooth may be knocked into some mud or dirt. Rinse the tooth in some cold water or milk. **Do not scrub it or put it in disinfectant.** This will damage the delicate cells on the root needed to attach the tooth back to the gum.

Why is it best put back straightaway?
The cells at the root of the tooth will usually attach firmly back to the tooth socket if they do not die. These cells at the root of the tooth will soon dry out and die if the tooth is not put back quickly. If they die, the tooth will not attach again. The sooner a tooth is put back, the greater the chance of success.
What if the tooth cannot be put back in?
Put the tooth in a cup of milk or saline and see a dentist as soon as possible. The tooth must be kept moist. Milk is the ideal liquid to put the tooth in. Do not put the tooth in water, as plain water damages the delicate cells whereas milk or saline is much better at preserving the cells. If milk or saline is not available, put the tooth in the injured person’s mouth between their cheek and the gum. If the tooth is kept moist with any of these methods until it is put back in its socket, there is a greater chance of permanent recovery. It may still be successful up to 24 hours after the accident.

If you cannot see a dentist immediately after the accident, go to the local accident and emergency department. There may be an emergency dentist on duty at the hospital.

Preventing injury to teeth
Teeth are often damaged in accidents during sports. A mouth guard will reduce the risk of mouth and facial injuries. It is best to have one fitted by your dentist, although mouth guards can be bought from sports shops. If your child has a fitted mouth guard, remember to take it with you when you go to the dentist for a check-up, so the dentist can make sure it still fits well. Some helmets also offer protection to the teeth.

What happens next?
Children or adults who have certain heart problems such as murmurs or valve problems may need to take a course of antibiotic medicine after a tooth is knocked out. Antibiotics can be prescribed by the dentist or the emergency department.

A tooth which has been replaced into its socket will usually be attached to a neighbouring tooth with a splint to hold it in place while it heals. Sometimes a replaced tooth will become discoloured and may require further work by the dentist.

Further reading & references

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