



MF16 Lite Enucleation of a Jaw Cyst

Expires end of February 2026

About this document

This document is part of the EIDO Inform Library.

It is used under license by the British Association of Oral Surgeons.

Please see www.eidohealthcare.com for more information.





What is a jaw cyst?

A jaw cyst is a fluid-filled chamber (cavity) that can form in the jawbone.

What is enucleation of a jaw cyst?

Enucleation of a jaw cyst is a procedure to remove all of the cyst at once.

What are the benefits?

Removing the jaw cyst should relieve any symptoms and stop the cyst from coming back. Your surgeon may be able to treat the cause of the problem at the same time.

Are there any alternatives?

Treatment options depend on the size, type and location of the cyst, as well as your general health.

If the cyst is very small and not causing symptoms, you may not need any treatment.

If the cyst is small and is caused by an infected tooth, your surgeon may suggest a root canal treatment.

If the cyst is large, difficult to remove or there is a risk of damage to surrounding areas of your face, there are two alternative surgical options to enucleation:

- Marsupialisation. This involves opening the cyst and stitching the cyst lining to the inside of the mouth.
- Decompression. This involves placing a plastic tube into the cavity to drain the fluid.

If your surgeon thinks there is a high risk of the cyst coming back, they may suggest a combination of surgery and medication.

What will happen if I decide not to have the procedure or the procedure is delayed?

Jaw cysts grow very slowly, so if surgery is delayed it is unlikely to affect the success of the procedure.

If you do not have treatment for a jaw cyst, you may start to develop symptoms or your symptoms will get worse.

What does the procedure involve?

Enucleation of a cyst usually takes an hour. Different kinds of anaesthetic are possible and will depend on the size of the cyst.

Your surgeon will make a cut in the gum over the cyst to uncover it. They will make a small window through the bone covering the cyst and use special instruments to remove all of the cyst at once.

Your surgeon will then clean the cavity and close the cut in the gum with dissolvable stitches.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, you are obese, you smoke or you have other health problems. Health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death.

General complications of any procedure

- Bleeding after the procedure.
- Allergic reaction to equipment, materials or medication.
- Swelling and bruising.
- Infection.

Specific complications of this procedure

- Break (fracture) of the jawbone.
- Damage to nearby teeth.
- Damage to nerves that connect to your lip, teeth, tongue and chin.
- Denture no longer fitting, if you wear one.

 Recurrence of the cyst. This is when a cyst grows back in the same place or a different part of your jaw.

Consequences of this procedure

• Pain.

What happens after the procedure?

You should be able to go home the same day.

Eat only soft foods for 1 to 2 days, gradually moving on to solid food only when you can chew comfortably. Try to chew using the other side of your mouth.

Starting the day after your procedure, brush your teeth gently until you can comfortably brush them normally again.

It can take 2 to 3 weeks for your wound to close, so gently rinse your mouth after meals to keep your wound clean.

The future

The healthcare team will tell you when you need to come back to the clinic.

Summary

Enucleation is a procedure to remove a jaw cyst.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Authors

Sarah Ali (BDS MFDS PGCert MedEd, PGDip ConSed, RCPSG MOral Surg)

Elinor Carey (BMedSci(Hons), BMBS(Hons), BDS, PgCert Med Ed(Hons), MSc(Hons), MRCS, DipOHNS, MJDF)

Reviewers

Kelly Gillan (BChD, MFDS RCPS)

Rhian Jones (BDS MFDSRCS MSurgDent(Eng) PGCert)