PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V4103
Easy Third-Molar Extractions

Karl R. Koerner, DDS, MS
Gordon J. Christensen, DDS, MSD, PhD

Materials Included

C.E. Instruction Sheet
Products List
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Clinicians Responsible
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Overview
References
AGD Post-Test

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Gordon J. Christensen

PRACTICAL CLINICAL COURSES

Sources of Instruments and Supplies Discussed in

V4103 EASY THIRD-MOLAR EXTRACTIONS

Presented by: Karl R. Koerner, DDS, MS & Gordon J. Christensen, DDS, MSD, PhD

1. **ALVOGYL**
   Septodont, Inc.
   245-C Quigley Blvd.
   New Castle, DE 19720
   (800)872-8305
   (302)328-1102
   www.septodontusa.com

2. **APICAL RETENTION FORCEPS (1107 Upper & 1121 Lower)**
   Karl Schumacher Dental Instruments Co. Inc.
   108 Lakeside Park Drive
   Southhampton, PA 18966
   (800)523-2427
   (215)322-0511
   www.karlschumacher.com

3. **BUFFONT SURGICAL CAPS**
   Patterson Dental Supply
   1031 Mendota Heights Road
   St. Paul, MN 55120
   (800)328-5536
   (615)686-1600
   www.pattersondental.com

4. **CDT-4 DENTAL CODES**
   American Dental Association
   211 East Chicago Avenue
   21st Floor
   Chicago, IL 60611
   (312)440-2785
   www.ada.org

5. **CHILD MOUTH PROP (Bite Block)**
   Patterson Dental Supply, Inc.
   1031 Mendota Heights Road
   St. Paul, MN 55120
   (800)328-5536
   (615)686-1600
   www.pattersondental.com

6. **CRYERS (Small #21 & #22)**
   Karl Schumacher Dental Instruments Co. Inc.
   108 Lakeside Park Drive
   Southhampton, PA 18966
   (800)523-2427
   (215)322-0511
   www.karlschumacher.com

7. **DEXAMETHASONE SODIUM PHOSPHATE (4mg/ml, 30 ml Vial)**
   Southern Anesthesia and Surgical
   One Southern Court
   West Columbia, SC 29169
   (800)624-5926
   www.southernanesthesia.com

8. ***ELEVATORS:***

   190-191
   Hu-Friedy Mfg. Co., Inc.
   3232 N. Rockwell Street
   Chicago, IL 60618-5935
   (800)729-3743
   (773)975-6100
   www.hu-friedy.com

   BARBED 301 ELEVATOR (Lindo-Levin 3mm Blade #4932)
   Zoll Medical Corporation
   269 Mill Road
   Chelmsford, MA 01824-4105
   (800)348-9011
   (978)421-9655
   www.zoll.com

   COGSWELL B
   Hu-Friedy Mfg. Co., Inc.
   3232 N. Rockwell Street
   Chicago, IL 60618-5935
   (800)729-3743
   (773)975-6100
   www.hu-friedy.com

   MILLERS (73-74)
   Hu-Friedy Mfg. Co., Inc.
   3232 N. Rockwell Street
   Chicago, IL 60618-5935
   (800)729-3743
   (773)975-6100
   www.hu-friedy.com

9. **GAUZE (4"x 4")**
   Patterson Dental Supply
   1031 Mendota Heights Rd
   St. Paul, MN 55120
   (800)328-5536
   (615)686-1600
   www.pattersondental.com

10. **GELFOAM (#4 Size)**
    Patterson Dental Supply
    1031 Mendota Heights Rd
    St. Paul, MN 55120
    (800)328-5536
    (615)686-1600
    www.pattersondental.com

11. **HEMOSTYPE OR HEMOSTATIC GAUZE(2" x 2")**
    Patterson Dental Supply
    1031 Mendota Heights Rd
    St. Paul, MN 55120
    (800)328-5536
    (615)686-1600
    www.pattersondental.com

12. **IODOFORM GAUZE (1/4" x 5 Yards)**
    Patterson Dental Supply
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    St. Paul, MN 55120
    (800)328-5536
    (615)686-1600
    www.pattersondental.com

13. **IRRIGATION SYRINGES (12cc Plastic, Curved Tip)**
    Patterson Dental Supply
    1031 Mendota Heights Rd
    St. Paul, MN 55120
    (800)328-5536
    (615)686-1600
    www.pattersondental.com

14. **ROMAZICON (FLUMAZENIL) (0.5 mg in 5 ml Vial, 0.1 mg/ml)**
    Southern Anesthesia and Surgical
    One Southern Court
    West Columbia, SC 29169
    (800)624-5926
    www.southernanesthesia.com

15. **SALINE (12 One-Liter Bottles)**
    Southern Anesthesia and Surgical
    One Southern Court
    West Columbia, SC 29169
    (800)624-5926
    www.southernanesthesia.com

16. **SUCTION TIP (3mm Inside Diameter/15P3A Tapering for General Use)**
Quality Aspirators/Q Optics
P.O. Box 382120
Duncanville, TX 75138
(800)858-2121
(972)298-2669
www.qualityaspirators.com

17. **SULTAN DRY SOCKET PASTE**
Patterson Dental Supply
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com

18. ***SURGICAL HANDPIECES:***
AIR KING SURGICAL HANDPIECE (45°, 25°)
Medidenta International, Inc.
39-23 62nd Street
P.O. Box 409
Woodside, NY 11377
(800)221-0750
(718)672-4670
www.medidenta.com

BIEN AIR HANDPIECE (AEU 17B with 2:1 Increase)
Aseptico, Inc.
8333-216th Street SE
Woodinville, WA 98072
(800)426-5913
(425)487-3157
www.aseptico.com

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Sabra Dental Products
289 Suburban Ave Ste E
Deer Park, NY 11729
(800)888-4435
(631)243-6575
www.sabradent.com

19. **SURGICAL LENGTH BURS 702 (1702, End Cutting), 703 (1703)**
Brasseler U.S.A.
One Brasseler Blvd.
Savannah, GA 31419-9598
(800)841-4522
(912)925-8525
www.brasselerusa.com

20. **SUTURE MATERIAL WITH FS-2 OR C-6 NEEDLE**
Patterson Dental Supply
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com

21. **3CC SYRINGES WITH NEEDLE**
Southern Anesthesia and Surgical
One Southern Court
West Columbia, SC 29169
(800)624-5926
www.southernanesthesia.com

22. ***WISDOM TEETH PATIENT EDUCATION BOOKLETS:***
Quintessence Publishing
4350 Chandler Drive
Hanover Park, IL 60133
(800)621-0387
(630)736-3600
www.fgxi.com

Krames-Corporate HQ
780 Township Line Road
Yardley, PA 19067
(800)333-3032
(267)685-2500
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Oral Surgery and Dental Extractions Informed Consent

I understand that oral surgery and/or dental extractions include the following inherent risks that occur very infrequently:

1. **Injury to nerves:** This could include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur may be temporary, lasting a few days, a few weeks or a few months. It could possibly be permanent in extremely infrequent situations.
2. **Bleeding, bruising, swelling:** Slight bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Bruises, or hematomas, may persist for some time.
3. **Dry socket:** This occurs infrequently when teeth are extracted and is a result of blood clot not forming properly during the healing process. Call us if pain persists.
4. **Sinus involvement:** In some cases, the root tips of upper teeth lie in close proximity to the sinuses. Occasionally during extraction or surgical procedures, the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved from the sinus.
5. **Infection:** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively.
6. **Fracture of the jaw, tooth roots, bone fragments, or instruments:** Although extreme care will be used, the jaw, tooth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured, requiring retrieval.
7. **Injury to adjacent teeth or fillings:** This could occur at times no matter how carefully surgical and/or extraction procedures are performed.
8. **Heart-associated infection:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart may be susceptible to bacterial infection transmitted through blood vessels and infection of the heart could occur.
9. **Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. Cardiac arrest could occur as a reaction to local anesthetic solution if you have used cocaine or methamphetamines within the last 24–48 hours. All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective.
10. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I shall follow any pre-operative and post-operative instructions given to me.

Informed Consent: I have been given the opportunity to ask questions regarding the nature and purpose of surgical treatment and/or extractions of teeth and have received answers to my satisfaction. I assume any possible risks, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. The fee(s) for this service have been explained to me and are satisfactory.

By signing this form, I am giving my consent to allow and authorize Dr. ______________________________ and associates to render any treatment necessary or advisable to my dental conditions, including any anesthetics and/or medications.

I have read and understand the above information.

______________________	______________________	__________
PATIENT'S NAME	SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR AUTHORIZED REPRESENTATIVE	DATE

Oral Sedation Monitoring Form

Name of assistant doing the recording: ______________________________ Date: ________________

Patient Name: ____ Age: ________________

Weight: ________________ Gender: M F

Procedure(s) being performed: ____

Any compromised health conditions from the health history? ____________________________

The following materials are available today:

Monitor: for BP, pulse, and oxygen saturation? Y N

Benzodiazepine reversal agent and syringe? Y N

Oxygen inhalation for use during the procedure? Y N

Positive pressure oxygen capability? Y N

Baseline vitals: Resp./min. __________ BP: __________ Pulse: __________ Oxygen sat.: __________

Record every 10 minutes:

Time	BP	Resp/min	Pulse	Oxygen sat	

Romazicon: 0.2mg (0.1mg/cc) initial dose 1/2 inch in tissue just off midline under tongue into venous plexus. 2nd dose in 2–3 min. 10 cc max. Can have re-sedation so monitor for at least one hour.

Oral Sedation Informed Consent

Oral or parenteral sedation is made available by this office to assist in minimizing anxiety that may be associated with going to the dentist. The intent of oral sedatives is to relax you, yet still enable you to communicate with the dentist during treatment. Even though oral sedation is safe, effective and generally free of complications, by reading and signing this form, you acknowledge that you are aware of possible risks of oral sedation, acknowledge these risks, and consent to and accept the option of receiving oral sedation.

1. I acknowledge that I have read and signed this Informational Informed Consent form prior to my taking any form of oral sedation.
2. I agree not to drive to or from the office after taking any sedative medication, and I understand that I am responsible for arranging for my own transportation to and from the dental office. I also agree not to drive or operate any machinery for the remainder of the day of treatment. I agree to have someone stay with me for several hours after sedation due to possible disorientation, which may lead to loss of balance, possible injury from falling due to disorientation, etc.
3. I agree to inform the office and refrain from undergoing oral sedation if the following conditions are present:
    - A: Hypersensitivity to benzodiazepine drugs (Valium, Ativan, Versed)
    - B: Pregnant or nursing
    - C: Liver or kidney disease
4. I have disclosed to the dentist any drugs that I am taking.
5. Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, nausea or allergic reactions. Rarely, these side effects may require medical attention or hospitalization. With some patients, especially smokers, oral sedatives do not provide the desired anti-anxiety effects.
6. Complications may ensue if instructions of not eating or drinking for a specified interval prior to the dental appointment are not followed.
7. The onset of many oral sedatives is usually 15 to 30 minutes and the peak effect generally occurs between one and two hours. Effects of the drug are generally almost completely diminished after six to eight hours. It is essential to notify the dentist immediately of any untoward reactions or delayed recovery following the procedure.
8. I consent to the use of nitrous oxide (laughing gas) in conjunction with oral sedation as well as local anesthetic.
9. I authorize the dentist to use his/her best judgment in managing unforeseen conditions, which might unexpectedly arise during the course of oral sedation and the planned dental procedures.

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the nature and purpose of oral or parenteral sedation and have received answers to my satisfaction. I acknowledge that oral sedation is elective. I voluntarily assume any and all possible risks including, but not necessarily limited to those listed above, including risk or substantial harm or even death, which may be associated with oral sedative drugs. The fees for oral sedation have been explained to me and are satisfactory. By signing this document I am freely giving my consent to allow and authorize Dr.______________________________ and/or his/her associates or agents to render oral sedation as deemed appropriate and/or advisable to my dental condition, including prescribing and administering appropriate anesthetics and/or medications.

I have read and understand the above information.

PATIENT'S NAME	SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR AUTHORIZED REPRESENTATIVE	DATE

IV Sedation Informed Consent

Almost all patients have no side effects after receiving IV sedation. However, I understand that undergoing IV sedation includes possible inherent risks such as, but not limited to the following:

1. Complications due to drugs, which include but are not limited to: nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. Some of these complications, although rare, may require hospitalization and may even result in death.
2. Bruising or tenderness of the IV induction site may occur. Some sedative agents may cause a burning or itching sensation in the place the IV is administered. Swelling may be caused from excess IV fluid entering surrounding tissues and may take several days to resolve. Tenderness, bruising, or swelling can be treated with warm moist heat applied to the site.
3. Need for limitation of food and drink. I understand that the patient must refrain from any food or drink after midnight for a morning appointment. Prior to an afternoon appointment, the patient is limited to a light breakfast no later than six hours before treatment time and clear liquids up to three hours before treatment. No milk.
4. Changes in health are important, including fevers or colds. I am expected to convey this information to the dentist prior to a planned appointment when IV sedation is involved.
5. A responsible adult must accompany the patient at the time of discharge. I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing IV sedation.
6. *Women:* Anesthetics and other medications may be harmful to an unborn child and may cause birth defects or spontaneous abortion. I accept full responsibility for informing the dentist or attending anesthetist of a suspected or confirmed pregnancy.

I have been given the opportunity to ask questions regarding the nature and purpose of IV sedation and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death which may be associated with any phase of receiving IV sedation in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow

and authorize Dr. ______________________________ and his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and medications for my own benefit or the benefit of my minor child or ward.

I have read and understand the above information.

______________________________	______________________________	______________
PATIENT'S NAME	**SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR AUTHORIZED REPRESENTATIVE**	**DATE**

Post-Operative Instructions Following Dental Surgery

Bleeding: Biting on the gauze pads will probably be necessary at least for the first few hours to control bleeding — changing them every 15 minutes or so. Keep the head elevated and rest. Do not spit or rinse excessively or engage in physical activity since this stimulates bleeding. Some oozing could last up to 24 hours.
NOTE: If heavy bleeding persists, replace the gauze with a clean folded gauze pad placed over the surgery site and maintain pressure until the bleeding stops. In rare cases, a tea bag (tannic acid) may need to be used to encourage clotting (regular, not herbal tea). Call your doctor if bleeding doesn't stop or is heavy for too long.

Swelling: This is normal following a surgical procedure in the mouth. It should reach its maximum in 48 hours and then diminish by the fifth postoperative day. The anti-swelling medicine we usually give cuts it way down to less than 1/4 of what it would normally be. Place ice or cold compresses on the face in the region of the surgery for ten minutes every half-hour for the first eight to 12 hours. Ice is only effective on the day of surgery.

Discomfort: The most discomfort that you will experience will occur as the anesthetic wears off — usually 1-2 hours after surgery. If a long-acting anesthetic was used, you may be numb for much longer than normal. Do not wait for the pain to become severe before taking the medications since the medicine will require about 30-45 minutes to take effect. Pain will gradually diminish over the next few days. The maximum dose of Lortab in 24 hours is 40 mg (for the average-size person).

Smoking: If you smoke, avoid smoking during the first week after surgery.

Diet: A nutritious liquid diet is necessary for the first day. Hard foods eaten while you are numb can dislodge the gums that were lifted up and then sutured in place. When the numbness wears off, you can gradually progress to harder foods.

Activity: For the first 24-48 hours, you should rest. Patients who have sedation should refrain from driving an automobile or from engaging in any task that requires alertness for the next 24 hours.

STARTING THE DAY AFTER SURGERY:

1. Brush teeth but avoid the surgery area. As healing takes place, you can gradually brush teeth near the surgery site. Soften the bristles by placing them under hot water.
2. Use warm salt water as a mouth rinse 3-5 times per day for 5-7 days after surgery. (1 tsp salt in a glass of warm water)
3. If antibiotics are prescribed, be sure to take them all as directed. Note: They can render birth control pills ineffective.
4. Usually absorbable sutures are used and do not need to be removed. However, it is good if you can be seen by your dentist about 5-6 days after surgery to be checked. If you have a dry socket or other problem, it can be treated to prevent unnecessary pain.
5. Dry socket is a delayed healing response which may occur during the 3rd to 6th postoperative day. It is in a lower socket and associated with a throbbing pain on the side of the face which may seem to be directed up toward the ear. In mild cases, simply increasing the pain medication for a few days can control the symptoms. If this is unsuccessful, please call your doctor to arrange for some medication to be temporarily placed in the socket. They generally get better whether treated or not. Dry sockets can be brought on by rinsing or spitting too much the first day, too much physical activity, using a straw, smoking, birth control pills, particularly difficult surgery, and pre-existing infection. They are twice as common in patients over 30.
6. Don't chew hard (even on a hard crust of bread or on ice) for 4-6 weeks after having lower wisdom teeth removed or participate in sports where you may be hit in the jaw. The lower jaw is temporarily weaker and the bone may crack requiring the jaws being wired together for healing.
7. Residual IV drugs in your body may make you light-headed for a few days — especially if you take a hot shower. Be careful. Call your doctor if there is any inflammation or pain with your IV injection site (arm or hand).

CONTACT THE DOCTOR IF:

1. Bleeding is excessive and cannot be controlled.
2. Discomfort is poorly controlled.
3. Swelling is excessive, spreading, or continuing to enlarge after 48 hours.
4. Allergies or other reactions to medications occur.

PROGRAM

V4103 Easy Third-Molar Extractions

CLINICIANS RESPONSIBLE:
Karl R. Koerner, DDS, MS
General Practitioner, Logan, Utah

Gordon J. Christensen, DDS, MSD, PhD
CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss indications and contraindications of third-molar removal.
2. Know the advantages of early removal vs. removal later in life.
3. Understand at what time in a person's life to take a "wait and see" attitude toward third-molar surgery.
4. Realize what factors make this surgery more difficult and recognize when cases are in or out of your "comfort zone".
5. Compare the difficulty and predictability of moderate partial bony impactions in a young person with roots not completely formed to non-third molar extractions in an older person.
6. Know how to differentiate complete bony from partial bony impactions.
7. Implement an effective "patient management" protocol that includes several items that will help the patient to be more comfortable and the procedure to be less objectionable.
8. Know basic flap designs for different depths of impacted third molars.
9. Be familiar with the most effective hand instruments for the removal of impacted third molars.
10. Be familiar with accepted drill and bur options for this surgery.
11. Have examples and understand the essential make-up of a pre-op consent form and a post-op instruction form for impacted third molars.
12. Have a clear awareness of regional anatomy for this area -- including nerves, arteries, veins, other significant structures.
13. Understand, step-by-step, how to proceed with the removal of maxillary and mandibular third molars according to current standards of care.
14. Explain what to do once a tooth is out in order to prepare the wound for suturing.
15. Know considerations for suturing, such as optimal needle types and suture placement.
16. Discuss potential serious complications that can occur during this procedure and how to avoid or prevent them from happening.
17. Describe at least two methods of preventing dry sockets and two methods of treating dry sockets if they should occur.
18. Accomplish this procedure in an expeditious manner – being able to remove all four impactions in less than one hour.
19. Know the importance of being available following surgery.
20. Understand the signs and symptoms of a postoperative sub-periosteal abscess, its seriousness, and how to treat it.

OVERVIEW

V4103 Easy Third-Molar Extractions

Third molar surgery is commonly performed in the United States. It is primarily done by oral and maxillofacial surgeons, but about 15% of general dentists (GPs) do it routinely and about one-third of them do it occasionally. Many GPs have had general practice residencies (GPRs), been involved in Academy of General Dentistry Mastership-track courses, attended other comprehensive training programs, or been taught one-on-one by colleagues or mentors (oral surgeons or experienced GPs). This has given them the confidence and competence to perform these procedures with a high level of proficiency. This program is a review of the most important aspects of third-molar surgery. For those who have not had very much experience in this area, it should whet their appetite for additional training.

This presentation covers the most important indications and contraindications along with case selection. The patients chosen for the clinical segments represent situations that can readily be treated by generalists. It is emphasized, however, that for one reason or another, many cases will need to be treated by oral surgeons.

Not only does this program outline in detail the step-by-step procedure of impacted maxillary and mandibular third-molar removal, it also covers patient management recommendations. These are things that help the patient be more comfortable and tolerate the surgery better. These items are crucial and should not be ignored. So, from incisions and flaps, to bone removal and sectioning, to removal of tooth parts, and finally to closure and suturing, the viewer sees this surgery from beginning to end – with adjunctive elements that demonstrate the operator’s caring and compassion. This DVD presents information every surgery-oriented dentist needs to know.

REFERENCES

V4103 Easy Third-Molar Extractions

Books:

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   - Surgical crown lengthening for function and esthetics by Dr. P Allen
   - Surgical and orthodontic management of impacted teeth by Dr. VG Kokich and Dr. DP Matthews
   - Soft tissue surgery to alleviate orthodontic relapse by Dr. JG Edwards
   - Free gingival grafts: current indications and techniques by WB Hall and WP Lundergan
   - The subepithelial connective tissue graft for treatment of gingival recession by Dr. L Langer and Dr. B Langer
   - Treatment of moderate localized alveolar ridge defects: preventive and reconstructive concepts in therapy by Dr. JS Seibert
   - Lasers in dentistry: soft tissue procedures by Dr. GL Powell
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   - Minor preprosthetic surgical procedures by Dr. BC Terry and Dr. DG Hillenbrand
   - Surgical extractions by Dr. JR Hooley and Dr. DP Golden
   - The removal of impacted third molars: principles and procedures by Dr. KR Koerner
   - Oral mucosal biopsy procedures: excisional and incisional by Dr. DP Golden and JR Hooley
   - Apicoectomy and retroseal procedures for anterior teeth by Dr. GJ Schoeffel
   - Intentional replantation: a viable alternative for selected cases by Dr. JA Dryden and Dr. DE Arens
   - Pharmacologic considerations in the management of oral surgery patients in general dental practice by Dr. KR Koerner and Dr. SE Taylor

Articles (available through the ADA Library*):

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Video Tapes:

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POST-TEST

V4103 Easy Third-Molar Extractions

1. The distal incision for a maxillary impacted third molar usually:
   a. comes forward from the anterior of the hamular notch to the distal of the second molar along the crest of the ridge.
   b. comes forward from the anterior of the hamular notch and in a buccal angulation to the distal of the second molar.
   c. comes forward from the anterior of the hamular notch and in a lingual angulation to the distal of the second molar.
   d. comes forward from within the hamular notch forward to the second molar.

2. Besides a straight elevator to remove maxillary third-molar impactions, other useful elevators for many operators are:
   a. Cogswell B.
   b. Millers (73-74) or Potts.
   c. 190-191.
   d. all of the above.

3. Failure to constantly visualize an impacted maxillary third molar during removal could result in the tooth inadvertently entering:
   a. the infratemporal space or the buccal (facial) space.
   b. the buccal space or the pterygomandibular space.
   c. the maxillary sinus, the pterygomandibular space, or the buccal (facial) space.
   d. the infratemporal space or the maxillary sinus or the buccal space.

4. The lingual nerve is at or near the crest of the alveolar ridge in the third molar area in approximately what percentage of patients?:
   a. 10%
   b. 20%
   c. 30%
   d. 40%

5. Extending a buccal releasing incision too far apically between the first and second molar could disrupt what anatomic entities resulting in a serious complication?:
   a. facial artery and/or long buccal nerve
   b. Stenson's duct and/or posterior facial vein
   c. facial vein and/or long buccal nerve
   d. facial artery and/or anterior facial vein

6. The two main factors predisposing dry sockets are:
   a. smoking and infection.
   b. traumatic tooth removal and advanced age.
   c. steroids and birth control pills.
   d. smoking and birth control pills.

7. The use of systemic short-term steroids associated with third-molar surgery will reduce swelling by approximately:
   a. 15-20%.
   b. 35-40%.
   c. 55-60%.
   d. 75-80%.

POST-TEST (CONT'D)

V4103 Easy Third-Molar Extractions

8. A distal incision over a mandibular-impacted third molar should be angled buccally to avoid:
   a. cutting the lingual nerve.
   b. cutting the inferior alveolar nerve.
   c. cutting the facial artery.
   d. excessive scarring.

9. After suturing triangular flaps, the operator should gently press on them. This action will:
   a. help prevent hematoma.
   b. initiate fibrin adhesion.
   c. reduce bleeding.
   d. all of the above.

10. If a highspeed drill is used for this surgery, it should be a "surgical" highspeed that helps prevent:
    a. air emphysema.
    b. burning the bone.
    c. poor visibility.
    d. a more lengthy procedure.

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