

PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V4116 Oral Surgery in General Practice

Karl R. Koerner, DDS, MS
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Karl Schumacher Dental Instrument Company, Inc.
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Sources of Products Discussed in

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7. **BONE WAX (ETHICON)**
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8. **BURS (702 FG SL) & (1702 FG SL End Cutting)**
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www.brasselerusa.com
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10. **GELFOAM**
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20. **MODIFIED COWHORN FORCEPS (79AS)**
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www.karlschumacher.com
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 (414)321-8881
www.sullivanscheindental.com
26. **SPEAR-POINT ELEVATORS (60 Straight, 63 Curved) (60L and 60R)**
 Karl Schumacher Dental Instrument Company, Inc.
 108 Lakeside Drive
 Southampton, PA 18966
 (800)523-2427
 (215)322-0511
www.karlschumacher.com
27. **SURGICAL SUCTION TIPS (Regular 15P3A)(Small 02BA)**
 Quality Aspirators
 P.O. Box 382120
 Duncanville, TX 75138-2120
 (800)858-2121
 (972)298-2669
www.qualityaspirators.com
28. **SURGICEL**
 Patterson Dental Supply Inc.
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 (615)686-1600
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- Sullivan-Schein Dental
 10920 West Lincoln Avenue
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PROGRAM

V4116 Oral Surgery in General Practice

CLINICIANS RESPONSIBLE:

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Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

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

1. Describe several concepts in oral surgical procedures that must be done in a specific way.
2. Describe several concepts in oral surgical procedures that are a matter of personal preference.
3. Describe methods to obtain adequate visibility when accomplishing oral surgical procedures.
4. Compare the use and physical characteristics of "Luxators" and elevators.
5. Describe the importance of inter-radicular bone related to difficulty or simplicity of removing teeth.
6. Discuss why sectioning of maxillary first and second molars before removing them may be necessary.
7. Draw the described locations in which sectional cuts are made in maxillary first and second molars before their removal.
8. Discuss when it is necessary to remove bone on the facial aspect of maxillary third molars during their removal.
9. List the suggested instruments in a basic set-up for routine removal of teeth.
10. Discuss the reasons for use of a "bite block" during tooth extraction.
11. Describe when a Cryer instrument may be needed.
12. Discuss "air emphysema" and how to prevent it.
13. List the steps normally used in tooth removal.
14. Describe ankylosis.
15. Discuss when it may be acceptable to leave a root tip in place.
16. List six reasons for continuing postoperative pain.
17. List five potential reasons for excess bleeding during routine tooth extraction.
18. Discuss continuation or stopping Coumadin during oral surgical procedures.
19. Discuss when surgical extraction procedures are recommended instead of routine forcep extraction.
20. Discuss the potential levels of involvement of general dental practitioners in oral surgical procedures, and when the patient should be referred to an oral and maxillofacial surgeon.

OVERVIEW

V4116 Oral Surgery in General Practice

The majority of tooth extractions are accomplished by general dental practitioners. However, few dental schools teach this technique in detail, and most dental students graduate from school with minimal experience in oral surgical procedures. As a result, the majority of techniques in this important area of dentistry are learned by experience. This presentation provides information on many of the basic concepts in understanding and accomplishing routine oral surgical procedures related to tooth extraction:

1. **Adequate visibility** is a requirement to facilitate relatively easy and predictable tooth extraction. Flap reflection for removal of some teeth is shown in the video.
2. **“Luxators”** are one of the most useful of all instruments for tooth extraction. This instrument appears to be an elevator on first sight. However, the tips are much thinner and knife-like. They can be wedged easily between the tooth structure and bone that is thick enough to allow force to be placed on it without breaking. The result is a slow, but sure displacement of the tooth from its socket.
3. **Inter-radicular bone removal.** Bone between roots can be a severe impediment to easy tooth removal. If teeth cannot be removed without inter-radicular bone removal, then the small piece of bone should be removed, usually allowing easy extraction.
4. **Mesial and/or distal troughing.** Occasionally, it is difficult to remove teeth or teeth fragments with minimal visual or physical access and coronal tooth structure remaining. A small trough can be made in the bone on the mesial or distal or both aspects of the involved tooth to allow necessary force to be delivered to the affected tooth for removal.
5. **Sectioning upper first or second molars.** Many molars require sectioning for atraumatic removal. Sectioning allows the roots of a multi-rooted tooth to be removed one or two at a time. This video shows the location and depth of tooth sectioning to facilitate easier tooth removal when necessary.
6. **Buccal bone removal on upper third molars.** Some maxillary third molars are difficult to remove without removing a small amount of bone on the facial tooth surface. Avoiding this bone removal often results in breaking a piece of bone from the tuberosity area.

This presentation demonstrates the points enumerated above in a live clinical surgery procedure. A typical patient requiring tooth extraction has the following teeth removed: maxillary first molar, maxillary first and second premolars, and maxillary canine.

REFERENCES

V4116 Oral Surgery in General Practice

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3. Koerner, KR. Editor. Manual of minor oral surgery for the general dentist. Blackwell Munksgaard. Ames, Iowa. 2006. Chapter 10: Management of peri-operative bleeding by Dr. Karl Koerner and Dr. William McBee.
4. Wahl MJ. Myths of dental surgery in patients receiving anticoagulant therapy. JADA 131(1):77. January, 2000.
5. Johnson-Leong C and Rada RE. The use of low-molecular-weight heparins in outpatient oral surgery for patients receiving anticoagulation therapy. JADA 133(8):1083. August, 2002.
6. Peterson LJ. Senior Editor. Contemporary oral and maxillofacial surgery, 4th ed. Mosby. St. Louis, MO. 2003. Chapters 6, 7, and 8 on surgical armamentarium, uncomplicated exodontia, and complicated exodontia.
7. Brosnihan J and Rice C. Divide and conquer: Extracting maxillary first molars. Dent Today. October, 1998.
8. Chen SC, Lin FY, and Chang KJ. Subcutaneous emphysema and pneumomediastinum after dental extraction. Am J Emerg Med 17(7):678. November, 1999.
9. Rossiter JL and Hendrix RA. Iatrogenic subcutaneous cervicofacial and mediastinal emphysema. J Otolaryngol 20(5):315. October, 1991.

POST-TEST

V4116 Oral Surgery in General Practice

1. "Luxators":
 - a. appear to be similar to elevators.
 - b. have much thinner tips than elevators.
 - c. can be broken relatively easily.
 - d. all of the above.

2. When sectioning a maxillary molar to facilitate removal, the first cut is usually:
 - a. between the facial segment with the two roots and the segment that connects to the lingual root.
 - b. between the two facial roots.
 - c. in a transverse direction from the mesial-facial to the distal-lingual of the tooth.
 - d. none of the above.

3. Removing bone from the facial surface of an upper third molar:
 - a. assists by loosening the tooth.
 - b. allows the facial aspect of the tooth root(s) to be removed relatively easily.
 - c. promotes faster healing of the extraction site.
 - d. is a significantly traumatic procedure.

4. If after 4 or 5 minutes of luxation of a lower molar, the tooth is not mobile in the bone socket:
 - a. refer the patient to a surgically oriented dentist.
 - b. section the tooth in a mesial-distal direction.
 - c. section the tooth in a facial-lingual direction.
 - d. continue to luxate the tooth for 2 more minutes.

5. After a tooth is sectioned, the first root should be removed with a:
 - a. straight elevator.
 - b. forcep.
 - c. small Cryer instrument.
 - d. Luxator.
 - e. any of the above.

6. The majority of teeth are extracted by:
 - a. oral and maxillofacial surgeons.
 - b. general dentists.
 - c. endodontists.
 - d. pediatric dentists.

7. Ingested agents that can cause an interference with adequate clotting include:
 - a. anticancer drugs.
 - b. aspirin.
 - c. alcohol.
 - d. antibiotics.
 - e. any of the above.

POST-TEST (CONT'D)

V4116 Oral Surgery in General Practice

- 8. When patients requiring a tooth extraction are on Coumadin, consult with the physician who has them on Coumadin and:
 - a. stop the Coumadin a week before the extraction.
 - b. continue the Coumadin right through the oral surgical procedure.
 - c. stop the Coumadin, start bridging therapy, and then restart it again.
 - d. none of the above.

- 9. A typical reason for postoperative pain after an extraction is:
 - a. leaving non-mobile root tips in the socket.
 - b. sutures too tight.
 - c. alveolar bone left rounded surrounding the tooth socket.
 - d. use of a Luxator.

- 10. Herbs that can cause excess bleeding after tooth extraction include:
 - a. garlic.
 - b. ginseng.
 - c. ginger.
 - d. chamomile.
 - e. all of the above.

- 11. Occasionally, it is acceptable to leave a broken-off root tip in the socket if:
 - a. the tooth is broken off at the gingival line.
 - b. the root tip has no sign of periapical pathosis.
 - c. the root tip is solidly in place and is no longer than 5 mm.
 - d. the patient is tired.

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