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V4181

Atraumatic Removal of Teeth – Erupted and Impacted

Karl R. Koerner, DDS, MS
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Materials Included:

C.E. Instruction Sheet
Products List
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Goals & Objectives
Overview
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PROGRAM

V4181 Atraumatic Removal of Teeth – Erupted and Impacted

CLINICIANS RESPONSIBLE:

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Senior Consultant & Previous CEO, CR Foundation

Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. Describe the importance of competence in oral surgery for general dental practitioners.
2. List and describe the typical historical oral surgery instruments.
3. List and describe typical new generation oral surgery instruments.
4. Discuss surgical concepts related to oral surgery.
5. Discuss handpieces commonly used in oral surgery.
6. Describe the typical technique for removal of erupted teeth with supragingival tooth structure present.
7. Discuss the typical technique for removal of erupted teeth broken off at the gingiva or bone.
8. Discuss sutures most suitable for oral surgery.
9. Describe a typical technique for removal of impacted teeth.
10. Discuss use of narcotics for oral surgery procedures.
11. Discuss use of antibiotics for oral surgery procedures.
12. Describe commonly occurring surgical complications.
13. Describe a "luxator".
14. Describe the action of removal of a mandibular first molar with a "cowhorn" forcep.
15. Describe the relative level of force needed to remove a tooth.
16. Describe how to place elevator force on a tooth to be extracted without placing force on adjacent teeth.
17. Discuss how to achieve compression of bone during tooth extraction.
18. Discuss the reasons for sectioning teeth for tooth removal.
19. Discuss use of periostomes.
20. Discuss air emphysema.

OVERVIEW

V4181 Atraumatic Removal of Teeth - Erupted and Impacted

Tooth extraction is a commonly required procedure for almost all general dentists. Education and training, as well as significant experience, are required to achieve competency in tooth removal. This video describes and demonstrates the principles for removal of erupted and impacted teeth, techniques, and potential complications. The following topics are included:

- Importance of competence in surgical procedures.
- Conventional oral surgery instruments.
- Newer oral surgery instruments.
- Surgical concepts.
- Surgical handpieces.
- Use of surgical handpieces.
- Removal of erupted teeth with supragingival tooth structure present.
- Sutures and suturing.
- Removal of erupted teeth broken off at the gingiva or bone.
- Removal of multiple teeth.
- Removal of impacted teeth.
- Analgesic use.
- Antibiotic use.
- Commonly occurring surgical complications.
- Postoperative care.
- Clinical demonstrations of tooth removal on patients are included for each procedure.

SUPPLEMENTAL MATERIALS

V4181 Atraumatic Removal of Teeth - Erupted and Impacted

1. Bataineh AB, Al-Sabri GA. Extraction of Maxillary Teeth Using Articaine Without a Palatal Injection: A Comparison Between the Anterior and Posterior Regions of the Maxilla. *J Oral Maxillofac Surg.* 2017 Jan;75(1):87-91. doi: 10.1016/j.joms.2016.06.192. Epub 2016 Jul 21.
2. Ghaemina H, Hoppenreijts TJ, Xi T, Fennis JP, Maal TJ, Bergé SJ, Meijer GJ. Postoperative socket irrigation with drinking tap water reduces the risk of inflammatory complications following surgical removal of third molars: a multicenter randomized trial. *Clin Oral Investig.* 2017 Jan;21(1):71-83. doi: 10.1007/s00784-016-1751-1. Epub 2016 Feb 27.
3. Ye ZX, Yang C, Ge J. Adjacent tooth trauma in complicated mandibular third molar surgery: Risk degree classification and digital surgical simulation. *Sci Rep.* 2016 Dec 15;6:39126. doi: 10.1038/srep39126.
4. Izuzquiza I, Jamtøy KA, Fosslund NP, Martinez-Padilla I, Falahat F, Alou L, Prieto J, Gómez-Lus ML. Is it necessary to prescribe antibiotics in impacted third molar surgical removal?: comparative study between prescribing patterns. *Rev Esp Quimioter.* 2016 Nov 22. pii: izuzquiza22nov20162. [Epub ahead of print]
5. Bataineh AB, Batarseh RA. The effect of modified surgical flap design for removal of lower third molars on lingual nerve injury. *Clin Oral Investig.* 2016 Nov 12. [Epub ahead of print]
6. Ghaemina H, Perry J, Nienhuijs ME, Toedtling V, Tummers M, Hoppenreijts TJ, Van der Sanden WJ, Mettes TG. Surgical removal versus retention for the management of asymptomatic disease-free impacted wisdom teeth. *Cochrane Database Syst Rev.* 2016 Aug 31;(8):CD003879. doi: 10.1002/14651858.CD003879.pub4.
7. Mukherjee S, Vikraman B, Sankar D, Veerabahu MS. Evaluation of Outcome Following Coronectomy for the Management of Mandibular Third Molars in Close Proximity to Inferior Alveolar Nerve. *J Clin Diagn Res.* 2016 Aug;10(8):ZC57-62. doi: 10.7860/JCDR/2016/20991.8273. Epub 2016 Aug 1.
8. Cervera-Espert J, Pérez-Martínez S, Cervera-Ballester J, Peñarrocha-Oltra D, Peñarrocha-Diogo M. Coronectomy of impacted mandibular third molars: A meta-analysis and systematic review of the literature. *Med Oral Patol Oral Cir Bucal.* 2016 Jul 1;21(4):e505-13.
9. Tantanapornkul W, Mavin D, Prapaiphittayakun J, Phipatboonyarat N, Julphantong W. Accuracy of Panoramic Radiograph in Assessment of the Relationship Between Mandibular Canal and Impacted Third Molars. *Open Dent J.* 2016 Jun 23;10:322-9. doi: 10.2174/1874210601610010322. eCollection 2016.
10. Jain N, Thomas S, Prabhu S, Jain S, Pathak AD, Pillai A, Satpathy M. Influence of tooth sectioning technique and various risk factors in reducing the IAN injury following surgical removal of an impacted mandibular third molar. *Oral Maxillofac Surg.* 2016 Jun;20(2):149-56. doi: 10.1007/s10006-015-0540-3. Epub 2015 Dec 28.

POST-TEST

V4181 Atraumatic Removal of Teeth - Erupted and Impacted

1. Why should general dentists have competency in tooth removal?
 - a. To have peace of mind when faced with the necessity for tooth removal.
 - b. To provide one-stop service for their patients.
 - c. To be able to manage potential surgical complications.
 - d. All of the above.

2. Air emphysema is caused by:
 - a. excessive vigorous breathing causing bloating of the lungs and fainting.
 - b. blowing air from a handpiece into the soft tissues.
 - c. treating a patient with emphysema from smoking.
 - d. none of the above.

3. Most oral surgeons use a _____ for bone removal when removing impacted teeth.
 - a. surgical high-speed air motor or electric handpiece
 - b. restorative air rotor
 - c. restorative electric handpiece
 - d. none of the above

4. The following are newer instruments for oral surgery procedures:
 - a. periotome burs.
 - b. double-ended periotomes.
 - c. luxating elevators.
 - d. Physics Forceps.
 - e. all of the above.

5. The type of suture material recommended in this presentation is:
 - a. polyester.
 - b. PGA.
 - c. black silk.
 - d. Chromic Gut.

6. The following are conventional instruments long used in oral surgery procedures:
 - a. Rongeurs.
 - b. Universal Forceps.
 - c. Bone Files.
 - d. all of the above.

7. When removing a tooth with a "luxator", force should be applied in an apical direction on the _____ side(s) of the tooth.
 - a. facial and lingual
 - b. distal only
 - c. mesial only
 - d. mesial and distal

POST-TEST (CONT'D)

V4181 Atraumatic Removal of Teeth - Erupted and Impacted

8. When using a "luxator", the instrument should be inserted into the periodontal ligament about _____.
a. 1 mm
b. 2 mm
c. 3 mm
d. 4 mm
9. When removing impacted third molars:
a. making a surgical flap is always recommended.
b. removal of bone for access to the tooth is always recommended.
c. making a surgical flap and removing some bone for instrument access is often necessary.
d. suturing the extraction site is usually necessary.
10. What protocol is recommended when removing impactions?
a. Narcotics are necessary due to severe postoperative pain.
b. Antibiotic delivery is usually necessary.
c. Use of antibiotics and narcotics may be necessary.
d. Always deliver only non-prescription analgesics.

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