

PRACTICAL CLINICAL COURSES

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Career Development Program*

V4189

Apicoectomies, Frenectomies, Biopsies, Hemisections, and More!

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

Materials Included:

C.E. Instruction Sheet
Products List
Oral Surgery Kit from Hu-Friedy
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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PRACTICAL CLINICAL COURSES

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

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9. **Dr. Karl Koerner's Oral Surgery Kit from Hu-Friedy**
(See page 5 of the AGD packet or the pdf files on the DVD.)
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28. **The Ultimate Cheat Sheets – The Practical Guide for Dentists 2018 Edition by Leslie Fang**
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Dr. Karl Koerner



Oral Surgery Kit

Part Code	Description	Quantity
IMOS0	Oral Surgery Cassette, Red	
10-130-03	#3 Scalpel Handle	
P23	23 Seldin Periosteal	
P9X	9 Molt Periosteal, Black Line	
NH5042	Mayo-Hegar Perma Sharp Needle Holder 16cm/6.25"	
FAF151	Apical Forceps 151	
FAF150	Apical Forceps 150	
E301	301 Apexo Elevator	
S1	1 Curved Kelly Scissors 16cm/6.25"	
EHB2	2 Heidbrink Root Tip Pick	
EHB3	3 Heidbrink Root Tip Pick	
CL86X	86 Lucas Surgical Curette, Black Line	
EBSM	B Cogswell Elevator, Small Handle	
E21	Mini Cryer Elevator, Left	
E22	Mini Cryer Elevator, Right	
EL3SX	3mm Straight Luxating Elevator, Black Line	
BF2X	2X Miller-Colburn Bone File	
RBL	30 Deg. Standard Blumenthal Rongeur	
EPTSSP	Luxating Hybrid - Straight Spade	
TP43	#43 Adson-Brown Tissue Pliers	
CRM	Minnesota Retractor	
H2	Kelly Curved Hemostat	
10-256-15	(Bx of 100) #15C Sterile Blade	
PSN683S	4-0 Black Silk 18", C-6 Needle 3/8 Circle Rev. Cut	

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PROGRAM

V4189 Apicoectomies, Frenectomies, Biopsies, Hemisections, and More!

CLINICIANS RESPONSIBLE:

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Founder and CEO, Practical Clinical Courses

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. Identify your comfort zone with oral surgery.
2. Look at the topics of this presentation and identify those that appear to be in your comfort zone.
3. Discuss the need for frenectomy correction.
4. Compare the use of steel blade, electrosurgery, and laser for frenectomy.
5. Discuss the suturing technique and materials after the frenectomy.
6. Discuss why some exostoses need to be removed.
7. Discuss the type of soft-tissue flap for removal of an exostosis.
8. Identify the level of incision and drainage that is in the scope of general dentistry.
9. List and discuss various materials that can be placed in the incision to keep it open for drainage.
10. Differentiate between an incisional and an excisional biopsy.
11. Discuss the advantages for general dentists doing the surgical biopsy rather than referring the patient.
12. Describe how to get the biopsy evaluated by an oral and maxillofacial pathologist.
13. Discuss how to tell the patient about a suspicious lesion and the apparent need to biopsy.
14. Discuss when to do an apicoectomy.
15. Discuss the steps in doing an apicoectomy.
16. List three potential materials for the retrograde filling on the apical end of the tooth.
17. Discuss the incision necessary for an apicoectomy.
18. Define a root resection.
19. Discuss when there is a need to graft the socket when doing a root resection.
20. Discuss how much of the root end of the tooth to remove when doing an apicoectomy.

OVERVIEW

V4189 Apicoectomies, Frenectomies, Biopsies, Hemisections, and More!

Many oral surgical procedures that could easily be accomplished by general practitioners are not being done.

There are a few reasons for this situation. The procedures are not taught in dental school. Dentists have not taken continuing education courses on the topics. Practitioners are comfortable with the techniques they are doing and don't wish to change. However, incorporating the surgical procedures included in this video into your practice will benefit your patients, provide variety for your practice, and enhance your revenue. The following and other topics are included in the presentation:

- Identifying your comfort zone for oral surgery procedures
- Frenectomies
- Exostoses removal
- Incision and drainage
- Excisional biopsies
- Incisional biopsies
- Apicoectomy
- Root resection, hemisection
- The instruments and supplies necessary for these techniques

This presentation provides adequate information for viewers to begin using the techniques described.

SUPPLEMENTAL MATERIALS

V4189 Apicoectomies, Frenectomies, Biopsies, Hemisections, and More!

1. Monteiro JB, Dal Piva AMO, Tribst JPM, Borges ALS, Tango RN. The Effect of Resection Angle on Stress Distribution after Root-End Surgery. *Iran Endod J.* 2018 Spring;13(2):188-94. doi: 10.22037/iej.v13i2.19089.
2. Dik EA, Ipenburg NA, Kessler PA, van Es RJJ, Willems SM. The value of histological grading of biopsy and resection specimens in early stage oral squamous cell carcinomas. *J Craniomaxillofac Surg.* 2018 Apr 5. pii: S1010-5182(18)30095-7. doi: 10.1016/j.jcms.2018.03.019. [Epub ahead of print]
3. López J, Gómez G, Rodriguez K, Dávila J, Nuñez J, Anaya L. Comparative Study of Drainage and Antibiotics versus Drainage Only in the Management of Primary Subcutaneous Abscesses. *Surg Infect (Larchmt).* 2018 Apr;19(3):345-51. doi: 10.1089/sur.2017.225. Epub 2018 Mar 13.
4. Wheeler B, Carrico CK, Shroff B, Brickhouse T, Laskin DM. Management of the Maxillary Diastema by Various Dental Specialties. *J Oral Maxillofac Surg.* 2018 Apr;76(4):709-15. doi: 10.1016/j.joms.2017.11.024. Epub 2017 Nov 22.
5. Liu S, You Z, Ma C, Wang Y, Zhao H. Effectiveness of Drainage in Mandibular Third Molar Surgery: A Systematic Review and Meta-Analysis. *J Oral Maxillofac Surg.* 2018 Mar 15. pii: S0278-2391(18)30214-3. doi: 10.1016/j.joms.2018.03.004. [Epub ahead of print]
6. Olivi M, Genovese MD, Olivi G. Laser labial frenectomy: a simplified and predictable technique. Retrospective clinical study. *Eur J Paediatr Dent.* 2018 Mar;19(1):56-60. doi: 10.23804/ejpd.2018.19.01.10.
7. Uraz A, Cetiner FD, Cula S, Guler B, Oztoprak S. Patient perceptions and clinical efficacy of labial frenectomies using diode laser versus conventional techniques. *J Stomatol Oral Maxillofac Surg.* 2018 Feb 23. pii: S2468-7855(18)30032-6. doi: 10.1016/j.jormas.2018.01.004. [Epub ahead of print]
8. Kadkhodazadeh M, Amid R, Kermani ME, Hosseinpour S. A modified frenectomy technique: a new surgical approach. *Gen Dent.* 2018 Jan-Feb;66(1):34-8.
9. Wahab PUA, Madhulaxmi M, Senthilnathan P, Muthusekhar MR, Vohra Y, Abhinav RP. Scalpel Versus Diathermy in Wound Healing After Mucosal Incisions: A Split-Mouth Study. *J Oral Maxillofac Surg.* 2018 Jan 4. pii: S0278-2391(17)31546-X. doi: 10.1016/j.joms.2017.12.020. [Epub ahead of print]
10. Kumar Singh A, Sulugodu Ramachandra S, Arora S, Dicksit DD, Kalyan CG, Singh P. Prevalence of oral tori and exostosis in Malaysian population – A cross-sectional study. *J Oral Biol Craniofac Res.* 2017 Sep-Dec;7(3):158-60. doi: 10.1016/j.jobcr.2017.08.008. Epub 2017 Sep 8.
11. Mohammadi Z, Jafarzadeh H, Shalavi S, Kinoshita JI, Giardino L. Lasers in Apicoectomy: A Brief Review. *J Contemp Dent Pract.* 2017 Feb 1;18(2):170-3.
12. Hirsch V, Kohli MR, Kim S. Apicoectomy of maxillary anterior teeth through a piezoelectric bony-window osteotomy: two case reports introducing a new technique to preserve cortical bone. *Restor Dent Endod.* 2016 Nov;41(4):310-5. Epub 2016 Jul 5.

POST-TEST

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1. Oral incision and drainage:
 - a. should always be done by the general dentist.
 - b. should have a rubber dam or other drain.
 - c. should always be covered by antibiotics.
 - d. is not a potentially dangerous procedure.
2. A frenectomy is best accomplished with:
 - a. a scalpel and blade.
 - b. electrosurgery.
 - c. a laser.
 - d. any of the above, depending on the situation.
3. An aggressive, tight frenum can:
 - a. distort the smile.
 - b. create diastemas.
 - c. distort occlusion.
 - d. all of the above.
4. Removal of an exostosis:
 - a. cannot cause an air emphysema.
 - b. should be done with a surgical handpiece.
 - c. is a difficult procedure.
 - d. requires an air stream to cool the bone while cutting.
5. A mandibular torus mandibularis should be removed if:
 - a. it influences speech.
 - b. it impedes adequate seating of a removable prosthesis.
 - c. it becomes irritated by coarse foods.
 - d. all of the above.
6. Excisional oral biopsies:
 - a. require the use of a laser.
 - b. are best done with a blade.
 - c. do not always require sending the specimen to an oral pathologist.
 - d. should be analyzed microscopically in your office.
7. An apicoectomy usually requires removal of at least ____ of the root.
 - a. 1 mm
 - b. 2 mm
 - c. 3 mm
 - d. 4 mm

POST-TEST (CONT'D)

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8. An apicoectomy:
- a. always requires bone grafting.
 - b. usually requires an envelope flap.
 - c. usually has a facial-lingual amputation that is inclined toward the facial.
 - d. has a flat amputation perpendicular to the root.
9. A tooth with a root resection:
- a. should usually be connected to an adjacent tooth.
 - b. can be an FPD abutment.
 - c. usually requires bone grafting.
 - d. is only suggested for mandibular molars.
10. When considering incorporating additional surgical procedures into your practice:
- a. educate your staff on the procedure.
 - b. take sufficient CE to understand the procedure.
 - c. start with simple cases.
 - d. all of the above.

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