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REFORMS



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Department of Dentistry

Tooth Extraction Module

Intra-Alveolar Extraction of Teeth - General Consideration

Introduction

It is the **Painless** removal of tooth or root from its alveolar socket with **least trauma** to the surrounding hard and soft tissues and with **no complication**.

Pre – requisites

- Knowledge of Tooth anatomy
- Knowledge of Local Anesthesia.
- Knowledge of Anatomy of Maxilla and Mandible.

Indications

1. Carious Tooth
2. Fractured Tooth
3. Tooth With Periapical Pathology
4. Mobile Tooth Because of Weak Periodontal Conditions.
5. Impacted Tooth
6. Tooth with Ectopic Eruption.

Contraindications For Removal Of Teeth

- Systemic conditions like blood disorders
- Hypertension
- Diabetes.

Equipment Required:

- Gloves which fit comfortably but are tight, especially at finger tips
- Skin disinfectant (Betadine Swab)
- Lignocaine(2%) with adrenaline or without adrenalin depending upon patients systemic conditions
- Syringe with needle lock (5cc)
- Needle(26 gauge)
- Upper Anterior extraction forceps
- Moons probe
- Gauze
- Clinical Waste Dustbin

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Preoperative Preparation

- Line Access to the tooth: The position of the tooth to be extracted in the alveolus and the extent to which the patient can open his mouth should be noticed. If the patient can not open his mouth normally surgical extraction should be considered instead of forceps extraction. Additionally the cause of this limitation of mouth opening should be considered. The most likely cause is trismus associated with infection.
- Tooth mobility: The degree of mobility of the tooth to be extracted should be assessed. When the tooth is excessively mobile, as the case with severe Periodontal diseases, an uncomplicated extraction is to be expected.

Preoperative Radiograph: Ideally any tooth to be extracted should be radiographed preoperatively. However, practically this is not always possible. In practice the following conditions necessitate preoperative radiograph of the tooth to be extracted:

Procedure:

Position Of The Patient: The patient is seated comfortably in the dental chair and the back of the chair adjusted so that the head, neck and trunk of the patient are at straight line making 45 degree angle with the floor. Accordingly, when the patient open his mouth the lower occlusal plane will be parallel to the floor and the upper occlusal plane will make 45 degree angle with the floor.

Position Of The Operator: During extraction of lower right posterior teeth, molars and premolars, the operator stands behind the patient and to the right side. For extraction of all other teeth the Operator stand in front of the patient and to the right side.

The height of the dental chair is an important factor for successful extraction. If the operative site is too high or too low the operator will work in mechanically disadvantages and uncomfortable position.

Local Anesthesia:

Before starting with extraction of tooth the area should be anesthetized first. Local anaesthesia is deposited at the buccal (cheek) side of the alveolus which can diffuse through the thin cortical plate of the maxilla, then further into the pulp of the tooth in order to achieve dental anaesthesia effect.

The Extraction Forceps

The forceps are the most widely instrument used for teeth extraction. The simplest forceps is the upper straight forceps which is used for extraction of Upper anterior teeth. All forceps consists of three parts which are two handles, two blades, connecting together with one joint.

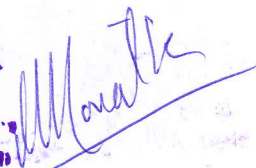
As teeth varies greatly in number, size and location hence different forceps are designed for different teeth extraction. The blade which fit one tooth or group of teeth definitely will not fit all other teeth.

The Extraction Set of Forceps

The extraction set of forceps consists of six forceps in addition to the bayonet forceps. The forceps differ from each other in the shape of their blades (in order to fit the different shapes of the roots of the teeth) and in the angle between the handles and the blades (to give maximum accessibility to the tooth to be extracted). It is very difficult to extract an upper premolar tooth using upper anterior forceps. However, when using upper premolar forceps, which has an angle between the handles and the blades, proper tooth gripping is possible.

Forceps Extraction Procedure

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The basic steps for forceps extraction procedures are incision of the gingiva around the tooth to be extracted, gripping the forceps, the use of left hand, tooth gripping and extraction movements required to deliver the tooth out of its alveolus. These are followed by the post-extraction procedures.

Incision: Many dentists depends on the blades of the forceps to strip the gingival attachment from the tooth neck. However, to avoid the possible stripping and laceration of the gingiva during extraction an incision should be made using number 11 Bard Parker blade inserted in the gingival crevice and carries all around the tooth.

Post-Extraction Care

Immediate Post-Operative Procedures

Once the tooth is removed from the socket the bony walls of the socket, which has been dilated by the extraction movements, are compressed between the thumb and the index finger. This is done to decrease the size of the socket and promote rapid healing. The following should be performed:

- The socket is inspected for any tooth fragment or filling fragments which should be removed if present.
- Any sharp bony edge is smoothed using bone file.
- Inspect the interradicular bone, if it projects trim it using bone Rongeur.
- Inspect the soft tissue around the extraction socket for any laceration.

Post-Operative Instruction

- Bite on the gauze pack for one hour, if after one hour still there is blood oozing bite on another pack for one more hour.
- Do not disturb the site of extraction or surgery by foreign objects, your finger or tongue.
- Avoid vigorous rinsing of the mouth or excessive spitting for the next 24 hours after surgery so as not to disturb the newly formed blood clot..
- Avoid hot food and drinks for the first 24 hours after surgery.
- Soft and cold food are allowed on the other side of surgery.
- In case of surgical removal, ice pack should be applied to the site of surgery. Apply the ice pack 20 minutes/hour for the first postoperative day.
- Take your medications as prescribed.
- Pain, swelling and mild ooze of blood is normal in the immediate postoperative period. however, if these symptoms are sever contact your dentist.
- Sutures, if present, will be removed in the 5th to 7th postoperative day.
- Smoking is not allowed in the day of surgery or extraction as it may lead to bleeding.
- Avoid hard work in the first 24 hours after surgery or extraction.
- Use warm saline mouth wash the second day of surgery 3 times/day for 5-7 days.


Complication:

Hemorrhage

Local site infection

Assessment

The procedure is to be assess by faculty member and feedback provided.


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