

Routine Extraction 1, 16, 17 and 32

A discussion among dental professionals on the message boards of Dentaltown.com. This is a beautifully documented case of wisdom teeth removal. See this case from start to finish through terrific photography. Log on today to participate in this discussion and thousands more.

Harry J. Jackson

Post: 1 of 85

Posted: 5/16/2007

Total Posts: 1,116



Introduction: I've been doing a ton of surgery over the last year. I decided to break out the camera today and just start experimenting with it again. Nothing special about this case, just trying to document some simple extractions.



(Right) Pre-op #32, mesially inclined.



Distal-lingual, releasing incision.



Begin reflection with a Woodson, then I move to a Molt 9.



Minnesota holds back the MG [muco-gingival] flap that is released up to the MB [mesial-buccal] line angle of #31.



Buccal trough, I think I came around the MB line angle of #32 a bit after I took the picture.



Tooth sectioned three-quarters of the way through.



Distal section of the tooth cracked.



Distal section of crown removed. I like to try to get the crown and root together, but if the crown comes without the root it is usually no problem at all.



Mesial luxated distally with either a 301, 34 or A-point.



Distal root remains.

continued on page 100



Distal root luxated mesial with a Molt 9 or one of the Millers after a small piece of interradicular bone and a small amount of buccal bone removed from around root.

Everything closes up nice. I'm not the biggest fan of sutures.



My version of sutures.



Number 17 out, I troughed the buccal and it luxated right out with a 301.



Four on the floor.

■ Harry J. Jackson

jreznick
Post: 2 of 85
Posted: 5/16/2007
Total Posts: 1,445



Harry, nice case and great pictures. You did not show this, so I am assuming that it is part of your routine. You should be sure to curette out the sockets thoroughly, so that no follicular tissue is left. If this is not done, a residual cyst can develop if there is inflammation in the area in the future. Also, use a bone file to smooth the bony edges, and use lots of irrigation with sterile saline. Looks like it went smoothly. ■

Harry J. Jackson
Post: 3 of 85
Posted: 5/16/2007
Total Posts: 1,116



Jay, thanks. Yes, I always irrigate a ton, then I use the curette in the socket and rake the bone file over my buccal trough. I usually use the rongeur to clip away some of the thin interradicular bone left behind. And I always finish with more irrigation. The solution to pollution is dilution! I'll try to post more cases. Hopefully they will get more exciting. A case like that usually takes me 25 minutes, start-to-finish. I think it would be a great source of income if other general dentist got comfortable with surgery. ■ Harry J. Jackson

ttwiss
Post: 4 of 85 ■ Posted: 5/16/2007 ■ Total Posts: 84

Harry, in these cases what are you doing for sedation? Nothing, nitrous oxide, etc.? Thanks. ■ Tyler

Harry J. Jackson
Post: 5 and 8 of 85
Posted: 5/16/2007
Total Posts: 1,116



Usually nothing besides my calming bedside manner and a radio playing in the background. Two-to-three times a month I'll use enteral sedation (Halcion or Ativan, usually Halcion because it's quicker acting with a shorter half-life) just to keep me fresh. Most of the time I'm joking around a bit, singing or listening to Jim Rome. I'm a very bad singer, so I usually tell them I can get their teeth numb, but there's nothing I can do for their ears. Humor works very well for me. I ask every patient if they want to be sedated. If they do, I send them to an OS [oral surgeon], otherwise I take care of them. I tell

them they will feel me working, but won't experience anything sharp or painful. Just the sensation of movement and pressure. I am very quick to take out the scalpel and handpiece, it makes for a much easier extraction and less post-op pain in my opinion. I have the advantage that most of my patients are young, healthy and usually a bit excited to get their wisdom teeth out. I'd say four out of 10 ask to watch.

[Posted: 5/17/2007]

I very rarely suture. Every once in awhile I have to break out the gut, but most of the time I just use pressure after I reapproximate the flap. I usually have to suture when I take out adjacent teeth, or do something like two surgical extractions on #30 and 32. I think sutures are overused. They add surgical time and are just one more foreign object back in your surgical site. I use to use Gelfoam with tetracycline, but stopped using that as well, and haven't seen any increase in post surgical complications. I'll try to take more pics today. ■ Harry J. Jackson

agsanders

Post: 16 of 85

Posted: 5/17/2007

Total Posts: 994

I'm really enjoying these cases that you're posting. Cotton suture, I love it. That's hysterical. My favorite elevator is a Cogswell. I just have to keep the point sharp. Periodically, I'll bring all my Cogswell elevators home and sharpen them. I use a fish hook sharpener designed for large saltwater hooks. What kind of handpiece are you using and what bur? I've been using the NSK 45 with 701s, but I'm thinking of changing. ■ Sanders

Harry J. Jackson

Post: 18 & 24 of 85

Posted: 5/17/2007

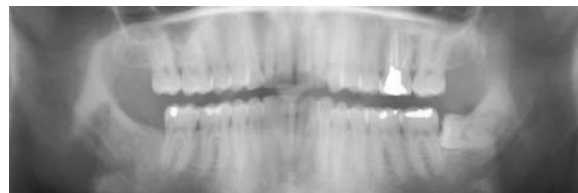
Total Posts: 1,116



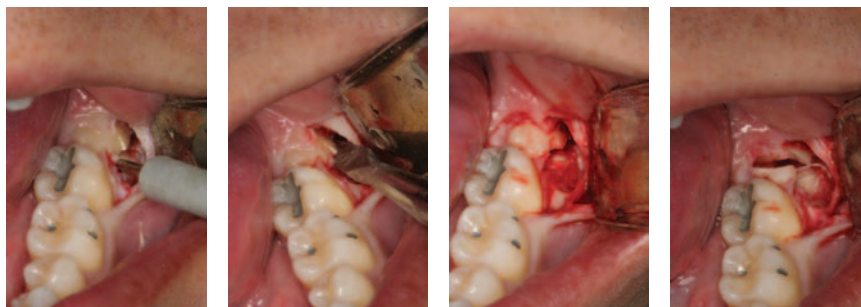
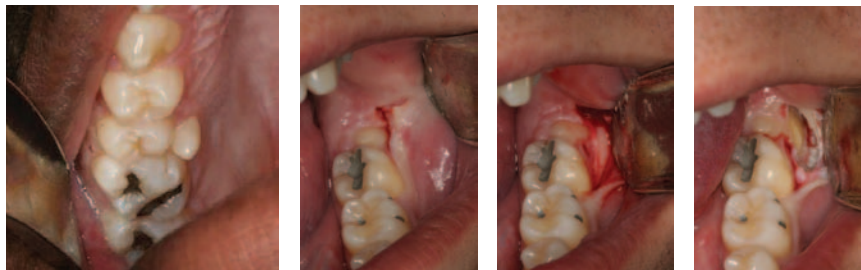
Sanders, thanks, I've enjoyed posting them. I use a 301, 34, A-Point (Cog's A), B-Point, and two Miller-type elevators. I don't sharpen any of them. The only thing I really use the A for is cracking sectioned teeth. The B is great for reaching up and distalizing high impacted upper third molars. The Millers are designed for elevating maxillary thirds buccally, but I use them all over. I think I use them a lot like most people use East/West. I use a straight surgical handpiece. It's a Stryker. I'll take a picture of it next week at work. I love the straight over any of the contra-angles. I also love the torque, you can't beat it. I don't know what bur I'm using. It's an SS White. I'll get you all that info next week. Glad you're enjoying. I'd love some more advice if anyone's got any. I'm always looking to be more efficient and less traumatic.

I don't think a scope would be that big of a help in routine exodontia, not even full bony cases like the others I've posted. In fact, I don't even wear my loupes when I do extractions. I want the biggest field of view I can get. There are so many other things you have to be aware of. My patients are always awake, so I need to see the blood pooling in their throats, or that piece of fractured crown that fell into the vestibule. Surgery for me is also as much about having a plan and being able to feel what you are doing, as it is about vision. I also stand during surgery, I find it allows me to be more mobile and move from the 10 to 12 o'clock position, or sometimes 3 o'clock much more quickly and efficiently. I think that preoperative cone beam CT would be a more valuable tool than magnification in surgery.

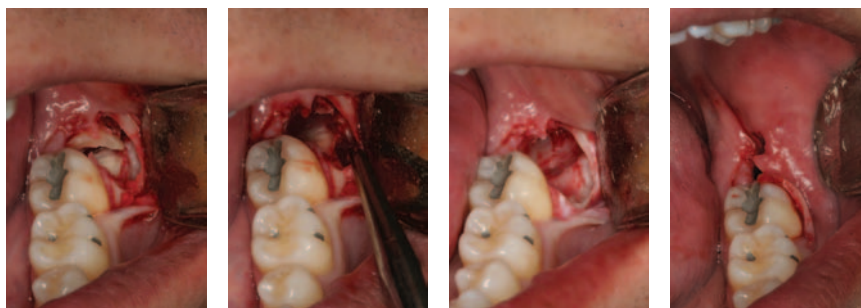
OK, here is one from today. I'll try to show a bit more instrumentation.



My surgical set up and my handpiece. The bur is a SS White surgical 59mm 703.



I had to section the distal half of the crown off to allow for the root to come mesial.



I like to use a Miller-type elevator to reach under the crown via my buccal trough.



And last but not least, my cotton suture!

So, I guess in private practice I'd call that a partial bony and charge about \$250. Once again, no sedation. The patient walked away in 25 minutes. The pictures add a bunch of time. And I actually ran out of batteries on my ring flash. Luckily I had the spares on the charger. Hope people are getting something out of these.

A few people have commented on how little I release mesial. This isn't how I've always done it. I used to release the papilla between the first and second molar. This is the best way to start. You have to be able to visualize the tooth before you develop your feel. There are still times that I release the papilla, but most of the time I can manage the tissue without worrying about a tear. Not releasing that papilla is part of my secret to a successful cotton suture! ■ Harry J. Jackson

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