

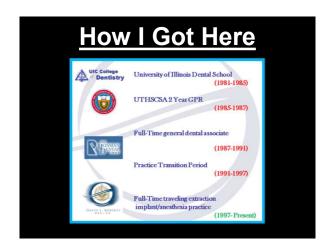
Principles of Third Molar Impactions Diagnosis , Case Selection and Treatment Planning for Third Molars

The Course Outline

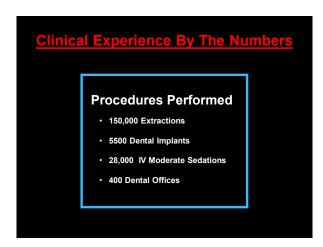
Etiology: What is causing the problem Pathology: What the problem is causing Pre-Surgical Evaluation Dx and Tx Planning 3rds **Radiological Examination** Coronectomy Classifications / ADA Codes

<u>Disclaimer:</u> ADA CERP Standard IX

"Participants should be cautioned about the potential risks of using limited knowledge when integrating new techniques in their practice"





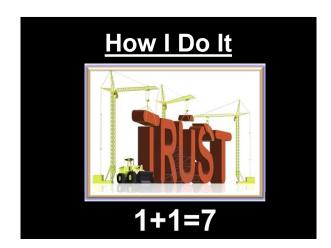


Clinical Training & Experience 12 Advanced Cardiac Life Support Re-Certifications Parenteral Conscious Sedation and Advanced Emergency Procedures TDA / TSBDE Certificate in Conscious Sedation from the American Dental Society of Anesthesiology (ADSA)









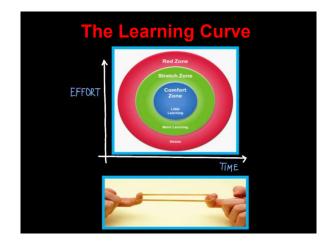


Ask Questions During or After ?

What Do You See?

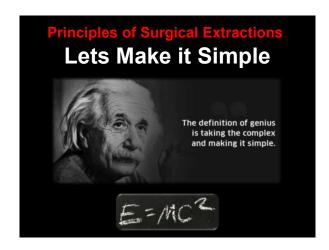
PARADIGM SHIFT

- Bigger Flaps
- Less Sutures
- Remove Bone (Strategically)
- Dry Sockets
- Post Op Instructions
- Suction / Handpiece
- The Key Is To Think 3D
- (O<H)+RI=S

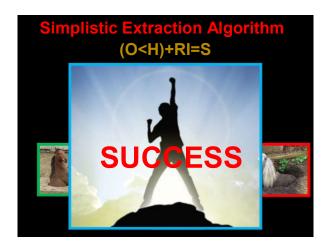


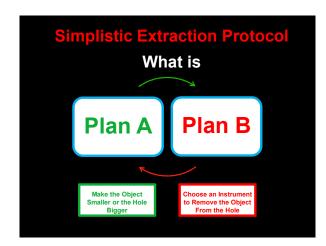


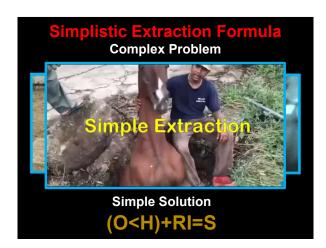




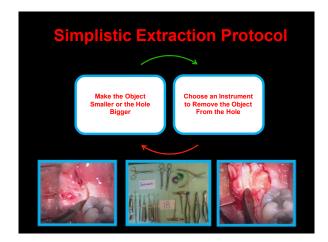


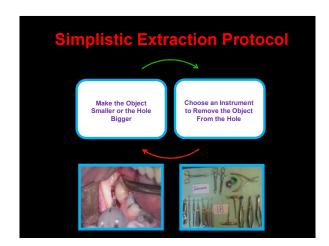


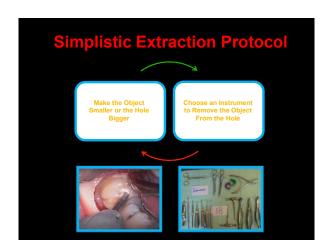


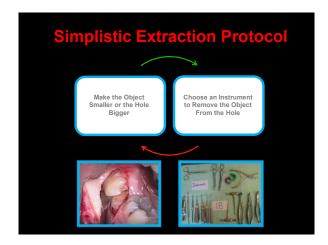


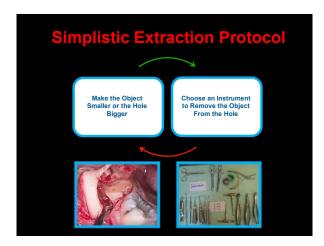


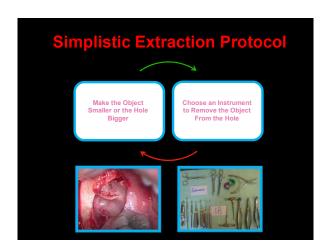


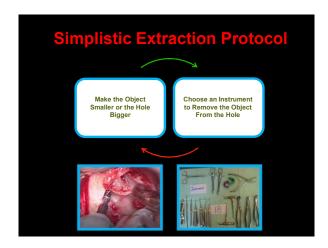


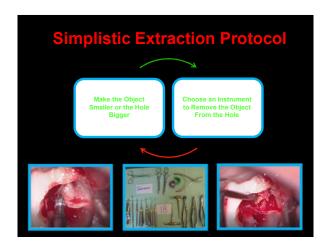








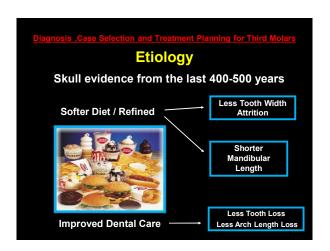






Principles of Third Molar Impactions Diagnosis ,Case Selection and Treatment Planning for Third Molars Course Outline Etiology: What is causing the problem Pathology: What the problem is causing Pre-Surgical Evaluation Dx and Tx Planning 3rds Radiological Examination Coronectomy Classifications / ADA Codes

Etiology Why do so many people need to have 3rd molars removed? Most patients lack the anatomic space necessary for successful eruption of third molars



Etiology 75% of patients have 4 wisdom teeth 25% of patients have 0, 1, 2, 3, 5, 6, 7, 8 etc.

Pathology

Pericoronitis Crowding of the Anterior Teeth? Damage to Adjacent Structures Teeth (2nd Molars) Bone (Distal to 2nd Molars) **Cysts & Tumors**

Diagnosis ,Case Selection and Treatment Planning for Third Molars			
Pericoronitis			
	Pericoronitis can vary from a mild annoyance to causing a life threatening situation.		
	Pericoronitis is the most common indication for the removal of third molars.		

Fake News? "My Wisdom Teeth are Causing My Teeth to Shift" Impacted wisdom teeth do not cause crowding of the mandibular anterior teeth

Fake News? "Since my teeth are impacted that means the Surgery will be more painful" "Since my teeth are erupted that means the surgery will be less painful"

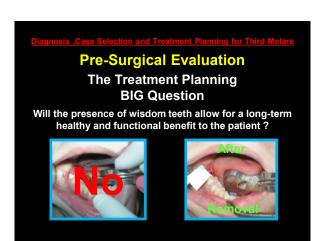
Pathology Damage to Adjacent Normal Structures			
2nd Molars The damage can occur either from the follicular development of the third molar or from bacterial retention on the distal of the 2nd molar. Extensive damage can occur without symptoms.			
Bone The normal osseous periodontal architecture posterior to second molars can be asymptomatically destroyed by the attempted eruption of the third molar	Infection		

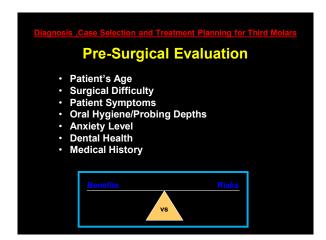
Pathology Good News Usually in patients 25 years and younger, the periodontium posterior to the 2nd molar will usually repair itself upon removal of the 3rd molar.

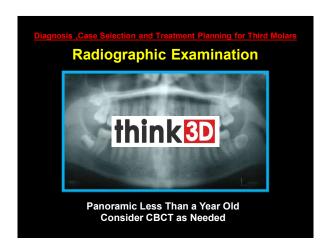
Pathology
Cysts & Tumors

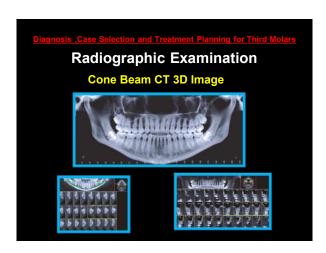
These are rare occurrences.
They can occur without causing pain or pressure.
They can be the cause of a devastating loss of tissue due to unattended pathology.

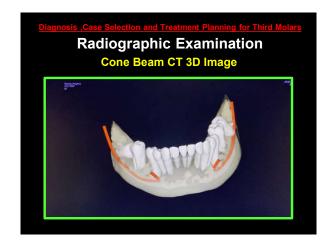
Retained 3rd molars should be examined radiographically every 3 years.

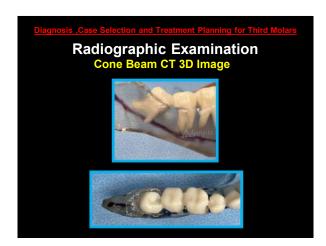






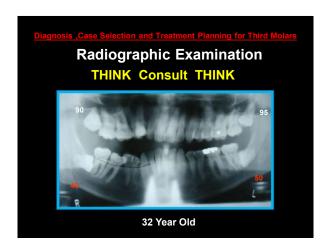


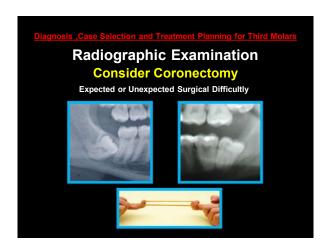


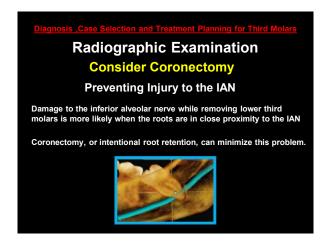




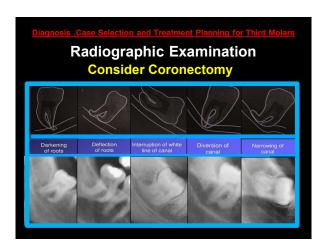


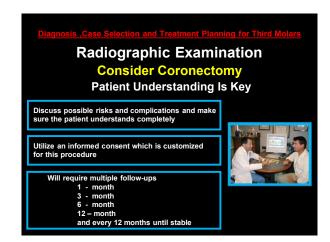


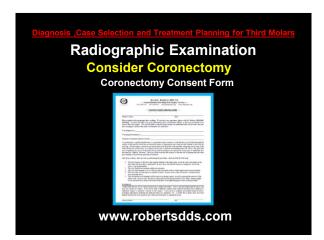


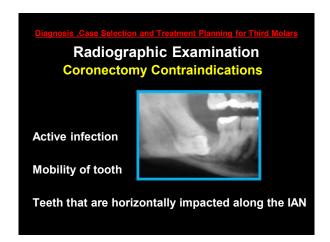


Plagnosis, Case Selection and Treatment Planning for Third Molars Radiographic Examination Consider Coronectomy Injury to the Inferior Alveolar Nerve The incidence of inferior alveolar nerve disturbance after third molar removal has been reported to vary widely Temporary disturbances, are by far more common, however; permanent problems have been reported in a frequency of 0.6 to 2.2 percent of all disturbances(I)





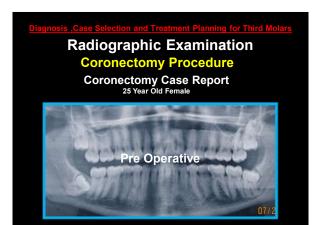




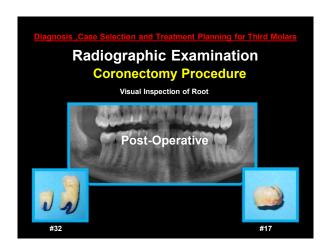
Radiographic Examination **Coronectomy Procedure** 1. Raise a conventional flap with releasing incision

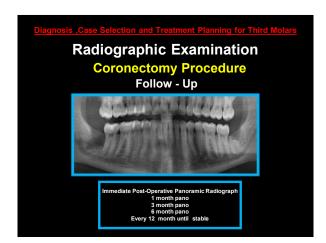
- Ensure the crown is completely transected, and doesn't need to be fractured from the root.
- Avoid mobilizing the roots
- The remaining roots should be at least 3mm below the crestal bone (no remaining enamel)
- Irrigate well and visually inspect socket for debris
- Close with 3-0 chromic sutures

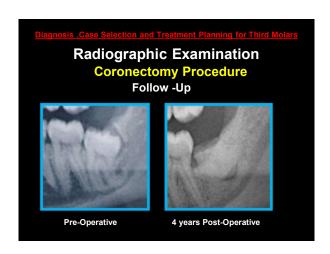


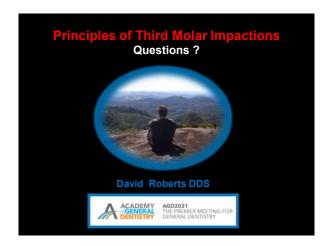












Classifications/Coding
ADA Codes CDT

7140 Extraction Erupted
7210 Surgical Extraction Erupted
7220 Soft Tissue Impaction
7230 Partial Bony Impaction
7240 Complete Bony Impaction
7241 Complicated Bony Impaction
7250 Removal of Residual Tooth Roots
7251 Coronectomy/Intentional Partial Tooth Removal

