2017 Oregon Dental Conference®
Course Handout

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Thursday, April 6
9 am - 12 pm
Patient Evaluation

Medical
Clinical
Record Keeping

Dentoalveolar Surgery

Basic Armamentarium
  - Local anesthesia
  - Suction
  - Mirror
  - Retractor - Minnesota
  - Periosteal elevator
    - Woodson Elevator
    - Luxator
  - Forceps – Upper and lower universal

Flap Armamentarium
  - Needle Holder Crile-Wood
  - Scissors Curved Kelly
  - Scalpel handle
    - #15 blade
  - Irrigation syringe
  - Surgical handpiece
Surgical bur –701, 702, 703

Miscellaneous Armamentarium

Silicone bite blocks
Elevators ("Root", aka root tip picks, “East-West” aka Cryers
Curette
Bone file

Principles of Exodontia

Parallel/Axial Motion (new concept) versus Lateral Motion (traditional concept)

1. Separation of Sulcus Connective Tissues.
2. Luxation of Periodontal Attachment Apparatus.
3. Application of Rotational (Torque) Forces with Forceps to the Periodontal Attachment apparatus

   Slow clockwise-counterclockwise... feel the resistance & hold.

   Steady pressure disrupts fibers... bone doesn't expand – it fractures.

   Special universal and anatomic universal forceps have excellent "frictional values" and are designed for positioning on solid tooth and root structure.

Access

Principles of Flap Design

• – Large enough to see
• – Full thickness
• – Margins on bone
• – No tension with retraction
• – Release one tooth away
“Forces of Exodontia” ...“It’s all feel”

Apical

Facial (Buccal/Labial)

Lingual/Palatal

Rotational

Traction ("PULL")

Routine Extraction

1. Separation of Sulcus Connective Tissues with Woodson.

2. Luxation of Periodontal Attachment Apparatus with luxator...parallel NOT perpendicular!

3. Application of Rotational (Torque) Forces with Universal Forceps.

   Slow clockwise-counterclockwise...feel the resistance and hold.

   Special universal and anatomic forceps have excellent "frictional values" and are designed for positioning on solid tooth and root structure.

4. Application of Forces with appropriate forceps.

   Facial-Lingual/Palatal...Apical...Rotation...Facial-Lingual/Palatal...Traction.

   Steady pressure disrupts fibers - bone doesn’t expand, it fractures!

5. Inspect root(s).

6. Debride socket(s).

7. Place gauze pad.

8. Have patient read post-op instruction sheet during initial 5 minutes of biting pressure.

9. Apply moist gauze pad.

Surgical Extraction
1. Separation of Sulcus Connective Tissues with Woodson.
2. Luxation of Periodontal Attachment Apparatus with luxators...parallel NOT perpendicular!
3. Application of Rotational (Torque) Forces with Forceps.
   Slow clockwise-counterclockwise...feel the resistance and hold.
   Special universal and anatomic forceps have excellent frictional values and are designed for positioning on solid tooth and root structure.
4. Application of Forces with appropriate forceps.
   Facial-Lingual/Palatal...Apical...Rotation...Facial-Lingual/Palatal...Traction
5. Section molars...Flap elevation and reflection if necessary.
6. Root luxation with woodson and/or luxators
7. Root forceps.
8. Inspect root(s).
9. Debride socket(s)...3-0 Plain Gut Suture.
10. Place gauze pad.
11. Have patient read post-op instruction sheet during initial 5 minutes of biting pressure.
12. Apply moist gauze pad.

Third Molar Surgery

Pain Control and Analgesia - Current protocols

Suturing Techniques – back to basics

Bisphosphonates - Protocols