

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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**AND STATE CREDIT**  
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1. Complete the enclosed Post Test. If more than one person needs to take the test, please feel free to make additional copies. However, only 2 free tests are allotted to each video purchaser. If additional tests are needed, the following fees will apply: \$25 per test per dentist; \$10 per test per technician; and \$5 per test per staff member. This fee can be paid either by check or credit card when tests are submitted to Practical Clinical Courses.
2. Complete the demographic information located at the end of the test.
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**Practical Clinical Courses**  
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# **PRACTICAL CLINICAL COURSES**

A Service of The Gordon J. Christensen  
Career Development Program

## **V4103 EASY THIRD-MOLAR EXTRACTIONS**

Gordon J. Christensen, DDS, MSD, PhD

### **Materials Included**

Products List  
Patient Information Forms (6)  
C.E. Instruction Sheet  
Clinician Responsible  
Goals & Objectives  
Overview  
References  
AGD Post Test

Gordon J. Christensen

## PRACTICAL CLINICAL COURSES

*Sources of Instruments and Supplies Discussed in*

# V4103 EASY THIRD-MOLAR EXTRACTIONS

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

1. **ALVOGYL**  
Septodont, Inc.  
245-C Quigley Blvd.  
New Castle, DE 19720  
(800)872-8305  
(302)328-1102  
[www.septodontusa.com](http://www.septodontusa.com)
2. **APICAL RETENTION FORCEPS (1107 Upper & 1121 Lower)**  
Karl Schumacher Dental Instrument Co. Inc.  
108 Lakeside Park Drive  
Southampton, PA 18966  
(800)523-2427  
(215)322-0511  
[www.karlschumacher.com](http://www.karlschumacher.com)
3. **BUFFONT SURGICAL CAPS**  
Patterson Dental Supply  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
4. **CDT-4 DENTAL CODES**  
American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611  
(312)440-2500  
[www.ada.org](http://www.ada.org)
5. **CHILD MOUTH PROP (Bite Block)**  
Patterson Dental Supply, Inc.  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
6. **CRYERS (Small #21 & #22)**  
Karl Schumacher Dental Instrument Co. Inc.  
108 Lakeside Park Drive  
Southampton, PA 18966  
(800)523-2427  
(215)322-0511  
[www.karlschumacher.com](http://www.karlschumacher.com)
7. **DEXAMETHASONE SODIUM PHOSPHATE (4mg/ml, 30 ml Vial)**  
Southern Anesthesia and Surgical  
1 Southern Court  
West Columbia, SC 29169  
(800)624-5926  
(803)739-4457  
[www.southernanesthesia.com](http://www.southernanesthesia.com)
8. **ELEVATORS:**  
**190-191**  
Hu-Friedy Mfg. Co., Inc.  
3232 N. Rockwell Street  
Chicago, IL 60618-5935  
(800)729-3743  
(773)975-6100  
[www.hu-friedy.com](http://www.hu-friedy.com)  
**BARBED 301 ELEVATOR (Lindo-Levin 3mm Blade #4932)**  
Zoll Medical Corporation  
269 Mill Road  
Chelmsford, MA 01824  
(800)348-9011  
(978)421-9655  
[www.zoll.com](http://www.zoll.com)  
**COGSWELL B**  
Hu-Friedy Mfg. Co., Inc.  
3232 N. Rockwell Street  
Chicago, IL 60618-5935  
(800)729-3743  
(773)975-6100  
[www.hu-friedy.com](http://www.hu-friedy.com)  
**MILLERS (73-74)**  
Hu-Friedy Mfg. Co., Inc.  
3232 N. Rockwell Street  
Chicago, IL 60618-5935  
(800)729-3743  
(773)975-6100  
[www.hu-friedy.com](http://www.hu-friedy.com)
9. **GAUZE (4"x 4")**  
Patterson Dental Supply  
1031 Mendota Heights Rd  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
10. **GELFOAM (#4 Size)**  
Patterson Dental Supply  
1031 Mendota Heights Rd  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
11. **HEMOSTYPE OR HEMOSTATIC GAUZE(2" x 2")**  
Patterson Dental Supply  
1031 Mendota Heights Rd  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
12. **IODOFORM GAUZE (1/4" x 5 Yards)**  
Patterson Dental Supply  
1031 Mendota Heights Rd  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
13. **IRRIGATION SYRINGES (12cc Plastic, Curved Tip)**  
Patterson Dental Supply  
1031 Mendota Heights Rd  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
14. **ROMAZICON (FLUMAZENIL) (0.5 mg in 5 ml Vial, 0.1 mg/ml)**  
Southern Anesthesia and Surgical  
1 Southern Court  
West Columbia, SC 29169  
(800)624-5926  
(803)739-4457  
[www.southernanesthesia.com](http://www.southernanesthesia.com)
15. **SALINE (12 One-Liter Bottles)**  
Southern Anesthesia and Surgical  
1 Southern Court  
West Columbia, SC 29169  
(800)624-5926  
(803)739-4457  
[www.southernanesthesia.com](http://www.southernanesthesia.com)
16. **SUCTION TIP (3mm Inside Diameter/15P3A Tapering for General Use)**  
Quality Aspirators, Inc.  
1419 Godwin Lane  
Duncanville, TX 75116  
(800)858-2121  
(972)298-2669  
[www.qualityaspirators.com](http://www.qualityaspirators.com)
17. **SULTAN DRY SOCKET PASTE**  
Patterson Dental Supply  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)

18. **SURGICAL HANDPIECES:**  
**AIR KING SURGICAL HANDPIECE (45°, 25°)**  
Medidenta International, Inc.  
39-23 62<sup>nd</sup> Street  
P.O. Box 409  
Woodside, NY 11377  
(800)221-0750  
(718)672-4670  
[www.medidenta.com](http://www.medidenta.com)  
  
**BIEN AIR HANDPIECE (AEU 17B with 2:1 Increase)**  
Aseptico, Inc.  
8333 216<sup>th</sup> Street S.E.  
Woodinville, WA 98072  
(800)426-5913  
(425)487-3157  
[www.aseptico.com](http://www.aseptico.com)  
  
**GLENWOOD/PALISADES IMPACT AIR 45**  
Available only through Dental Dealers  
  
**OMS HANDPIECE**  
Sabra Dental Products  
9 Pinoak Ln  
Hauppauge, NY 11788  
(800)888-4435  
(631)543-6575  
[www.sabradent.com](http://www.sabradent.com)
19. **SURGICAL LENGTH BURS 702 (1702, End Cutting), 703 (1703)**  
Brasseler U.S.A.  
One Brasseler Blvd.  
Savannah, GA 31419  
(800)841-4522  
(912)925-8525  
[www.brasselerusa.com](http://www.brasselerusa.com)
20. **SUTURE MATERIAL WITH FS-2 OR C-6 NEEDLE**  
Patterson Dental Supply  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
(615)686-1600  
[www.pattersondental.com](http://www.pattersondental.com)
21. **3CC SYRINGES WITH NEEDLE**  
Southern Anesthesia and Surgical  
1 Southern Court  
West Columbia, SC 29169  
(800)624-5926  
(803)739-4457  
[www.southernanesthesia.com](http://www.southernanesthesia.com)
22. **WISDOM TEETH PATIENT EDUCATION BOOKLETS:**  
Quintessence Publishing  
551 Kimberly Drive  
Carol Stream, IL 60188  
(800)621-0387  
(630)682-3223  
[www.quintpub.com](http://www.quintpub.com)  
  
Krames-Corporate HQ  
780 Township Line Road  
Yardley, PA 19067  
(800)333-3032  
(267)685-2500  
[www.krames.com](http://www.krames.com)

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# Dental Extractions Consent Form

I understand that oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

**1. Injury to the nerves:** This would include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.

**2. Bleeding, bruising, swelling:** Bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Bruises or hematomas may persist for some time.

**3. Dry socket:** This occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful if not treated.

**4. Sinus involvement:** In some cases, the root tips of upper teeth lie in close proximity to the sinuses. Occasionally during extraction or surgical procedures, the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved from the sinus.

**5. Infection:** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. At times, these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, attention should be received as soon as possible.

**6. Fractured jaw, roots, bone fragments, or instruments:** Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured, requiring retrieval and possibly referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery which could cause more harm and add to the risk of complications.

**7. Injury to adjacent teeth or fillings:** This could occur at times no matter how carefully surgical and/or extraction procedures are performed.

**8. Bacterial endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and bacterial endocarditis (an infection of the heart) could occur. It is my responsibility to inform the dentist of any heart problems known or suspected.

**9. Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. **Cardiac arrest could occur as a reaction to local anesthetic solution if you have used cocaine or methamphetamines within the last 24-48 hours.** All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.

**10. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I shall diligently follow any pre-operative and post-operative instructions given me.**

**Informed Consent:** I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Karl R. Koerner and his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

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Patient's name

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Signature of patient, legal guardian,  
or authorized representative

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Date

# Oral Sedation Monitoring Form

Name of assistant doing the recording: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Gender: M F

Procedure(s) being performed: \_\_\_\_\_

Any compromised health conditions from the health history? \_\_\_\_\_

## The following materials are available today:

Monitor: for BP, pulse, and oxygen saturation? Y N

Benzodiazepine reversal agent and syringe? Y N

Oxygen inhalation for use during the procedure? Y N

Positive pressure oxygen capability? Y N

**Baseline vitals:** Resp./min. \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Oxygen sat.: \_\_\_\_\_

## Record every 10 minutes:

Time:	BP:	Resp./min.:	Pulse:	Oxygen sat.:	

- Romazicon: 0.2mg (0.1mg/cc) initial dose ½ inch in tissue just off midline under tongue into venous plexus. 2nd dose in 2-3 min. 10 cc max. Can have re-sedation so monitor for at least one hour.

# Oral Surgery and Dental Extractions Informed Consent

I understand that oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

**1. Injury to the nerves:** This would include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.

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**6. Fractured jaw, roots, bone fragments, or instruments:** Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured, requiring retrieval and possibly referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery which could cause more harm and add to the risk of complications.

**7. Injury to adjacent teeth or fillings:** This could occur at times no matter how carefully surgical and/or extraction procedures are performed.

**8. Bacterial endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and bacterial endocarditis (an infection of the heart) could occur. It is my responsibility to inform the dentist of any heart problems known or suspected.

**9. Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. **Cardiac arrest could occur as a reaction to local anesthetic solution if you have used cocaine or methamphetamines within the last 24-48 hours.** All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.

**10. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I shall diligently follow any pre-operative and post-operative instructions given me.**

**Informed Consent:** I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Karl R. Koerner and his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

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Patient's name

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Signature of patient, legal guardian,  
or authorized representative

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Date

## INFORMATIONAL INFORMED CONSENT ORAL (ENTERAL) SEDATION

Oral or parenteral sedation is made available by this office to assist in minimizing anxiety that may be associated with going to the dentist. The intent of oral sedatives is to relax you yet still enable you to communicate with the dentist while treatment is being performed. Even though oral sedation is safe, effective and generally free of complications, by reading and signing this form, you acknowledge that you are aware of possible risks of oral sedation, acknowledge these risks, and consent to and accept the option of receiving oral sedation.

1. I acknowledge that I have read and signed this Informational Informed Consent form prior to my taking any form of oral sedation. I acknowledge that some oral sedatives are generally prescribed as sleeping pills but are safely used in conjunction with dental procedures to decrease anxiety.
2. I agree not to drive to or from the office after taking any sedative medication, and I understand that I am responsible for arranging for my own transportation to and from the dental office. I also agree not to drive or operate any machinery or the remainder of the day of treatment. I agree to have someone stay with me for several hours after sedation due to possible disorientation and to prevent possible injury from falling due to disorientation, loss of balance, etc.
3. I agree to inform the office and refrain from undergoing oral sedation if the following conditions are present:
  - A: Hypersensitivity to benzodiazepine drugs (Valium, Ativan, Versed)
  - B: Pregnant or nursing
  - C: Liver or kidney disease
4. I have disclosed to the dentist that I am taking any of the following drugs that may adversely react with oral sedatives: nefazodone (Serzone); cimetidine (tagamet, tagamet HB, Novocimetidine, Peptol); levodopa (Dopar or Larodopa) for Parkinson's Disease; antihistamines such as Benedryl or Tavist; verapamil (Calan); diltiazem (Carizem); Erythromycin and the azol antimyotic class of drugs (Biaxin, Nizoral or Sporanox); HIV treatment drugs (indinavir ad nelfinovar); alcohol; any recreational/illicit drugs.
5. Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, nausea or allergic reactions. Rarely, these side effects may require medical attention or hospitalization. With some patients, especially smokers, oral sedatives do not provide the desired anti-anxiety effects; therefore, planned dental procedures may need to be postponed or terminated.
6. Complications may ensue if instructions of not eating or drinking for a specified interval prior to the dental appointment are not followed.
7. The onset of many oral sedatives is usually 15 to 30 minutes and the peak effect generally occurs between one and two hours. Effects of the drug are generally almost completely diminished after six to eight hours. In extreme cases, some patients sustain substantial or severe respiratory depression or the need for hospitalization and in very rare cases, possible cardiac arrest or death. Therefore, it is essential to notify the dentist immediately of any untoward reactions or delayed recovery following the procedure.
8. I consent to the use of nitrous oxide (laughing gas) in conjunction with oral sedation as well as local anesthetic.
9. I authorize the dentist to use his/her best judgment in managing unforeseen conditions, which might unexpectedly arise during the course of oral sedation and the planned dental procedures. I acknowledge that lack of cooperation with recommendations made concerning dosage and other protocols associated with oral sedation may contribute to less than desired results.

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of oral or enteral sedation and have received answers to my satisfaction. I acknowledge that oral sedation is an option and not absolutely necessary for dental treatment, but nevertheless, I accept this option. I do voluntarily assume any and all possible risks including, but not necessarily limited to those listed above, including risk or substantial harm or even death, which may be associated with oral sedative drugs. I acknowledge that planned treatment may be postponed or terminated if oral sedative drugs do not provide the desired effect, and I acknowledge that no guarantees or promises have been made to me concerning the efficacy of oral sedation in my case or the case of my minor child or ward for whom I give consent for this procedure. The fees for oral sedation have been explained to me and are satisfactory. By signing this document I am freely giving my consent to allow and authorize Dr. \_\_\_\_\_ and/or his/her associates or agents to render oral sedation as deemed appropriate and/or advisable to my dental condition, including prescribing and administering appropriate anesthetics and/or medications.

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Signature of patient, legal guardian,  
or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date



## IV Sedation Informed Consent

I understand that undergoing IV sedation includes possible inherent risks such as, but not limited to the following:

1. Complications due to drugs, which include but are not limited to: nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. Some of these complications, although rare, may require hospitalization and may even result in death.
2. Bruising or tenderness of the IV induction site may occur. Some sedative agents may cause a burning or itching sensation in the place the IV is administered. Swelling may be caused from excess IV fluid entering surrounding tissues and may take several days to resolve. Tenderness, bruising, or swelling can be treated with warm moist heat applied to the site.
3. Need for limitation of food and drink. I understand that the patient must refrain from any food or drink after midnight for a morning appointment. Prior to an afternoon appointment, the patient is limited to a light breakfast no later than six hours before treatment time and clear liquids up to three hours before treatment. No milk.
4. Changes in health are important, including fevers or colds. I am expected to convey this information to the dentist prior to a planned appointment when IV sedation is involved.
5. A responsible adult must accompany the patient at the time of discharge. I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing IV sedation.
6. Women: Anesthetics and other medications may be harmful to an unborn child and may cause birth defects or spontaneous abortion. I accept full responsibility for informing the dentist or attending anesthetist of a suspected or confirmed pregnancy.

I have been given the opportunity to ask any questions regarding the nature and purpose of IV sedation and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death which may be associated with any phase of receiving IV sedation in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Koerner and his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and medications for my own benefit or the benefit of my minor child or ward.

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Patient's name

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Signature of patient, legal guardian,  
or authorized representative

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Date

# Post-Operative Instructions Following Dental Surgery

- Bleeding:.** Biting on the gauze pads will probably be necessary at least for the first few hours to control bleeding -- changing them every 15 minutes or so. Keep the head elevated and rest. Do not spit or rinse excessively or engage in physical activity since this stimulates bleeding. Some oozing could last up to 24 hours.  
**NOTE:** If heavy bleeding persists, replace the gauze with a clean folded gauze pad placed over the surgery site and maintain pressure until the bleeding stops. In rare cases, a tea bag (tannic acid) may need to be used to encourage clotting (regular, not herbal tea). Call Dr. Koerner if bleeding doesn't stop or is heavy for too long.
- Swelling:** This is normal following a surgical procedure in the mouth. It should reach its maximum in 48 hours and then diminish by the fifth post-operative day. The anti-swelling medicine we usually give cuts it way down to less than 1/4 of what it would normally be.  
Place ice or cold compresses on the face in the region of the surgery for ten minutes every half-hour for the first eight to 12 hours. Ice is only effective on the day of surgery.
- Discomfort:** The most discomfort that you will experience will occur as the anesthetic wears off -- usually 1-2 hours after surgery. If a long-acting anesthetic was used, you may be numb for much longer than normal.  
Do not wait for the pain to become severe before taking the medications since the medicine will require about 30-45 minutes to take effect. Pain will gradually diminish over the next few days. The maximum dose of Lortab in 24 hours is 40 mg (for the average size person).
- Smoking:** If you smoke, avoid smoking during the first week after surgery.
- Diet:** A nutritious liquid diet is necessary for the first day. Hard foods eaten while you are numb can dislodge the gums that were lifted up and then sutured in place. When the numbness wears off, you can gradually progress to harder foods.
- Activity:** For the first 24-48 hours, you should rest. Patients who have sedation should refrain from driving an automobile or from engaging in any task that requires alertness for the next 24 hours.

## **STARTING THE DAY AFTER SURGERY:**

1. Brush teeth but avoid the surgery area. As healing takes place, you can gradually brush teeth near the surgery site. Soften the bristles by placing them under hot water.
2. Use warm salt water as a mouth rinse 3-5 times per day for 5-7 days after surgery. (1 tsp salt in a glass of warm water)
3. If antibiotics are prescribed, be sure to take them all as directed. Note: They can render birth control pills ineffective.
4. Usually absorbable sutures are used and do not need to be removed. However, it is good if you can be seen by your dentist about 5-6 days after surgery to be checked. If you have a dry socket or other problem, it can be treated to prevent unnecessary pain.
5. Dry socket is a delayed healing response which may occur during the 3rd to 6th post-operative day. It is in a lower socket and associated with a throbbing pain on the side of the face which may seem to be directed up toward the ear. In mild cases, simply increasing the pain medication for a few days can control the symptoms. If this is unsuccessful, please call your doctor to arrange for some medication to be temporarily placed in the socket. They generally get better whether treated or not. Dry sockets can be brought on by rising or spitting too much the first day, too much physical activity, using a straw, smoking, birth control pills, particularly difficult surgery, and pre-existing infection. They are twice as common in patients over 30.
6. Don't chew hard (even on a hard crust of bread or on ice) for 4-6 weeks after having lower wisdom teeth removed or participate in sports where you may be hit in the jaw. The lower jaw is temporarily weaker and the bone may crack requiring the jaws being wired together for healing.
7. Residual IV drugs in your body may make you light-headed for a few days -- especially if you take a hot shower. Be careful. Call Dr. \_\_\_\_\_ if there is any inflammation or pain with your IV injection site (arm or hand).

## **CONTACT THE DOCTOR IF:**

1. Bleeding is excessive and cannot be controlled.
2. Discomfort is poorly controlled.
3. Swelling is excessive, spreading, or continuing to enlarge after 48 hours.
4. Allergies or other reactions to medications occur.

## **Contact info:**

## **PROGRAM**

### **V4103 EASY THIRD-MOLAR EXTRACTIONS**

#### **CLINICIAN RESPONSIBLE**

**Gordon J. Christensen, DDS, MSD, PhD**

Director, Practical Clinical Courses

Co-Founder and Senior Consultant, Clinical Research Associates

Practicing Prosthodontist, Provo, Utah

Adjunct Professor, Brigham Young University

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#### **GOALS & OBJECTIVES**

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss indications and contraindications of third-molar removal.
2. Know the advantages of early removal vs. removal later in life.
3. Understand at what time in a person's life to take a "wait and see" attitude toward third-molar surgery.
4. Realize what factors make this surgery more difficult and recognize when cases are in or out of your "comfort zone".
5. Compare the difficulty and predictability of moderate partial bony impactions in a young person with roots not completely formed to non-third molar extractions in an older person.
6. Know how to differentiate complete bony from partial bony impactions.
7. Implement an effective "patient management" protocol that includes several items that will help the patient be more comfortable and the procedure be less objectionable.
8. Know basic flap designs for different depths of impacted third molars.
9. Be familiar with the most effective hand instruments for the removal of impacted third molars.
10. Be familiar with accepted drill and bur options for this surgery.
11. Have examples and understand the essential make-up of a pre-op consent form and a post-op instruction form for impacted third molars.
12. Have a clear awareness of regional anatomy for this area -- including nerves, arteries, veins, other significant structures.
13. Understand, step-by-step, how to proceed with the removal of maxillary and mandibular third molars according to current standards of care.
14. Explain what to do once a tooth is out in order to prepare the wound for suturing.
15. Know considerations for suturing, such as optimal needle types and suture placement.
16. Discuss potential serious complications that can occur during this procedure and how to avoid or prevent them from happening.
17. Describe at least two methods of preventing dry sockets and two methods of treating dry sockets if they should occur.
18. Accomplish this procedure in an expeditious manner -- being able to remove all four impactions in less than one hour.
19. Know the importance of being available following surgery.
20. Understand the signs and symptoms of a postoperative subperiosteal abscess, its seriousness, and how to treat it.

## **OVERVIEW**

### **V4103 EASY THIRD-MOLAR EXTRACTIONS**

Third molar surgery is commonly performed in the United States. It is primarily done by oral and maxillofacial surgeons, but about 15% of general dentists (GPs) do it routinely and about one-third of them do it occasionally. Many GPs have had general practice residencies (GPRs), been involved in Academy of General Dentistry Mastership-track courses, attended other comprehensive training programs, or been taught one-on-one by colleagues or mentors (oral surgeons or experienced GPs). This has given them the confidence and competence to perform these procedures with a high level of proficiency. This program is a review of the most important aspects of third-molar surgery. For those who have not had very much experience in this area, it should whet their appetite for additional training.

This presentation covers the most important indications and contraindications along with case selection. The patients chosen for the clinical segments represent situations that can readily be treated by generalists. It is emphasized, however, that for one reason or another, many cases will need to be treated by oral surgeons.

Not only does this program outline in detail the step-by-step procedure of impacted maxillary and mandibular third-molar removal, it also covers patient management recommendations. These are things that help the patient be more comfortable and tolerate the surgery better. These items are crucial and should not be ignored. So, from incisions and flaps, to bone removal and sectioning, to removal of tooth parts, and finally to closure and suturing, the viewer sees this surgery from beginning to end – with adjunctive elements that demonstrate the operator's caring and compassion. This DVD presents information every surgery-oriented dentist needs to know.

## REFERENCES

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Order on [www.amazon.com](http://www.amazon.com) ISBN # 0723420386. Also available to be checked out from the ADA Library\*
2. Koerner, K.R. and Medlin, K. **Clinical procedures for third molar surgery, 2nd Ed.** PennWell Books. Tulsa, OK, 1995. 800-752-9764.
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  - Surgical crown lengthening for function and esthetics Dr. P Allen
  - Surgical and orthodontic management of impacted teeth Dr. VG Kokich and Dr. DP Matthews
  - Soft tissue surgery to alleviate orthodontic relapse Dr. JG Edwards
  - Free gingival grafts: current indications and techniques WB Hall and WP Lundergan
  - The subepithelial connective tissue graft for treatment of gingival recession Dr. L Langer and Dr. B Langer
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  - Minor preprosthetic surgical procedures Dr. BC Terry and Dr. DG Hillenbrand
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  - The removal of impacted third molars: principles and procedures Dr. KR Koerner
  - Oral mucosal biopsy procedures: excisional and incisional Dr. DP Golden and JR Hooley
  - Apicoectomy and retroseal procedures for anterior teeth Dr. GJ Schoeffel
  - Intentional replantation: a viable alternative for selected cases Dr. JA Dryden and Dr. DE Arens
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#### **Articles (available through the ADA Library\*):**

1. Koerner, K.R. **Steroids in third molar surgery: a review**. Gen Dent 35(6):459, 1988.
2. Koerner, K.R. **Practical ideas for difficult extractions**. Dental Econ. Dec. 1992.
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#### **Videos:**

1. Koerner, K.R. and Hourigan, M. **The mesioangular lower third molar impaction/diagnosis and management of post-extraction pain**. Video Journal of Dentistry. Vol. 1, No. 1. Available from Dr. Koerner.
2. Koerner, K.R. **Oral surgery: Simplifying difficult extractions**. Video Journal of Dentistry. Vol. 4. Available from Dr. Koerner's office.

\*ADA Library Phone Number: 1-800-621-8099.

## POST TEST

### **V4103 EASY THIRD-MOLAR EXTRACTIONS**

1. The distal incision for a maxillary impacted third molar usually:
  - a. comes forward from the anterior of the hamular notch to the distal of the second molar along the crest of the ridge.
  - b. comes forward from the anterior of the hamular notch and in a buccal angulation to the distal of the second molar.
  - c. comes forward from the anterior of the hamular notch and in a lingual angulation to the distal of the second molar.
  - d. comes forward from within the hamular notch forward to the second molar.
2. Besides a straight elevator to remove maxillary third-molar impactions, other useful elevators for many operators are:
  - a. Cogswell B.
  - b. Millers (73-74) or Potts.
  - c. 190-191.
  - d. all of the above.
3. Failure to constantly visualize an impacted maxillary third molar during removal could result in the tooth inadvertently entering:
  - a. the infratemporal space or the buccal (facial) space.
  - b. the buccal space or the pterygomandibular space.
  - c. the maxillary sinus, the pterygomandibular space, or the buccal (facial) space.
  - d. the infratemporal space or the maxillary sinus or the buccal space.
4. The lingual nerve is at or near the crest of the alveolar ridge in the third molar area in approximately what percentage of patients?:
  - a. 10%
  - b. 20%
  - c. 30%
  - d. 40%
5. Extending a buccal releasing incision too far apically between the first and second molar could disrupt what anatomic entities resulting in a serious complication?:
  - a. facial artery and/or long buccal nerve
  - b. Stenson's duct and/or posterior facial vein
  - c. facial vein and/or long buccal nerve
  - d. facial artery and/or anterior facial vein
6. The two main factors predisposing dry sockets are:
  - a. smoking and infection.
  - b. traumatic tooth removal and advanced age.
  - c. steroids and birth control pills.
  - d. smoking and birth control pills.

POST TEST (CONT'D)

**V4103 EASY THIRD-MOLAR EXTRACTIONS**

7. The use of systemic short-term steroids associated with third-molar surgery will reduce swelling by approximately:
  - a. 15-20%.
  - b. 35-40%.
  - c. 55-60%.
  - d. 75-80%.
  
8. A distal incision over a mandibular-impacted third molar should be angled buccally to avoid:
  - a. cutting the lingual nerve.
  - b. cutting the inferior alveolar nerve.
  - c. cutting the facial artery.
  - d. excessive scarring.
  
9. After suturing triangular flaps, the operator should gently press on them. This action will:
  - a. help prevent hematoma.
  - b. initiate fibrin adhesion.
  - c. reduce bleeding.
  - d. all of the above.
  
10. If a highspeed drill is used for this surgery, it should be a "surgical" highspeed that helps prevent:
  - a. air emphysema.
  - b. burning the bone.
  - c. poor visibility.
  - d. a more lengthy procedure.

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