PRACTICAL CLINICAL COURSES
A Service of the Gordon J. Christensen
Career Development Program

V4116
Oral Surgery in General Practice

Karl R. Koerner, DDS, MS
Gordon J. Christensen, DDS, MSD, PhD

Materials Included:
C.E. Instruction Sheet
Products List
Clinicians Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

Gordon J. Christensen
PRACTICAL CLINICAL COURSES

PROCEDURE FOR RECEIVING
CE CREDIT FOR VIDEO COURSES

1. Complete the enclosed Post-Test.* For each **CE Video Purchased,** one test is included. If additional tests are needed, the following fees will apply: $25 per test for 1 additional dentist; $10 per test for each auxiliary (dental assistants, hygienists, lab technicians - no limit on auxiliary tests). Fees 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.
   Type of Credit:

   a. If the applicant selects "State," PCC will issue a certificate of verification to the applicant. The applicant must then submit this certificate to their state board to obtain credit.

   b. If the applicant selects "AGD," PCC will submit credit information to the Academy of General Dentistry and confirmation to the applicant that it has been submitted (the applicant may check their AGD transcript for verification – please allow 30 days).

   c. If the applicant selects "Both," PCC will complete a. & b. above.

3. Return the **Post-Test portion** via mail, fax, or email. Our contact information is as follows:

   Practical Clinical Courses
   3707 N Canyon Road
   Suite 3D
   Provo, UT 84604
   Fax: (801) 226-8637
   info@pccdental.com

4. Practical Clinical Courses will correct the Post-Test. **Passing scores are 70% or higher.**

   ***TO OBTAIN CE CREDIT ONLINE**: Login or create an account on www.pccdental.com and select "My CE Tests" from the left-side menu. Click on the video title to take the test online. **RESULTS ARE IMMEDIATE**. Missing the test?* Contact us at 800-223-6569 during our business hours of 7:00 a.m. – 4:00 p.m. MST to add it to your account.

Gordon J. Christensen

PRACTICAL CLINICAL COURSES

Sources of Products Discussed in

V4116 Oral Surgery in General Practice

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

ADSON-BROWN PICKUPS (43)
BIRDBEAK FORCEPS 1174 (Ash-Type)
CHILD'S BITE BLOCK
COGSWELL B
COTTON PLIER
COWHORN FORCEPS #23
MIRROR
LUXATORS [3S 3C, 5S 5C][3&5mm Straight][3&5mm Curved]
MANDIBULAR APICAL RETENTION FORCEP [151 (HF) or 1121 (KS)]
MAXILLARY APICAL RETENTION FORCEP [150 (HF) or 1107 (KS)]
MAYO-HEGAR NEEDLE HOLDER
PERIOSTEAL ELEVATOR (Molt #9)
RETRACTOR (Seldin 23)
ROOT TIP PICKS [West 2, 3 or Heidbrink 13, 14 DE]
SCALPEL HANDLE/BLADE
SCISSORS (Curved Kelly #1)
SPOON CURETTE (Lucas 86)
STRAIGHT ELEVATOR (301)
SUTURE MATERIAL (Chromic Gut 4.0 with C6 or FS-2 Needle)
SYRINGE/ANESTHETIC

Hu-Friedy Mfg. Co., Inc.
3232 North Rockwell Street
Chicago, IL 60618-5935
(800)483-7433
(773)975-6100
www.hu-friedy.com

OR

Karl Schumacher Dental Instrument Company, Inc.
108 Lakeside Drive
Southampton, PA 18966
(800)523-2427
(215)322-0511
www.karlschumacher.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

The techniques and procedures on this videotape are intended to be suggestions only. Any licensed practitioner viewing this presentation must make his or her own professional decisions about specific treatment for patients. PCC is not responsible for any damages or other liabilities (including attorney's fees) resulting, or claimed to result in whole or in part, from actual or alleged problems arising out of the use of this presentation.

Gordon J. Christensen

PRACTICAL CLINICAL COURSES

Sources of Products Discussed in

V4116 Oral Surgery in General Practice *(Continued)*

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

1. **ACTCEL**
   Patterson Dental Supply Inc.
   1031 Mendota Heights Road
   St. Paul, MN 55120
   (800)328-5536
   (615)686-1600
   www.pattersondental.com

2. **ACTCEL**
   Henry Schein, Inc.
   135 Duryea Road
   Melville, NY 11747
   (800)372-4346
   (631)843-5500
   www.henryschein.com

3. **BONE BURS**
   (H73E.11.040 Straight)
   Brasseler USA
   One Brasseler Blvd.
   Savannah, GA 31419-9598
   (800)841-4522
   (912)925-8525
   www.brasselerusa.com

4. **BONE BURS**
   (H251E.11.040 Straight)
   Brasseler USA
   One Brasseler Blvd.
   Savannah, GA 31419-9598
   (800)841-4522
   (912)925-8525
   www.brasselerusa.com

5. **BONE BURS**
   (H251.11.060 Straight)
   Brasseler USA
   One Brasseler Blvd.
   Savannah, GA 31419-9598
   (800)841-4522
   (912)925-8525
   www.brasselerusa.com

6. **BONE BURS**
   (#8 Round FG, SL)
   Brasseler USA
   One Brasseler Blvd.
   Savannah, GA 31419-9598
   (800)841-4522
   (912)925-8525
   www.brasselerusa.com

7. **BONE FILE (2X)**
   Hu-Friedy Mfg. Co., Inc.
   3232 North Rockwell Street
   Chicago, IL 60618-5935
   (800)483-7433
   (773)975-6100
   www.hu-friedy.com

8. **BONE WAX (ETHICON)**
   Henry Schein, Inc.
   135 Duryea Road
   Melville, NY 11747
   (800)372-4346
   (631)843-5500
   www.henryschein.com

9. **BURS (702 FG SL) &**
   (1702 FG SL End Cutting)
   Brasseler USA
   One Brasseler Blvd.
   Savannah, GA 31419-9598
   (800)841-4522
   (912)925-8525
   www.brasselerusa.com

10. **BURS (703 FG SL),**
    (560 FG SL), & (700 XXL)
    Brasseler USA
    One Brasseler Blvd.
    Savannah, GA 31419-9598
    (800)841-4522
    (912)925-8525
    www.brasselerusa.com

11. **GELFOAM**
    Patterson Dental Supply Inc.
    1031 Mendota Heights Road
    St. Paul, MN 55120
    (800)328-5536
    (615)686-1600
    www.pattersondental.com

12. **GELFOAM**
    Henry Schein, Inc.
    135 Duryea Road
    Melville, NY 11747
    (800)372-4346
    (631)843-5500
    www.henryschein.com

13. **HANDPIECES 45° AND 33°**
Medidenta International, Inc.
39-23 62nd Street
P.O. Box 409
Woodside, NY 11377
(800)221-0750
(718)672-4670
www.medidenta.com

14. **HANDPIECES IMPACT-AIR 45**
Palisades Dental
111 Cedar Lane
Englewood, NJ 07631
(800)664-8000
(201)569-0050
www.palisadesdentalllc.com

15. **HANDPIECES SABRA 105 & OMS 45° II FIBER OPTIC**
Sabra Dental Products
289 Suburban Avenue
Suite E
Deer Park, NY 11729
(800)888-4435
(631)543-6575
www.sabradent.com

16. **HANDPIECES STRAIGHT (Electric)**
Bien-Air USA, Inc.
17880 Skypark Circle
Suite 140
Irvine, CA 92614
(800)433-2436
(949)477-6050
www.bienair.com

17. **HEMOSTYP**
Medspring Group Inc.
533 West 2600 South
Suite 105
Bountiful, UT 84010
(801)295-9750
www.medspring.com

18. **IRRIGATION SYRINGE**
Patterson Dental Supply Inc.
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com

19. **LARGE CRYERS (30, 31)**
Hu-Friedy Mfg. Co., Inc.
3232 North Rockwell Street
Chicago, IL 60618-5935
(800)483-7433
(773)975-6100
www.hu-friedy.com

20. **LINDOLEVIN ELEVATOR**
Zoll-Dental
7450 North Natchez Avenue
Niles, IL 60714
(800)239-2904
(847)647-1819
www.zolldental.com

21. **LUXATORS**
JS Dental Manufacturing, Inc.
196 North Salem Road
P.O. Box 904
Ridgefield, CT 06877
(800)284-3368
(203)438-8832
www.jsdental.com

22. **MODIFIED COWHORN FORCEPS (79AS)**
Karl Schumacher Dental
Instrument Company, Inc.
108 Lakeside Drive
Southampton, PA 18966
(800)523-2427
(215)322-0511
www.karlschumacher.com

23. **RONGEURS (Standard 30° Blumenthal)**
Hu-Friedy Mfg. Co., Inc.
3232 North Rockwell Street
Chicago, IL 60618-5935
(800)483-7433
(773)975-6100
www.hu-friedy.com

24. **ROOT TIP FORCEPS (Mini Rongeurs & 301 Serrated)**
Hu-Friedy Mfg. Co., Inc.
3232 North Rockwell Street
Chicago, IL 60618-5935
(800)483-7433
(773)975-6100
www.hu-friedy.com

25. **ROOT TIP FORCEPS (PEET'S & 1251E)**
Karl Schumacher Dental
Instrument Company, Inc.
108 Lakeside Drive
Southampton, PA 18966
(800)523-2427
(215)322-0511
www.karlschumacher.com

26. **SMALL CRYERS (21, 22)**
Karl Schumacher Dental
Instrument Company, Inc.
108 Lakeside Drive
Southampton, PA 18966
(800)523-2427
(215)322-0511
www.karlschumacher.com

27. **SMALL, PLASTIC SUCTION TIPS (1/16" Diameter)**
Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747
(800)372-4346
(631)843-5500
www.henryschein.com

28. **SPEAR-POINT ELEVATORS (60 Straight, 63 Curved) (60L and 60R)**
Karl Schumacher Dental
Instrument Company, Inc.
108 Lakeside Drive
Southampton, PA 18966
(800)523-2427
(215)322-0511
www.karlschumacher.com

29. **SURGICAL SUCTION TIPS**
(Regular 15P3A)(Small 02BA)
Quality Aspirators
P.O. Box 382120
Duncanville, TX 75138-2120
(800)858-2121
(972)298-2669
www.qualityaspirators.com

30. **SURGICEL**
Patterson Dental Supply Inc.
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com

31. **SURGICEL**
Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747
(800)372-4346
(631)843-5500
www.henryschein.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

The techniques and procedures on this videotape are intended to be suggestions only. Any licensed practitioner viewing this presentation must make his or her own professional decisions about specific treatment for patients. PCC is not responsible for any damages or other liabilities (including attorney's fees) resulting, or claimed to result in whole or in part, from actual or alleged problems arising out of the use of this presentation.

PROGRAM

V4116 Oral Surgery in General Practice

CLINICIANS RESPONSIBLE:
Karl R. Koerner, DDS, MS
General Practitioner, Logan, Utah

Gordon J. Christensen, DDS, MSD, PhD
Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

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

1. Describe several concepts in oral surgical procedures that must be done in a specific way.
2. Describe several concepts in oral surgical procedures that are a matter of personal preference.
3. Describe methods to obtain adequate visibility when accomplishing oral surgical procedures.
4. Compare the use and physical characteristics of "Luxators" and elevators.
5. Describe the importance of inter-radicular bone related to difficulty or simplicity of removing teeth.
6. Discuss why sectioning of maxillary first and second molars before removing them may be necessary.
7. Draw the described locations in which sectional cuts are made in maxillary first and second molars before their removal.
8. Discuss when it is necessary to remove bone on the facial aspect of maxillary third molars during their removal.
9. List the suggested instruments in a basic set-up for routine removal of teeth.
10. Discuss the reasons for use of a "bite block" during tooth extraction.
11. Describe when a Cryer instrument may be needed.
12. Discuss "air emphysema" and how to prevent it.
13. List the steps normally used in tooth removal.
14. Describe ankylosis.
15. Discuss when it may be acceptable to leave a root tip in place.
16. List six reasons for continuing postoperative pain.
17. List five potential reasons for excess bleeding during routine tooth extraction.
18. Discuss continuation or stopping Coumadin during oral surgical procedures.
19. Discuss when surgical extraction procedures are recommended instead of routine forcep extraction.
20. Discuss the potential levels of involvement of general dental practitioners in oral surgical procedures, and when the patient should be referred to an oral and maxillofacial surgeon.

OVERVIEW

V4116 Oral Surgery in General Practice

The majority of tooth extractions are accomplished by general dental practitioners. However, few dental schools teach this technique in detail, and most dental students graduate from school with minimal experience in oral surgical procedures. As a result, the majority of techniques in this important area of dentistry are learned by experience.

This presentation provides information on many of the basic concepts in understanding and accomplishing routine oral surgical procedures related to tooth extraction:

1. **Adequate visibility** is a requirement to facilitate relatively easy and predictable tooth extraction. Flap reflection for removal of some teeth is shown in the video.
2. **"Luxators"** are one of the most useful of all instruments for tooth extraction. This instrument appears to be an elevator on first sight. However, the tips are much thinner and knife-like. They can be wedged easily between the tooth structure and bone that is thick enough to allow force to be placed on it without breaking. The result is a slow, but sure displacement of the tooth from its socket.
3. **Inter-radicular bone removal.** Bone between roots can be a severe impediment to easy tooth removal. If teeth cannot be removed without inter-radicular bone removal, then the small piece of bone should be removed, usually allowing easy extraction.
4. **Mesial and/or distal troughing.** Occasionally, it is difficult to remove teeth or teeth fragments with minimal visual or physical access and coronal tooth structure remaining. A small trough can be made in the bone on the mesial or distal or both aspects of the involved tooth to allow necessary force to be delivered to the affected tooth for removal.
5. **Sectioning upper first or second molars.** Many molars require sectioning for atraumatic removal. Sectioning allows the roots of a multi-rooted tooth to be removed one or two at a time. This video shows the location and depth of tooth sectioning to facilitate easier tooth removal when necessary.
6. **Buccal bone removal on upper third molars.** Some maxillary third molars are difficult to remove without removing a small amount of bone on the facial tooth surface. Avoiding this bone removal often results in breaking a piece of bone from the tuberosity area.

This presentation demonstrates the points enumerated above in a live clinical surgery procedure. A typical patient requiring tooth extraction has the following teeth removed: maxillary first molar, maxillary first and second premolars, and maxillary canine.

SUPPLEMENTAL MATERIALS

V4116 Oral Surgery in General Practice

1. Herman WW, Konzelman JL and Sutley SH. Current perspectives on dental patients receiving coumarin anticoagulant therapy. JADA 128(3):327. March, 1997.

2. Koerner, KR. Editor. Manual of minor oral surgery for the general dentist. Blackwell Munksgaard. Ames, Iowa. 2006. Chapter 2: Surgical Extractions by Dr. Hussam Batal and Dr. Gregg Jacob.

3. Koerner, KR. Editor. Manual of minor oral surgery for the general dentist. Blackwell Munksgaard. Ames, Iowa. 2006. Chapter 10: Management of peri-operative bleeding by Dr. Karl Koerner and Dr. William McBee.

4. Wahl MJ. Myths of dental surgery in patients receiving anticoagulant therapy. JADA 131(1):77. January, 2000.

5. Johnson-Leong C and Rada RE. The use of low-molecular-weight heparins in outpatient oral surgery for patients receiving anticoagulation therapy. JADA 133(8):1083. August, 2002.

6. Peterson LJ. Senior Editor. Contemporary oral and maxillofacial surgery, 4th ed. Mosby. St. Louis, MO. 2003. Chapters 6, 7, and 8 on surgical armamentarium, uncomplicated exodontia, and complicated exodontia.

7. Brosnihan J and Rice C. Divide and conquer: Extracting maxillary first molars. Dent Today. October, 1998.

8. Chen SC, Lin FY, and Chang KJ. Subcutaneous emphysema and pneumomediastinum after dental extraction. Am J Emerg Med 17(7):678. November, 1999.

9. Rossiter JL and Hendrix RA. Iatrogenic subcutaneous cervicfacial and mediastinal emphysema. J Otolaryngol 20(5)315. October, 1991.

POST-TEST

V4116 Oral Surgery in General Practice

1. "Luxators":
   a. appear to be similar to elevators.
   b. have much thinner tips than elevators.
   c. can be broken relatively easily.
   d. all the above.

2. When sectioning a maxillary molar to facilitate removal, the first cut is usually:
   a. between the facial segment with the two roots and the segment that connects to the lingual root.
   b. between the two facial roots.
   c. in a transverse direction from the mesial-facial to the distal-lingual of the tooth.
   d. none of the above.

3. Removing bone from the facial surface of an upper third molar:
   a. assists by loosening the tooth.
   b. allows the facial aspect of the tooth root(s) to be removed relatively easily.
   c. promotes faster healing of the extraction site.
   d. is a significantly traumatic procedure.

4. If after 4 or 5 minutes of luxation of a lower molar, the tooth is not mobile in the bone socket:
   a. refer the patient to a surgically oriented dentist.
   b. section the tooth in a mesial-distal direction.
   c. section the tooth in a facial-lingual direction.
   d. continue to luxate the tooth for 2 more minutes.

5. After a tooth is sectioned, the first root should be removed with a:
   a. straight elevator.
   b. forcep.
   c. small Cryer instrument.
   d. Luxator.
   e. any of the above.

6. The majority of teeth are extracted by:
   a. oral and maxillofacial surgeons.
   b. general dentists.
   c. endodontists.
   d. pediatric dentists.

7. Ingested agents that can cause an interference with adequate clotting include:
   a. anticancer drugs.
   b. aspirin.
   c. alcohol.
   d. antibiotics.
   e. any of the above.

POST-TEST (CONT'D)

V4116 Oral Surgery in General Practice

8. When patients requiring a tooth extraction are on Coumadin, consult with the physician who has them on Coumadin and:
    a. stop the Coumadin a week before the extraction.
    b. continue the Coumadin right through the oral surgical procedure.
    c. stop the Coumadin, start bridging therapy, and then restart it again.
    d. none of the above.

9. A typical reason for postoperative pain after an extraction is:
    a. leaving non-mobile root tips in the socket.
    b. sutures too tight.
    c. alveolar bone left rounded surrounding the tooth socket.
    d. use of a Luxator.

10. Herbs that can cause excess bleeding after tooth extraction include:
    a. garlic.
    b. ginseng.
    c. ginger.
    d. chamomile.
    e. all the above.

11. Occasionally, it is acceptable to leave a broken-off root tip in the socket if:
    a. the tooth is broken off at the gingival line.
    b. the root tip has no sign of periapical pathosis.
    c. the root tip is solidly in place and is no longer than 5 mm.
    d. the patient is tired.

PLEASE PRINT

Name ____

Name of video purchaser (if different from above)____

Address ____

City/State/Zip ____

Phone No. ____

Email ____

Indicate which type of credit you wish to obtain: □ AGD □ State □ Both

State License No. _____________________________ AGD No. __________________________________

Payment information □ **Visa** □ **American Express** □ **Mastercard** □ **Discover**

Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expires __ __ /__ __ CVV2-Code: __________

The test is complimentary for the purchaser. *If you require CE tests for staff members or an additional doctor to receive credit, the fees are:*

Dentist (limit 1 additional dentist per video purchase): $25

Auxiliary (no limit): $10 for each auxiliary taking test