

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

**X4169**  
**Overcoming Common Oral Surgery Challenges**

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**Materials Included:**  
C.E. Instruction Sheet  
AGD Post-Test

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

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## POST-TEST

### **X4169 Overcoming Common Oral Surgery Challenges**

1. If a **maxillary erupted third molar** resists luxation and has no mobility even after a reasonable time, the next step would be:
  - a. Section to separate the tooth into separate roots and remove one root at a time.
  - b. Flap and remove distal bone, then try elevator and forceps again.
  - c. Refer to an oral surgeon for a coronectomy.
  - d. Flap and incrementally excise buccal bone until the entire tooth loosens and can be removed buccally.
2. If, while using forceps to remove an **erupted third molar** with crown intact, the maxillary tuberosity fractures with the tooth attached, you should:
  - a. Separate the soft tissue from the fractured tuberosity and remove the tuberosity including the tooth.
  - b. Stop trying to remove the tooth and let the loose tuberosity segment heal itself without more intervention.
  - c. While holding the tooth with forceps, try to pry the tooth away from the surrounding bone to which it is attached.
  - d. Bond a wire to the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> molar's buccal surfaces, take the 3<sup>rd</sup> molar out of occlusion, and give it 6 weeks for the fractured bone to heal in its normal position.
3. Dexamethasone injected to help mitigate swelling, pain, and trismus may be administered IV, IM, or orally. A normal dose would be 15 mg.
  - a. True
  - b. False
4. Contraindications to administering steroids to a patient are:
  - a. Addison's disease
  - b. Cushing's syndrome
  - c. Diabetes
  - d. All the above
  - e. a and b only
5. In the event of a sinus perforation when extracting a **maxillary 1<sup>st</sup> molar**, dental literature supports the use of a CollaPlug for all openings from 1-6 mm.
  - a. True
  - b. False
6. In the surgery presentation, a "skinny" or periotome bur is mentioned as which one?
  - a. 557
  - b. 702
  - c. 701
  - d. 556
7. A significant percentage of general dentists use a surgical straight handpiece when needed for bone removal or tooth sectioning.
  - a. True
  - b. False

## POST-TEST

### **X4169 Overcoming Common Oral Surgery Challenges**

8. Some of the most common instruments or devices for use in retrieving broken root tips are:
  - a. Root tip picks
  - b. Molt #2
  - c. Luxator
  - d. Large Cryers
  - e. All the above
  - f. a, b, and d
  - g. a, b, and c
  
9. The lingual nerve is most vulnerable to injury (that could cause permanent paresthesia) when it is:
  - a. In the soft tissue superior to a lower third-molar impaction
  - b. On the lingual of the roots of a third-molar impaction
  - c. On the buccal of the roots of a third-molar impaction
  - d. a and b above
  - e. a and c above
  
10. If your bur cuts into the top part of the mandibular canal, you will first hit the nerve in the canal (vs. artery or vein).
  - a. True
  - b. False
  
11. When extracting a maxillary canine AND adjacent teeth, complications would be less likely if the canine is removed last.
  - a. True
  - b. False
  
12. When removing a maxillary first premolar and the tooth reaches a class two mobility but resists coming out of the socket, it is probably because:
  - a. The patient is over 35.
  - b. The tooth is longer than average.
  - c. The tooth is bifurcated and divergent.
  - d. You are not using enough force.
  
13. The following are very helpful, if not essential, in removing a root tip that breaks off during the extraction of a tooth:
  - a. A headlight
  - b. A 2 mm suction tip
  - c. A mini flap reflecting soft tissue in your line of vision
  - d. If needed, the ability to trough with a skinny bur 2-3 mm deep around the root tip on one or more sides before using hand instruments again.
  - e. All the above
  - f. a, b, and d
  - g. a, b, and c

**POST-TEST**

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14. If you perform a proper operculectomy superior and axial to a partially erupted third molar, the offending tooth can usually be retained.
- a. True
  - b. False
15. It helps prevent a maxillary posterior root (or root tip) from entering the maxillary sinus if:
- a. You realize a periapical abscess can destroy thin apical bone.
  - b. You don't realize initial elevator and forceps pressure on the tooth prior to sectioning may have weakened PDL fibers around the roots.
  - c. You don't realize inadvertent apical pressure on a root with a hand instrument can sever ligament attachments and push the root into the sinus.
  - d. You engage a Hedstrom file in the nerve canal prior to trying to remove the root.
  - e. All the above.
  - f. a, c, and d.
  - g. a and c only.

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