

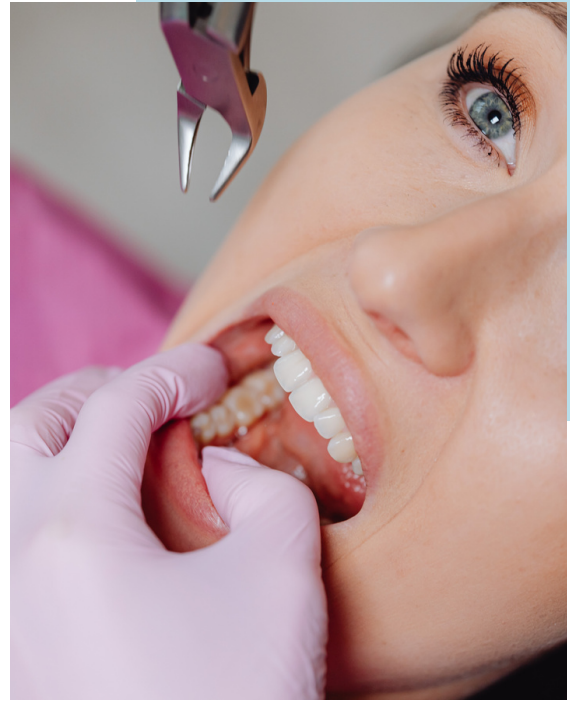
EXODONTIA

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DENTAL RISK COMPANY
"Dentistry at work"

Exodontia



Exodontia refers to the branch in dentistry involved with extraction of teeth . It is the most common dental procedure globally; however, it is on the decline in most developed nations because of the advances in conservative dental treatments in these nations. An extraction is the removal of a tooth using dental forceps and pliers with anesthesia to numb the area. This procedure can be done on the dental chair or in theatre depending on the nature of the tooth or patient behavior and circumstances. Although a dental practitioner may be competent in extracting teeth, patient cooperation determines the direction the practitioner will take. Most times the behavior is influenced by misinformation about extractions, myths, pain, anxiety, and dental history.

Extraction of the upper jaw (maxillary) teeth and lower jaw (mandibular) teeth.

The process of extraction may be the same through the whole mouth, but the position of the teeth can have advantages and disadvantages for both the operator and the patient. The density of bone in the upper jaw is spongier and thinner resulting in bone sockets of teeth expanding better during an extraction when pressure is applied. The thin bone also absorbs anesthesia better when infiltrated than in the lower jaw. The upper jaw is more vascularized, meaning that there is better blood flow, this blood flow facilitates faster healing. With all this, the disadvantage of extraction in the upper jaw is the proximity observed between the teeth and the sinuses. If the root of a tooth pierces the sinuses, there can be oroantral communication during the extraction, spread of infection into the sinus or displacement of the root into the sinuses. The lower jaw having thicker bone requires more pressure for extraction. The healing in this jaw is relatively slower. Due to the position of the lower jaw, being depressed, there is an increased chance of the temporomandibular joint dislocation or injury especially when the jaw is not well supported by the operator.

When to extract a tooth?

Prophylactic (as a precautionary measure) and therapeutic

Indications of extractions:

- Mobile teeth observed mostly with periodontitis
- Crowded teeth-to alleviate crowding
- Retained deciduous teeth – teeth retained beyond age of exfoliation
- Teeth positioned where there is a bone fracture
- Severely carious teeth – teeth that cannot be restored
- Teeth with endodontic infections – pulpal necrosis
- Periapical pathology – failed root canal treatment
- Malocclusion
- Orthodontic treatment – in malpositioned teeth, to create space
- Prosthetic indications
- Traumatic injuries – fractured teeth
- Teeth impaction
- Root fragments
- Supernumerary teeth



When not to extract?

- Tooth in a malignant growth.
- Patient undergoing radiation therapy.
- Teeth with acute infections.



Medical conditions to alert the Doctor about when consulting for tooth extraction:

- Neurological disorders (stroke and epilepsy)
- Pulmonary disorder (Asthma)
- Cardiovascular disorder (Hypertension, ischemic heart disease and chronic cardiac failure)
- Hepatic disorder (liver cirrhosis)
- Renal disorder (Chronic renal failure)



The background of the page is a close-up photograph of several large, vibrant green leaves with serrated edges. A white, rectangular gauze pad is placed diagonally across the upper half of the image. A light-colored wooden stick, possibly a popsicle stick, is positioned vertically on the right side, partially overlapping the gauze pad. The text is overlaid on a semi-transparent white rectangular area in the lower half of the image.

Post operative instructions

After extraction, the first step of healing is the formation of a blood clot. Normally the dental practitioner will request that the patient bites on a gauze pad for about 10–15 minutes after the extraction. This is the minimum required time to bite onto the gauze because that is the normal bleeding time. However, bleeding times differ for each person. If the bleeding persists and there is no gauze, use damp black teabag. The teabag consists of ‘tannin’. Tannin precipitate proteins that cause blood to clot and stops bleeding, it is also an antiseptic and the teabag acts as a wound dressing in the mouth.

Do not use rooibos, it has no tannin.

1. Do not rinse for the first 24 hours, rinsing could dislodge the clot and disturb the healing processes.
2. Do not fiddle in the socket with fingers or the tongue.
3. For mild discomfort after the anesthesia wears off, take paracetamol. Do not take any blood thinner like Aspirin, it will cause increased bleeding.
4. Do not use a straw, this creates a suction force that could dislodge the clot and cause complications.
5. Do not smoke at least for 72 hours. The heat will cause vasodilation and cause complications. Smoke has toxins that will not be beneficial for the healing process.
6. After 24 hours gently direct salt water to flow in the mouth. Do not rigorously rinse.
7. Eat soft foods that are fine. Do not eat nuts, popcorn, seeds, or rice, they may get into the socket.