

Extractions

In past times, people often had teeth extracted due to dental problems. These days, teeth are extracted less frequently because the saving of teeth is nearly always better than extraction. However, there are times when extraction is the best treatment option.

The aim is to achieve the best outcome over the long term, while giving you the most satisfactory function and appearance as possible. Your dentist is in the best position to evaluate your case.

The primary (deciduous) teeth, sometimes called baby teeth are rarely extracted as they are important for the proper eruption of secondary (permanent) teeth.

Reasons for Extraction

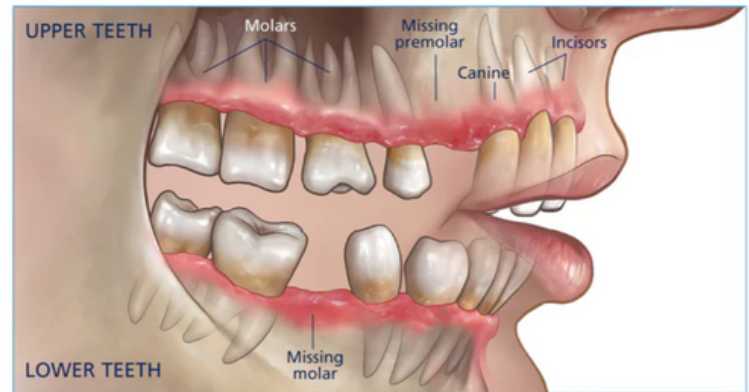
Teeth may have to be removed for several reasons:

Extensive damage to a tooth

If a tooth is badly decayed or damaged due to trauma, an extraction may be necessary.

Periodontal Disease

Due to poor dental hygiene and a build-up of plaque and calculus on a tooth, the gums may become inflamed and infected (periodontal disease). If not treated promptly, periodontal disease is likely to damage the underlying bone and other tissues around the tooth's root. The infection may cause the tooth to become loose in its socket. Despite treatment, saving the tooth may not be possible.



A missing permanent tooth may cause the remaining nearby teeth to move into an abnormal position, as shown above. To prevent abnormal movement of teeth and maintain a healthy occlusion (or "bite"), your dentist will try to save a tooth, if possible. Sometimes, however, the best treatment is extraction.

Prevention of complications

If badly diseased teeth are not extracted promptly, complications such as, infection or abscesses in the teeth or roots, or the spread of infection through the blood stream to other parts of the body, may occur. This may affect the general health of the patient.

To improve appearance

As part of orthodontic treatment or a treatment plan to improve the appearance of teeth, your dentist may recommend removing a tooth that interferes with another.

Teeth with no or poor function

A tooth without an opposing partner to grind against during chewing may be better removed in some cases.

Crack in a tooth root

A root may crack or split completely. When repair is typically not possible, an extraction will almost always be necessary.

The decision to remove a tooth

Removal of a tooth or teeth is only done after careful consideration and discussion with your dentist. Every effort is made to preserve teeth because they function better than artificial teeth such as crowns, dentures, bridges or implants.

To save a tooth your dentist may recommend a Root Canal Treatment (RCT). However, RCT is not suitable in every case and is recommended only if successful treatment is likely.

After an extraction, the gap can cause nearby teeth to move out of their normal position and tilt into the gap. This often makes chewing and biting difficult. It may also cause more decay and gum disease around the tilted teeth as thorough cleaning can be difficult. To prevent neighbouring teeth from moving into the gap, a bridge, denture or implant, may be necessary.



Extractions

X-ray Examination

The dentist may take an X-ray of the tooth and the jaw. This X-ray may help the dentist to plan the best and safest way to remove the tooth.

Anaesthesia Options:

Local anaesthesia: A local anaesthetic is injected into the gum to numb the area around the tooth or teeth to be extracted. A tablet may be given to help the patient relax.

Conscious sedation: with local anaesthesia The patient is sedated with medication but remains awake and can cooperate with the dentist. You will feel sleepy and relaxed, but can still walk and talk. Conscious sedation can last a few hours after your appointment, so you will need an escort to drive or walk you home. This option is recommended for people ages 12 and up and is more effective for adults.

Nitrous oxide: also known as laughing gas, can also help reduce anxiety. Air that is breathed through a mask that gives sedative effects. You will feel distant (removed from the situation), giggly, in a good mood, and airy. Once the mask is removed the Nitrous Oxide is out of your system and you can drive home. This option is recommended for people ages 3 and up and is more effective for children.

Combined Oral Sedation with Nitrous Oxide: Combined effects for stronger/deeper sedation which may result in the patient falling asleep. This option generally lasts for a few hours after the appointment, but only the oral sedation effect. You would need an escort home and cannot drive afterwards. This option is suitable for ages above 12.

Risks

Tooth extractions, while a common procedure, carries potential risks including pain, bleeding, swelling, bruising, infection, dry socket, and in rare cases, nerve damage or damage to surrounding structures.

Common Post-Surgical Effects

Pain, swelling, and bruising: Some pain, swelling, and bruising in the extraction area is expected and usually subsides with time.

Bleeding: Some bleeding is normal after extraction, but excessive or prolonged bleeding requires attention.

Infection: Infection is a potential risk with any surgical procedure, including tooth extractions. Signs of an infection include severe pain, swelling, fever, and pus or discharge from the extraction site.

Nerve damage: In rare cases, tooth extractions can cause damage to nearby nerves, potentially leading to temporary or permanent numbness, tingling, or pain in the lips, chin, tongue, or gums.

Damage to surrounding structures: There's a risk of damaging nearby teeth, jawbone, or sinuses during the extraction process.

Dry socket (Alveolar Osteitis): This occurs when the blood clot that forms in the extraction socket dislodges or dissolves prematurely, exposing the bone and nerves, causing intense pain. See the image below.



INFORMED CONSENT - ORAL SURGERY AND DENTAL EXTRACTIONS

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

Injury to the nerves of the lips, the tongue, the tissues in the floor of the mouth, and/or cheeks etc. These possible nerve injuries can cause numbness, tingling, burning and loss of taste in the tongue which may be a temporary nature lasting a few days, weeks, or months. Rarely, it could be permanent.

Bleeding and/or Bruising: Bleeding could last for several hours. Should it persist, particularly being severe in nature, it should receive attention and this office must be contacted. Bruising may possibly be prolonged.

Dry socket: 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 painful. Smoking, drinking through a straw and not following post-operative recommendations can increase the chances of this occurring.

Sinus involvement: in some cases, the root tips of upper teeth lie in close apposition to the tissues of the sinuses. During extractions or surgical procedures, thin bone and tissues surrounding the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.

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 become serious. Should severe swelling occur, particularly accompanied with a fever or malaise, attention as soon as possible should be received and this office must be contacted. In some cases, hospitalisation and treatment with IV antibiotics may become necessary.

Fractured jaw, roots or bone fragments: There is a possibility, that the jawbone, teeth roots or bone spicules may be fractured which may require a referral to a specialist for treatment. A decision may be made to leave a small piece of root or bone fragment in the jaw when its removal would require surgery.

Injury to adjacent teeth, fillings or crowns may occur when extraction procedures are performed. Fractured fillings or crowns may require replacements.

Bacteria Endocarditis: because of the normal existence of bacteria in the oral cavity, the tissues of the heart, in some cases and due to a number of conditions, may be susceptible to a bacteria infection transmitted from the mouth to the heart through the circulatory system. A condition called Bacteria Endocarditis (an infection of the heart) may occur which can result in damage to the heart valves. If heart problems are known or suspected (such as heart murmur following rheumatic fever, existence of an artificial heart valve, cardiac damage following Fen-phen use etc) the dentist must be informed prior to surgery.

Muscle or jaw soreness: may be noticed following oral surgery and especially wisdom teeth extractions (third molars). Pre-existing conditions affecting the jaw joints (TMJ) may be aggravated by oral surgery. Clicking, popping, muscle soreness and difficulty opening may be noticed for some time following surgery. If such conditions or symptoms persist, the patient should contact our office. The patient must notify the dentist of any such pre-existing conditions prior to surgery.





Extraction Consent Form

Unusual reactions to medications given or prescribed: Reactions, mild or severe, may occur from aesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilise other methods of contraception during the treatment period.

Bisphosphonate Drug Risk: For patients who have taken drugs such as Fosarnax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or treatment for metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any oral surgery procedure involving bone, including extractions.

It is my responsibility to contact the dentist and seek attention should any undue circumstances occur post-operatively and I shall diligently follow any preoperative and postoperative instructions given to me.

I UNDERSTAND THAT DR KARA BAGDAN IS A CERTIFIED GENERAL DENTIST LICENSED TO PERFORM ORAL SURGERY AND THIRD MOLAR REMOVAL. I ALSO UNDERSTAND THAT SHE IS NOT AN ORAL AND MAXILLOFACIAL SURGEON. I CHOOSE NOT TO BE REFERRED TO AN ORAL AND MAXILLOFACIAL SURGEON FOR THIS PROCEDURE.

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I have been given the option of seeking care with an oral and maxillofacial surgeon. 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 fees for this service have been explained to me and are satisfactory.

By signing this document, I am freely giving my consent to allow and authorize my dentist to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anaesthetics deemed necessary to my treatment.

Patient's Full Name: _____ Date _____

Signature of Patient : _____

Signature of Dental Specialist: _____ Date _____

