

TEETH EXTRACTION



EXTRACTING TEETH (EXODONTIA)

Reasons - indications

- Caries
- Trauma
- Periodontitis
- Endodontic reasons
- Retention, semiretention if it causes heavy inflammation and pain
- Supernumerary tooth



CONTRAINDICATIONS

- Serious systemic diseases

e.g. leukaemia, agranulocytosis, disease with ulcerative changes esp. in oral cavity

Acute infection diseases and other diseases when extraction would be a risk for the patient.



Relative and absolute contraindications – see clinical part of the study.



PRINCIPLES OF EXTRACTION

Interruption, rupture of preiodontal

Ligaments and extraction - the tooth
is pulled out.





Extraction

—

extraction wound



INSTRUMENTS

- Elevators

Interruption of periodontal ligaments, dilatation of the socket

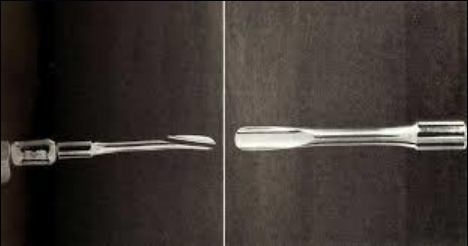
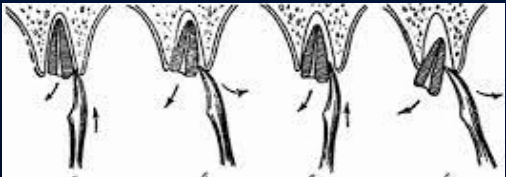
Elevators for special situations

- Forceps

Releasing of the tooth – pulling out



STRAIGHT ELEVATOR

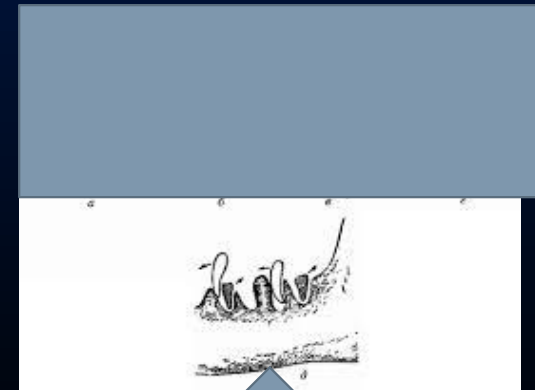
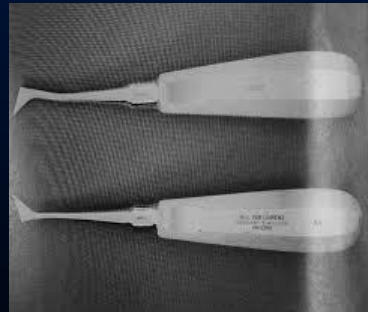


EXTRACTION ELEVATORS



SPECIAL ELEVATORS

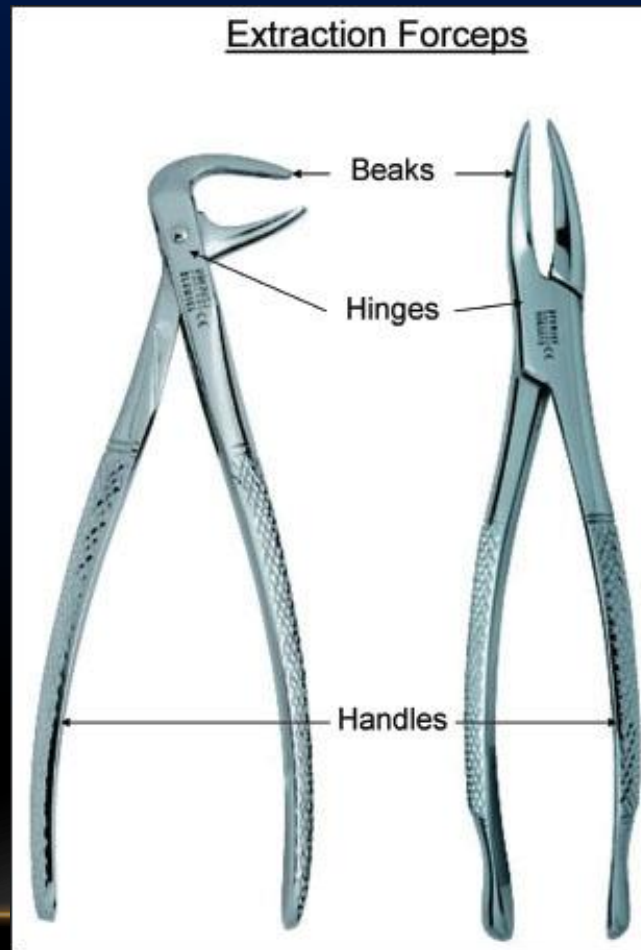
Acc. To Schlemmer
Barry- Winter



For extraction of roots in lower jaw
Through the septum



EXTRACTION FORCEPS



EXTRACTION FORCEPS

Beaks

The beaks of extraction forceps are designed to fit around the curve of the tooth's crown

Universal forceps have a beak that can be used in any quadrant of the mouth

Forceps designed for multi-rooted teeth have beaks with a point that is adapted to grip the tooth furcation

Forceps designed for single-rooted teeth usually have smooth beaks



EXTRACTION FORCEPS

Handle

- A serrated handle allows the operator to have a better grip
- A palm grasp is used with the handle of extraction forceps
- Handles of maxillary forceps are often curved upwards, or straight, the beak in line with the handle
- Mandibular forceps tend to have a straight handle with the beak at a 90° angle to the handle



EXTRACTION FORCEPS

Hinge

- Extraction forceps have hinges (can be screw or pin type) allowing the beak and handle to be opened and grasped



Anatomic tooth forceps, english pattern



Forceps

For crown – open

For roots - closed

For upper jaw –

Straight or s-shaped handle

Lower jaw – beaks and handle

In 90° angle





Beaks

Hinge

Handle



BEAKS ARE ALWAYS IN LONG AXIS OF THE CROWN



TYPES OF EXTRACTIONS

- Simple – single, multiple
- Complicated
- Surgical



SURGICAL EXTRACTION



FORCEPS FOR UPPER INCISORS



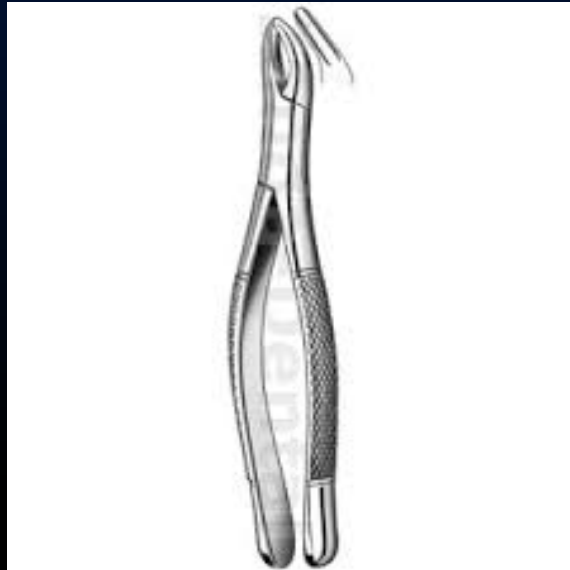
FORCEPS FOR UPPER PREMOLARS



Horní kleště premolárové, liší se od řezákových esovitým vyhnutím držadla



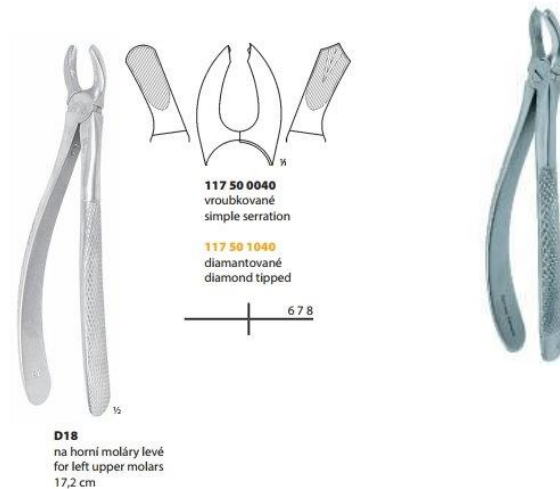
FORCEPS FOR UPPER ROOTS – BEAKS ARE CLOSED



ště dovírají !



FORCEPS FOR UPPER MOLARS – POINTED PART GOES INTO FURCATION. THIS FORCEPS IS PAIRED – LEFT AND RIGHT



FORCEPS FOR UPPER THIRD MOLARS



Special curvature -
beaks can reach
the area of third molars.



FORCPES FOR LOWER INCISORS, CANINES AND PREMOLARS FORCEPS FOR LOWER ROOTS



For incisors are open

For roots are closed



FORCEPS FOR LOWER MOLARS



Beaks are pointed – go into furcation

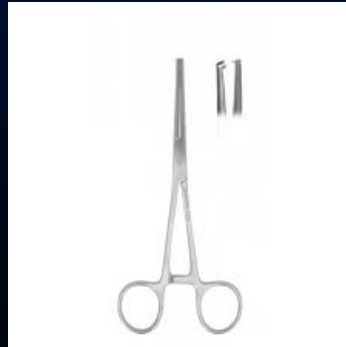


FORCEPS FOR LOWER THIRDS MOLARS



HAEMOSTATIC PLIERS

- Pean



- Cochr



FORCEPS FOR PRIMARY TEETH - MOLARS



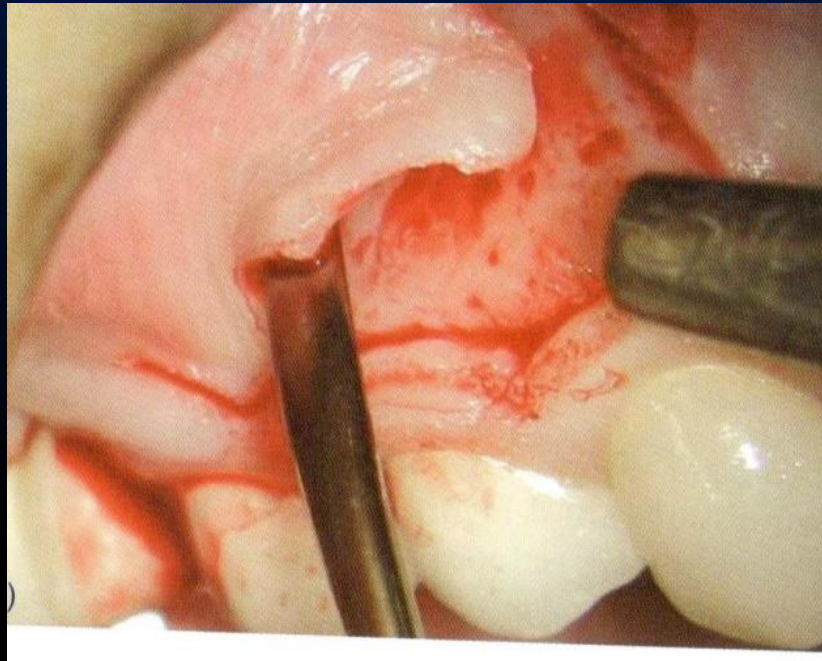
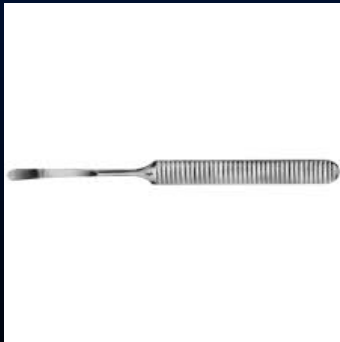
TISSUE RETRACTORS



TISSUE RETRACTORS



RAISING THE FLAP (MUCOSA AND PERIOSTEUM)



RONGUERS



SUTURE

Instruments:

Needles: bent

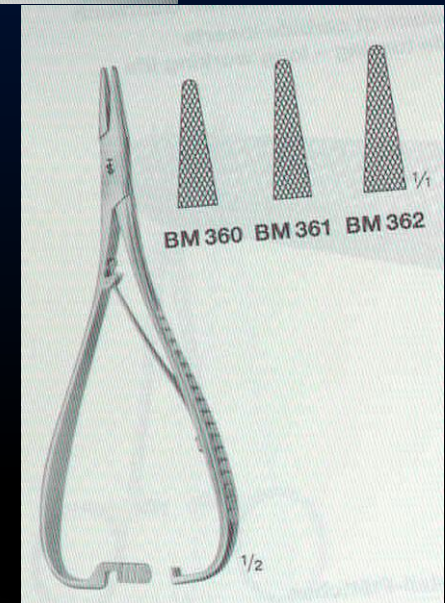
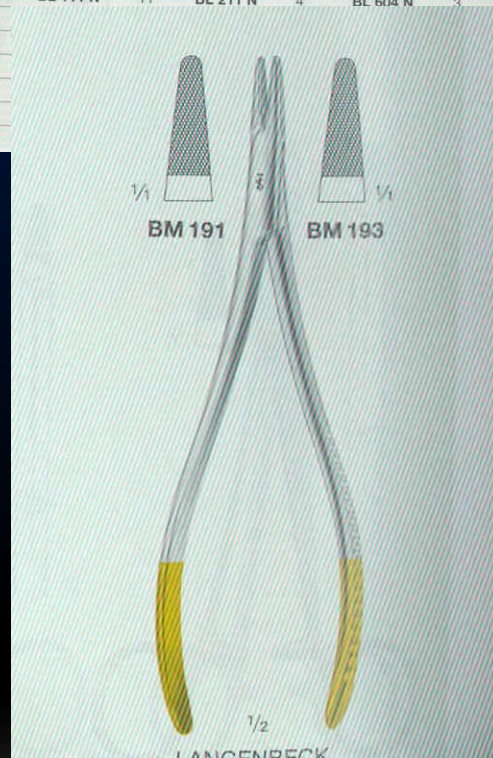
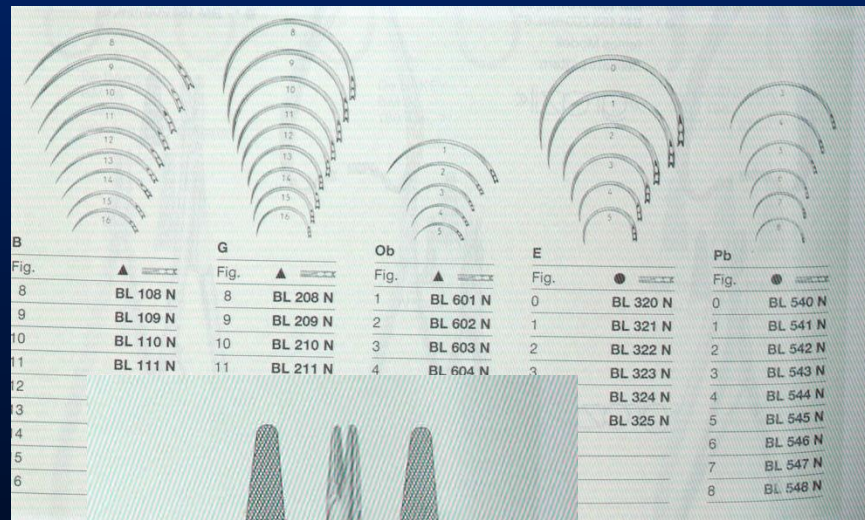
Straight

Various size

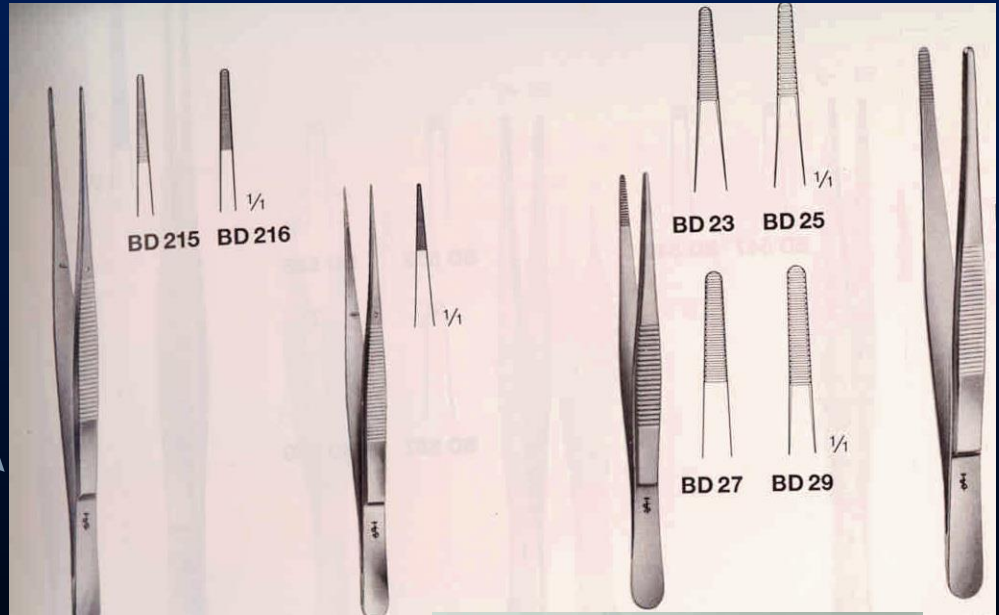
Needleholder:

Without fixation

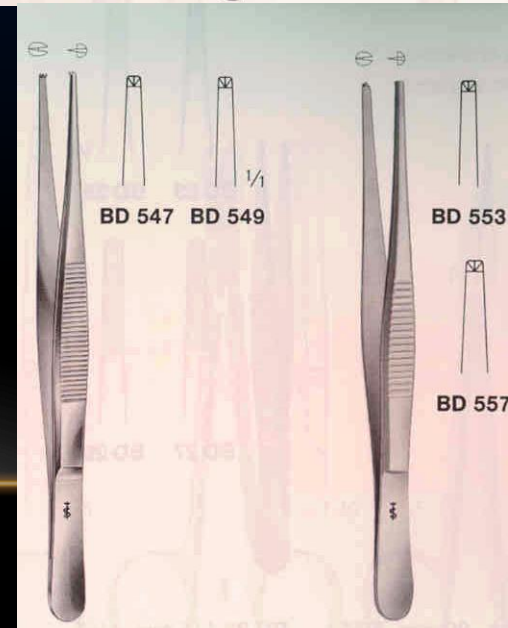
Autofix



Tweezers anatomical



Tweezers – surgical



SURGICAL KNIFE



Interchangeable blades

