Clinical Considerations Prior to Extraction

Clinical consideration	Implication
Medical history	See pages *226-227*
Location of the tooth	• Lingually positioned teeth are difficult to grip with forceps. • Last standing upper teeth are more difficult to extract as condylar translation over the articular eminences limits access upon mouth opening. • Lone standing teeth are more difficult to luxate and have a greater risk of fracture risk.
Remaining coronal tooth structure	• Broken down/fractured teeth are more likely to require surgical extraction and are more difficult to grip with the beaks of the forceps.
Caries extension	• Teeth with subgingival/extensive caries are more liable to fracture and may require surgical removal.
Adjacent tooth status	• Mobile adjacent teeth are at a greater risk of elevation. • There is an increased risk of restoration dislodgment in a heavily restored dentition.
Presence of extra oral swelling	• Extra-oral swelling will cause limited mouth opening and difficulty in anaesthetising - antibiotics may be indicated *see page 13*
Adjacent anatomical structures	• Upper molar extraction: risk of OAC and displacement of root into antrum. • Upper third molar extraction: risk of tuberosity fracture. • Lower third molar extraction: risk of injury to the IDN. • Raising a lower flap: risk of damage to the mental and lingual nerves.
Planned tooth replacement	• A traumatic extraction will result in increased bone resorption and subsequent gingival recession, unideal for planned implants and bridges.