Extraction Procedure

Confirm the patient's ID, Check the MH, previous notes and assess the radiograph of the tooth to be extracted

Confirm the tooth being extracted with the patient

Reconfirm the tooth to be extracted and recount the teeth inbetween each instrument change. If implants are planned, consider sectioning the tooth to preserve the furcation bone.

Re-obtain consent, explain risks, benefits and alternative options to the patient

Confirm whether the extraction will be elective surgical

Administer local anaesthesia and confirm anaesthesia before initiating treatment

If surgical, raise a flap

Flap principles:

- Gain maximum access with minimum trauma.
- Large flaps heal at the same rate as smaller flaps.
- Broader base to maintain blood supply.
- For a full thickness mucoperiosteal flap, cut to bone using a firm continuous incision, not feathered.
- Avoid sharp angles.
- Either include or exclude the papillae entirely.
- Do not crush the tissue.
- Keep tissue moist with saline.

Luxate buccally, mesially and distally. If possible, avoid palatal and lingual luxation.

Elevate tooth using wedging, lever and rotation movement

Elevator principles:

- Elevator tip is inserted between bone and tooth mesially.
- Do not lever off adjacent teeth.
- Avoid excess force.
- Do not apply force towards major anatomical structures e.g. IDN.
- Support the patient's jaw and ridge.
- Use under direct vision only.
- For upper extractions, take care not to push the root into the maxillary sinus.

If tooth is resistant, consider raising a flap, bone removal +/- tooth sectioning using a tungsten carbide bur with saline irrigation

When tooth is slightly mobile, apply appropriate forceps. Ensure patient's jaw and ridge is supported

Force movements:

- Conical roots – apical pressure, buccal and rotational movement.
- Multiple roots – apical pressure, buccal movement and figure of 8 motion.
- Consider atraumatic techniques in certain cases e.g. planned implants.

After extraction, check if the root apex is intact. If not, it must be removed using elevators.

A periapical radiograph can be taken to confirm the position of the fractured/retained root.

Debride and irrigate the socket with saline and a curette

Debride any follicular tissue or granulation tissue from chronic infection and irrigate with saline.

Achieve haemostasis +/- sutures

Patient bites on damp gauze applying firm pressure until haemostasis is achieved.

Give post-operative instructions and book review as necessary

Consider a courtesy call 24 hours post extraction.