

Multiple Extractions and Related Concerns

Dr. Karl R. Koerner



Stitch one, pearl two...

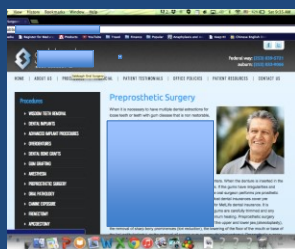
Alveoplasty

The surgical removal of a portion of the alveolar process.

Oral surgeon advertisement:

An ill-fitting denture can cause:

Mouth sores,
Mouth ulcers,
Mouth blisters, and
Bone splinters.



These things prevent people from eating, swallowing, and speaking properly.

For the best healing, I can carefully trim away bony irregularities.

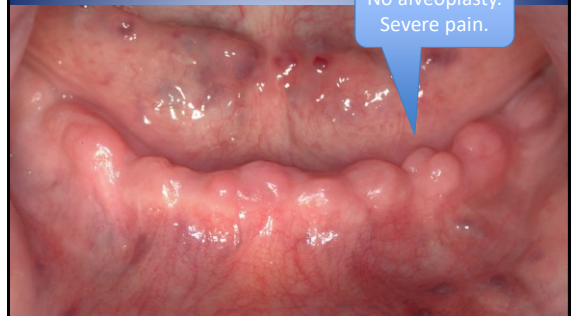
Then the gums can be sutured for the best healing.

We used to have to increase the height of the ridge by lowering the floor of the mouth by the tongue or by doing a vestibuloplasty on the cheek/lip side so the denture stayed in better,

but now those surgeries have largely been replaced by the use of implants.

One month postop.

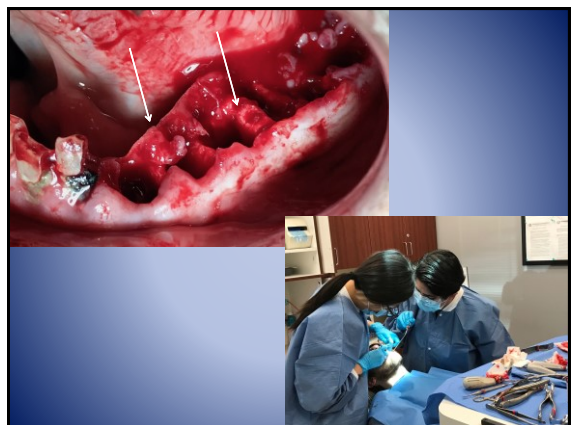
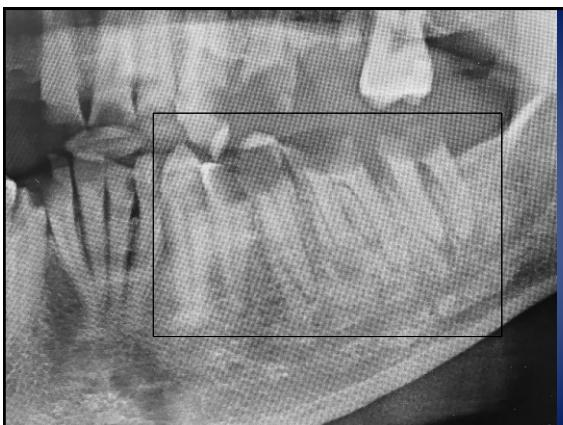
No alveoplasty.
Severe pain.

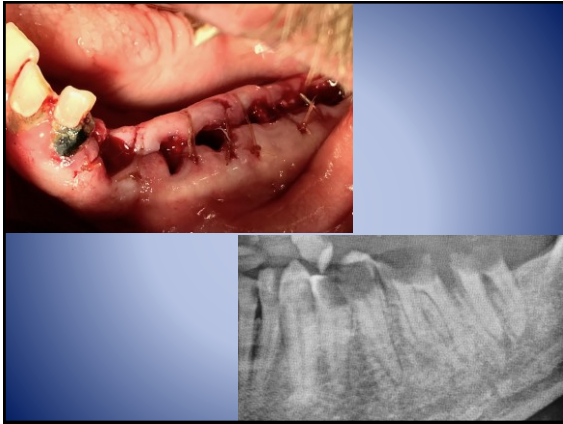


Lower 1st molar extraction.



One week post-op. Patient has been and continues to be in extreme pain. Bone not smoothed after the Extraction. No suture.





CLINICAL

Multiple Extractions: Applying the Expertise That Your Patients Need



by Karl R. Koerner, DDS, MS and L. Kris Munk, DDS, MS

Exodontia is a procedure routinely provided in

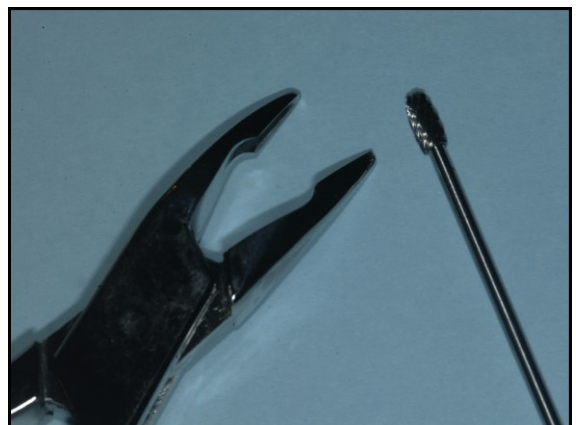
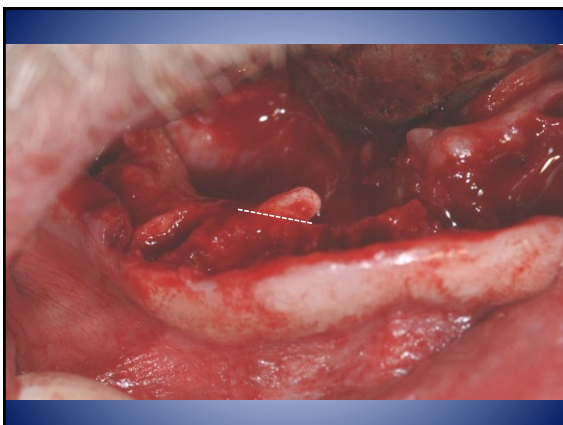
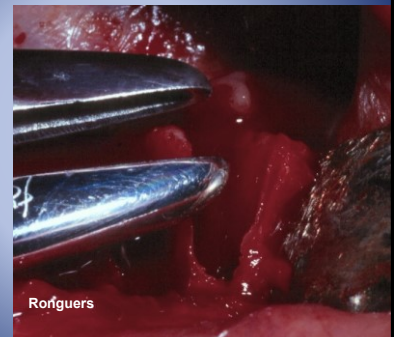
- ✦ Proper access for bone smoothing
- ✦ Alveoplasty – not too much or too little
- ✦ When buccal plate “can” be removed
- ✦ Easiest ways to remove of chronic infection
- ✦ Exostoses removal
- ✦ Unwanted soft tissue removal
- ✦ Suturing

Alveoplasty procedure:

1. Incise from socket to socket across the interseptal crests.
2. In lifting the full-thickness mucoperiosteum, do not reflect past the mucogingival line if possible.
3. With a rongeur or large bone bur (like an acrylic bur), smooth sharpness and protuberances, usually mostly on the labial-occlusal.

Guidelines, cont.

- Smooth bony points and sharp edges.
 - Rongeurs or
 - Bur
 - Bone file (last)





4. **Small bleeders** are controlled by crushing adjacent bone into the bleeding orifice with a periosteal elevator in the bleeding orifice or by burnishing bone graft material or bone wax into the bleeding site.

5. Use a **bone file** (such as a Hu-Friedy 2X file) to do additional smoothing after the rongeur or bone bur.

6. Replace the gingiva and feel bone with your finger through this soft tissue to see if it still feels sharp.



7. **Carefully irrigate** all loose bone particles from under the flap.

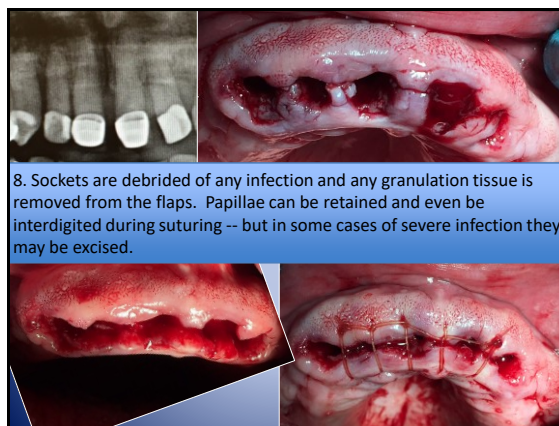
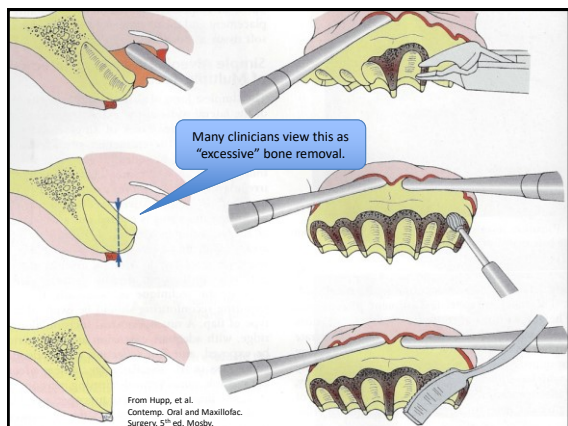
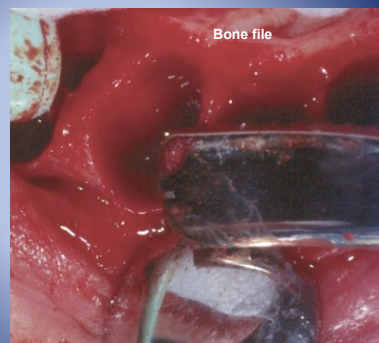
Guidelines, cont.



Guidelines, cont.

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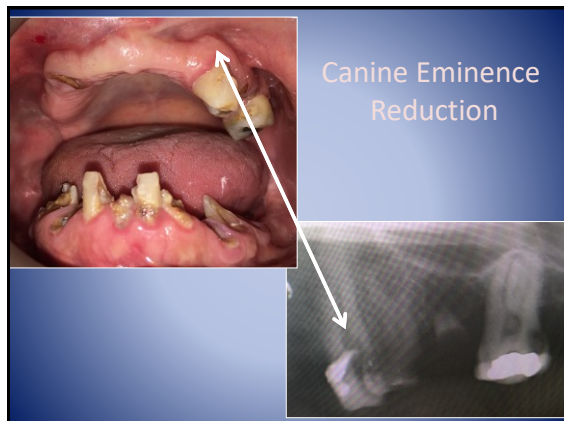
8. Sockets are debrided of any infection and any granulation tissue is removed from the flaps. Papillae can be retained and even be interdigitated during suturing -- but in some cases of severe infection they may be excised.

9. The end result should be a **fairly smooth ridge, flatter than it was before.**

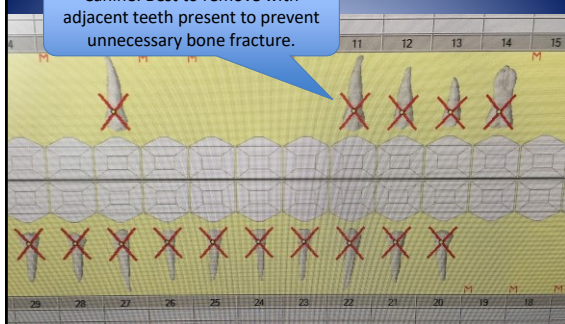
10. **Suturing** can be with interrupted or continuous-lock sutures without tension.



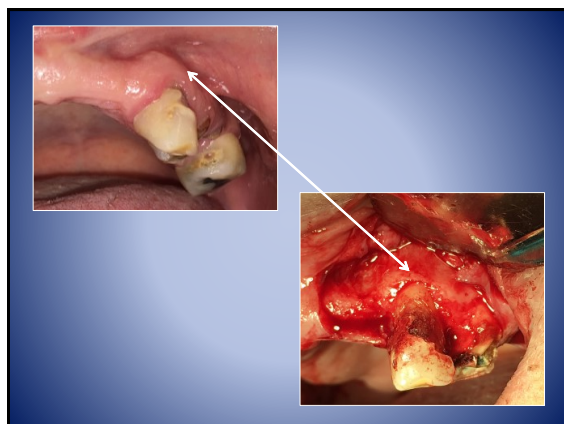
Canine Eminence Reduction

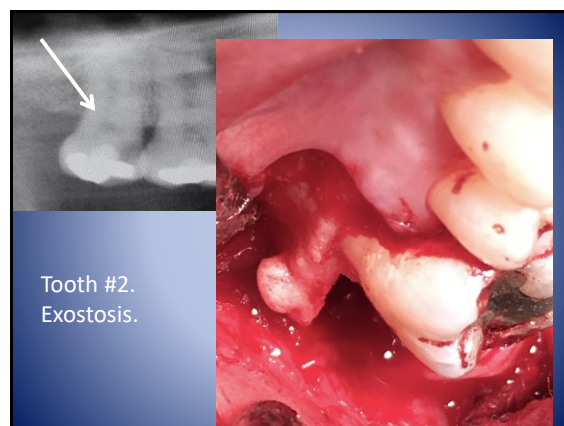
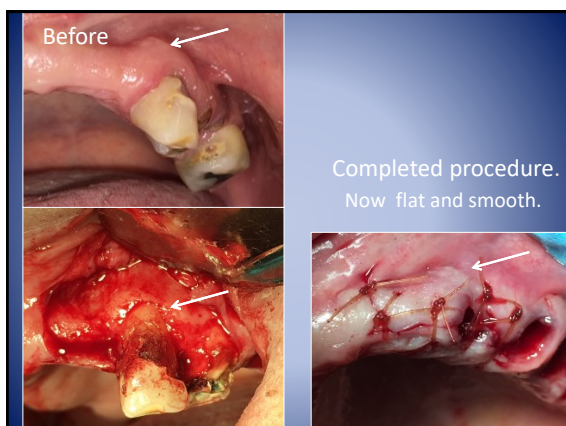
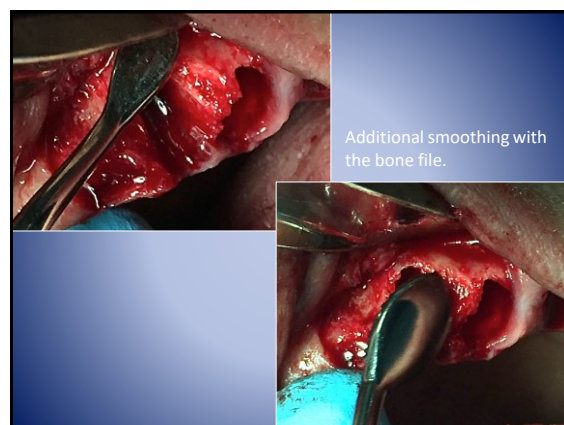
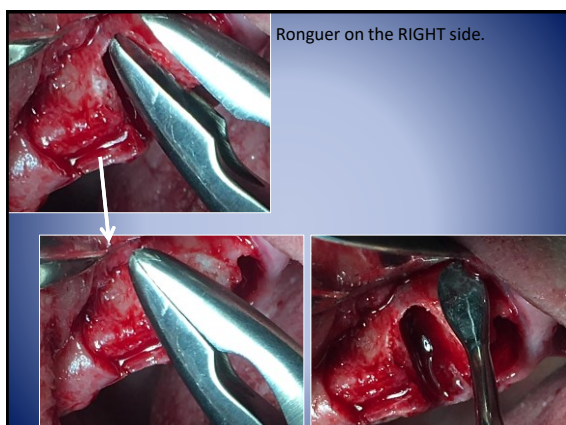
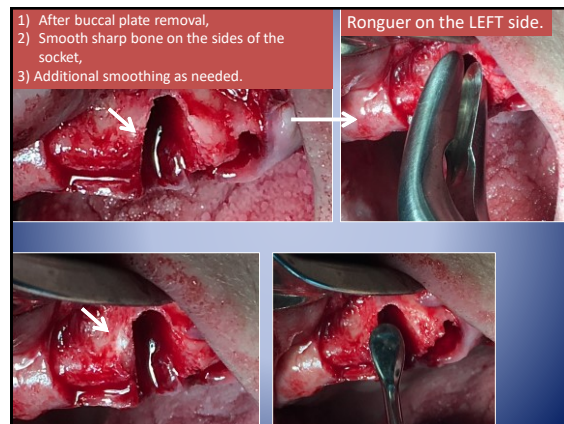
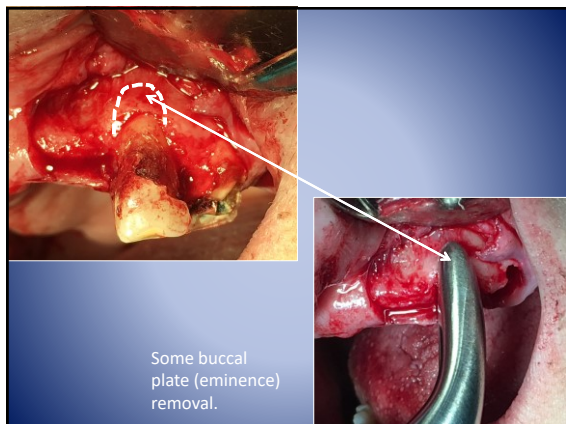


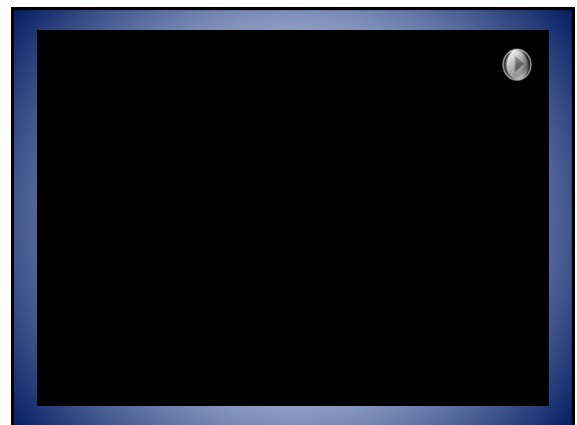
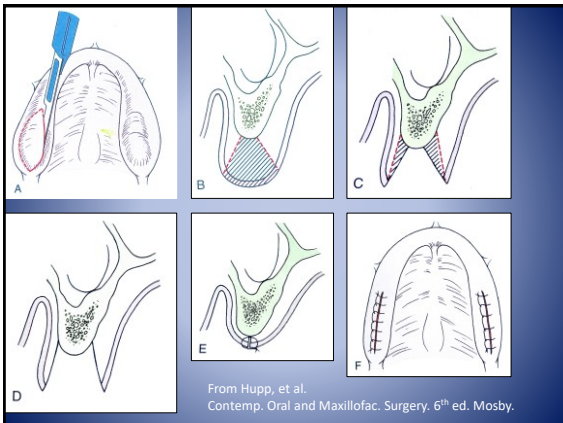
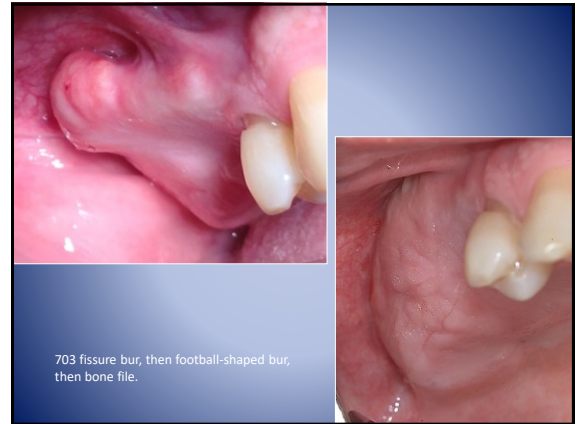
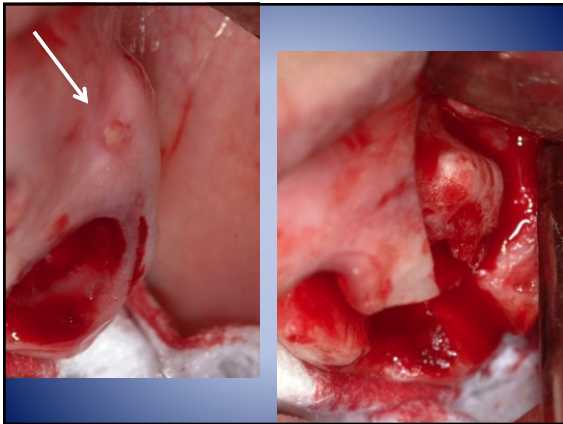
Canine: Best to remove with adjacent teeth present to prevent unnecessary bone fracture.



If remove last, can easily get an uncontrolled, large fracture of the canine eminence because of how weak bone is around the lone canine.







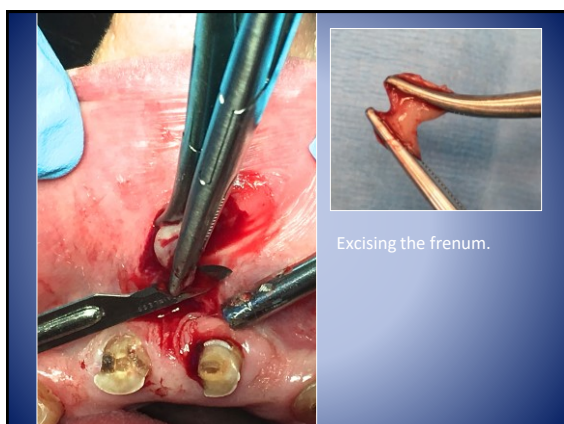
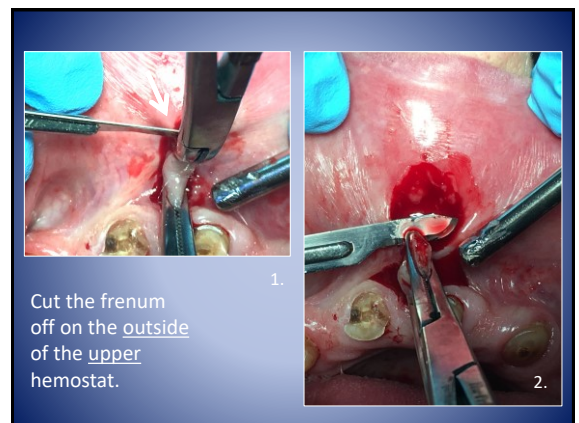
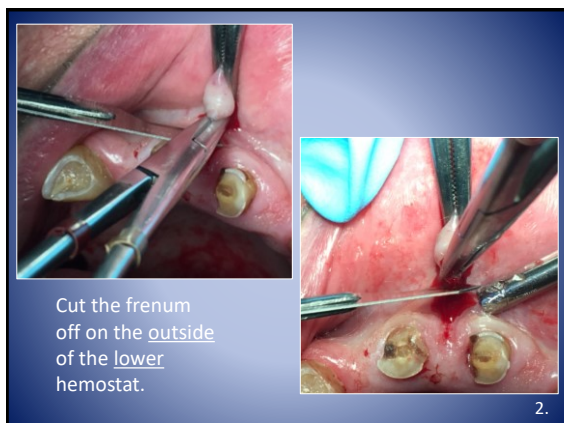
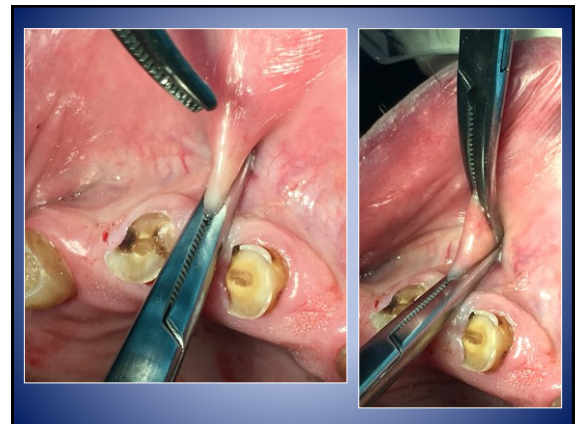
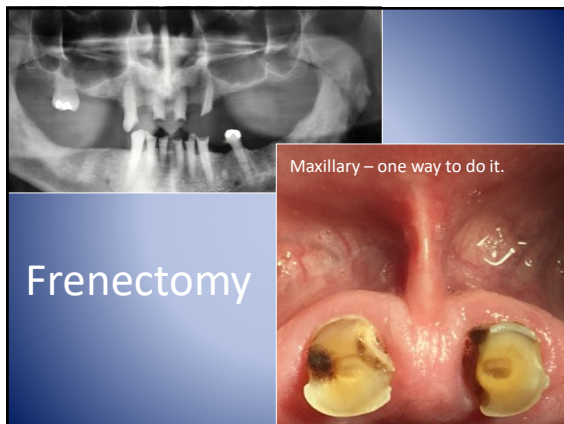
Continuous-Lock

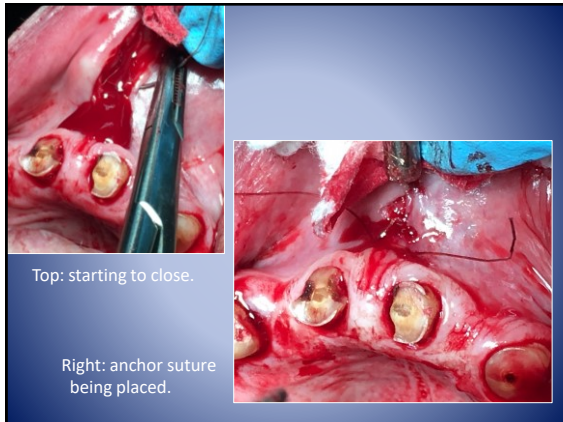


Frenectomy cases

1. Larger frenum with the two hemostat technique – our patient.
2. Smaller frenum with the “V” technique – our patient.
3. Smaller frenum with the “elliptical” techniques – from a pre-prosthetic oral surgery book.

Two surgery cases done with Dr. Miller and Dr. Koerner instructing.





Myer S. Leonard, MD, DDS

The maxillary frenum and surgical treatment

Abstract
This article reviews the role of the maxillary frenum in diastema formation and provides guidance on procedures to remove it in both dentate and edentate patients.

As a small membrane that restricts the movement of the organ to which it is attached, the frenum discussed here, the maxillary frenum is attached to the lip. However, the inhibition of movement of the lip is not really a concern. The concerns we have are whether in the teen years the presence of a maxillary frenum perpetuates a diastema between the central incisors, whether it inhibits toothbrushing and good oral hygiene, and whether it the dentures in edentulous patients. As infants, humans just line diastema that persist mixed dentition and instances slowly diminish enter our teens. By the canines erupt, the central have drawn together.

pleasing if it is small, some are different, and in some cultures, a midline diastema is considered to be a sign of good fortune and orthodontists are asked to reopen the space.

Etiology of the diastema
What do we know about the etiology of the diastema? The relationship of the diastema to the midline frenum is obvious enough, but is it a causal relationship? Does the frenum actually cause the diastema?

Fig. 5. Profile of suture through periosteum and ensuring height of sulcus.

