CONNECTICUT MAXILLOFACIAL SURGEONS, LLC

CTMAX QUARTERLY

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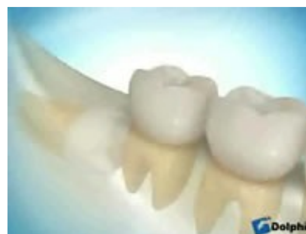
THE TREATMENT OF THIRD MOLARS PART II: HOW DOES CTMAX DIFFER FROM THE REST?

As a follow up to our prior newsletter, we would like to provide clinical details related to how we perform third molar surgery. This document will describe your patients' experience at consultation and surgery so that you can better understand our approach to treatment.

The current literature recommendations for treatment of third molars lead to the treatment of a younger and often asymptomatic patient. An older patient who presents with pain understands clearly why tooth extraction will help them.

The asymptomatic patient often questions the decision to undergo a potentially painful procedure for future long term benefit. For this reason the doctors at CTMAX emphasize education related to the reasons for the treatment and then strive to provide a minimally invasive treatment.

To many, the removal of a tooth seems like a procedure that has changed little over time. The reality of the situation is that variations in medications, instrumentation and subtle refinements in technique make major differences in the patient experience. We present to you the steps taken for your patients to provide them a comfortable and anxiety free experience with the removal of their third molars.



THE IMPORTANCE OF THE THIRD MOLAR CONSULTATION

The patient history and physical examination allow us to create a record of clinical findings and identify medical management issues. We discuss the findings and present clinical and radiographic data so that patients understand their specific risks and benefits related to surgery. The discussion is concluded by the informed consent process.

An often underappreciated aspect of consultation is the chance to develop rapport with the patient and family. Third molar removal causes anxiety for most people and a preoperative consultation allows us to identify specific areas of concern for the patient and customize a plan to manage pain and anxiety.

Finally, our staff can present cost and payment options to allow for appropriate financial planning for families.

SPECIAL POINTS OF INTEREST:

- *How does CTMAX provide a nearly anxiety free "wisdom tooth" experience for the adolescent patient?*
- *Why do CTMAX patients routinely have limited and often no swelling following third molar surgery?*
- *Why do CTMAX third molar cases typically experience fewer complications with nerve injury and "dry socket syndrome"?*

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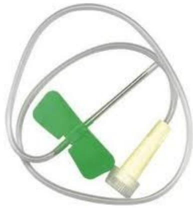
Anesthetic management for Surgery



With each patient a plan is established at the consultation for anesthetic management. All patients receive local anesthesia to ensure that with emergence from sedation, they experience no pain. Local anesthesia is administered after the onset of sedation to ensure that the patient has no memory of the multiple local anesthetic injections.

The discussion related to the preferred depth of anesthesia is an important one. Most patients prefer to have no recollection of the surgery, thus our recommendation is often for an intravenous and local anesthetic technique. Anxiety surrounding the IV placement is typically managed with prior administration of nitrous oxide. Patients with severe phobia of needles are sometimes prescribed an oral benzodiazepine taken the morning of surgery, or they can be administered a more potent oral agent in the office prior to IV placement.

The rare patient will prefer a lighter sedation and we will typically use nitrous oxide, with or without an oral agent.

Consistent with Department of Public Health guidelines, our entire staff is **B**asic **L**ife **S**upport certified. Our doctors are **BLS** and **A**dvanced **C**ardiac **L**ife **S**upport certified and possess separate licenses from the state of Connecticut to administer anesthesia.

Controlling Pain and Swelling Post-operatively

To minimize swelling, discomfort and nausea our patients receive analgesics and anti-inflammatory medications.

Parents are often concerned about prescribed narcotic medications for their children. Our recommendations for pain control include taking an over-the-counter drug such as ibuprofen or naproxen to control pain and decrease inflammation. Patients are also instructed to take a combination narcotic analgesic such as hydrocodone/acetaminophen (Vicodin) for pain beyond what the over the counter medication covers.

Patients typically receive 2-3 days of a prescribed analgesic and refills are rarely needed.

For control of inflammation related to surgery for impacted teeth, peri-operative steroids are used. Steroids such as dexamethasone and solumedrol are potent anti-inflammatory drugs. A single pre-operative IV dose of steroids is given and then a 2 day course of oral steroids after surgery. A great side effect of the IV steroid is that nausea is minimized.

Graduation from the Straight Handpiece

Self-irrigating contra-angle handpiece used in our practice from Bien-Aire.

Unfortunately, nearly all of what is taught in dental schools about soft tissue flap design and sectioning impacted teeth for removal, is based upon the use of a straight handpiece. To accommodate the straight handpiece, flaps are required to be larger, soft tissue stripping is therefore greater and patient swelling is much more significant.

The contra-angle surgical handpiece is a major advance in the removal of impacted teeth. The instrument allows for a minimal access flap, almost no soft tissue stripping and better control of the tip of the bur to decrease problems such as lingual nerve injury.

The mallet and osteotome technique was abandoned when the straight handpiece provided improved safety and better technique. Similarly, the 90 degree contra-angle handpiece has completely changed our approach to third molar surgery.

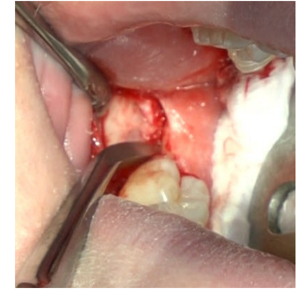
Flap Design for Minimally Invasive Tooth Exposure

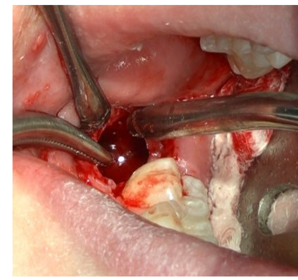
As mentioned in the section describing the progression to the contra-angle handpiece, flap design has changed dramatically now that the straight handpiece is no longer part of standard instrumentation. Prior technique included an anterior ramus incision that extended anteriorly to include the release of the second molar mesial papilla. This incision and flap reflection produced the massive swelling many associate with third molar surgery.

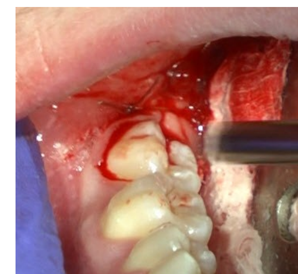
The reason for this large flap was to accommodate the straight handpiece. A large flap was needed to allow for extensive buccal bone removal to expose the impacted third molar.

The contra-angle handpiece allows the surgeon to only remove bone that is crestal to the impacted tooth and the large flap and excessive buccal bone removal is currently viewed as unnecessary.

The limited exposure flap seen at right allows for access to what is needed and nothing more. It is this very thing that allows most patients to return to normal activity within 1-2 days after third molar removal and experience minimal post-operative swelling. A single suture closes the small flap and since the papilla is not reflected, the second molar periodontal attachment forward of the distal line angle of the second molar is not violated.







Exposure, removal and a single suture required for closure when treating complete bony impaction. Courtesy of Dr. Galbraith.

Routine Antibiotic Prescription is Not Indicated

The wound in any oral surgery procedure is considered clean-contaminated and a sterile field is not possible. Fear of bacterial infection from oral surgery has led to years of "routine" prescription of post operative antibiotics.

Current recommendations for third molar surgery do not include perioperative antibiotics. Exceptions include active infection and immunosuppression.

The prevention of alveolar osteitis or "dry socket" has also been used as justification for perioperative antibiotics. Since alveolar osteitis is a disorder of the fibrinolytic process, not an infectious process, antibiotics have no role in the prevention or treatment of "dry socket."

The conclusions we can draw are that the indications for antibiotics are quite limited. We advocate the prescription of antibiotics for most cases of pericoronitis and tooth-related abscesses. Otherwise, it is important for the dental community to remain consistent in avoiding a dogmatic approach that includes antibiotic treatment for all third molar surgery patients.

Patient Experience the Day of Surgery at CTMAX

After consultation, we attempt to minimize any discussion of the details of surgery on the day of the procedure.

Patients are brought promptly to the operatory and our staff acquire vitals signs and ensure NPO status and the presence of an adult escort. Surgical instruments and equipment required for IV placement are kept from plain site. After a brief greeting, nitrous oxide is administered so that the patient has mild sedation to ease IV placement.

Because the onset of anxiolysis and amnesia from administration of IV benzodiazepines is extremely rapid, the patient's recollection of surgery is often limited to IV placement and emergence from sedation. Patients are recovered until awake and alert. The patient escort is brought back to an awake patient and instructions are reviewed while prescriptions are called to the pharmacy by other staff. Written instructions, gauze and emergency contact information are given to each patient.

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Our Mission Statement

All of us at **Connecticut Maxillofacial Surgeons, LLC**, are dedicated to the highest quality of care in the specialty of Oral and Maxillofacial Surgery. We take pride in providing contemporary clinical care in a full scope of the specialty as well as serving in a leadership capacity for the future of our specialty on both a local and national level. CMS,LLC can truly be described as a unique group of service-oriented professionals whose aim is to provide the highest level of patient care in combination with a maximum of comfort, sensitivity, and compassion for each and every individual.

Through our presence on the Internet we hope to move beyond the realm of merely providing clinical care in the classic sense. First and foremost, we would like to further close the information gap between us and our patients. A more ambitious intent would be to not only fulfill a regional endeavor but also provide a broader understanding of our specialty on a global level. Through a depth of experience and resources that we possess as a group, we hope to provide an ever increasing knowledge base accessible by all of those with any interest.

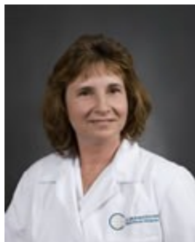
Definition of Oral & Maxillofacial Surgery:

Oral and Maxillofacial Surgery *is a medical and dental specialty of surgery which involves the diagnosis, surgery and adjunctive treatment of diseases and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.* (American Dental Association) More simply put in layman's terms, the oral and maxillofacial surgeon is the orthopedic surgeon of the facial region. He or she is an individual who addresses problems ranging from the removal of impacted teeth to the repair of facial trauma. He or she may be a doctor you would visit to:

- Have a **tooth extraction**.
- Have teeth replaced by having **dental implants** inserted.
- Have oral surgical procedures performed in the office under outpatient **ambulatory anesthesia**.
- Have a **jaw cyst or tumor** diagnosed, removed and reconstructed.
- Have your jaw aligned with **orthognathic surgery**.
- Have you jaw joint repaired with **TMJ surgery**.
- Have **jaw reconstruction** following cancer surgery.

MEET THE STAFF: THE WETHERSFIELD OFFICE

The Wethersfield Office is conveniently located on The Hartford end of the Silas Deane Highway. Located only a few minutes from Route I-91, Route 175 and Route 3, the office is easily accessed from Hartford, Newington, Rocky Hill, Glastonbury, East Hartford, Cromwell and Middletown. The address for this location is 415 Silas Deane Highway, Suite 302, Wethersfield, CT and our doctors and staff can be reached at telephone number (860) 529-5394. The office has recently undergone significant renovation to provide a better patient experience.



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