Thompson Okanagan Dental Society

Presents:

A PRACTICAL APPROACH TO
ORAL SURGERY FOR THE
GENERAL DENTIST

BY:

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Dr. Lawrence (Larry) Gaum is an oral surgeon who maintains a private practice in Toronto, Ontario, Canada. He is a graduate of Dalhousie University Dental School in Nova Scotia, Canada. He practiced general dentistry for five years before taking his specialty training in Anaesthesia and Oral Surgery at the University of Pittsburgh and Wilmington Medical Centre. He is a former Associate in Dentistry, Faculty Of Dentistry, University Of Toronto where he taught for over 25 years. He has lectured extensively throughout Canada, United States and other countries, teaching his fellow colleagues oral surgery, anaesthesia and pharmacology. He is the author of numerous articles on Oral Surgery and Anaesthesia published in major dental and medical journals. He has published a text book titled: “Oral Surgery For The General Dentist”, now in its 2nd edition, and produced two Surgical DVDs titled “Oral Surgical Videos For The General Dentist.” and “More Oral Surgery.” Dr. Gaum is the principal developer of the “ART” Mandibular Block, used successfully by thousands of dentists around the world. Dr. Gaum is a member of several dental associations in Canada, United States and the European continent. He is the Director of the Oral Surgery Academy For General Dentists, providing Hands-On and Clinical sessions for the GP dentists.
A Practical Approach To Oral Surgery
For
The General Dentist

CONTENTS OF SEMINAR

#1A) How To Perform A Proper Examination, Assessment And Preparation Of The Patient

#1B) Selection Of proper instruments to perform the various procedures.

#2  A Practical Approach To Oral Surgery For:

A) Surgical Removal Of Impacted 3rd Molars
B) Surgical Removal Of Erupted Molars, 3rd Molars, Retained Roots
C) Surgical Removal Of Hyperplastic Tissue
D) Surgical Removal Of Tori: Torus Mandibularis, Torus Palatinus
E) Surgical Exposure Of Impacted Cuspids: (Pre-Orthodontic.)
F) Frenectomies: Pre-Prosthetic, Pre-Orthodontic, Ankyloglossia
G) Performing a Biopsy. How to do it properly and what to do after.
H) The “ART” Mandibular Block
I) Post-Op Surgical Consideration, Selection and use of appropriate drugs following surgery.
DR. LAWRENCE I. GAUM, D.D.S., F.A.D.S.A.

ORAL SURGERY/ANAESTHESIA CONSENT

The ORAL SURGERY procedures to be performed have been explained to me and I understand what is to be done. This is my consent to the ORAL SURGERY indicated on the surgery record and to any other surgery deemed necessary or advisable in addition to the planned operation. I have been informed and understand that occasionally there are side effects associated with the surgery, drugs and anaesthesia. The most common side effects are infection, swelling, bruising and discoloration. Temporary, or in some rare instances, permanent numbness and tingling of the lip, chin, tongue, gum, cheek or teeth may occur. It has been explained to me that, occasionally, inflammation of the vein may occur from the intravenous or intramuscular injection. The possibility of stiffness of the neck and facial muscles, slight changes in the occlusion of the temporomandibular joint has been explained. I understand that there is the possibility of trauma to adjacent tissues, referred pain to the ear, neck and head. Nausea, vomiting, allergic reactions, delayed healing and, rarely, fractures of the bone may occur. Maxillary sinus side effects, which may include a small opening into the sinus from the mouth, might occur with the removal of the upper teeth. Rarely is surgery necessary to close the opening.

I also agree to the use of local anaesthetic, sedation, or general anaesthesia depending on the judgment of DR. LAWRENCE I. GAUM.

All questions have been answered to my satisfaction.

Patient/Parent/Guardian __________________________ Date __________

Witness Signature __________________________ Date __________
INSTRUCTIONS FOLLOWING ORAL SURGERY — IMPORTANT — PATIENTS — Please read prior to surgery

1. Keep tongue and fingers away from surgical area. Smoking is permitted as soon as practical.
2. Do not rinse the mouth the same day as treatment. The following day, any mouth wash or salt water rinse (1/2 teaspoon salt per glass of lukewarm water) may be used approximately 10 to 20 times daily and after eating. Gentle brushing of teeth may be resumed the day after surgery. Do not rinse if bleeding occurs.
3. Bleeding — Avoid spitting and rinsing if bleeding occurs. It is normal for saliva to be blood streaked for a day or so. It is not normal for the mouth to fill with bright red blood at any time. Rarely, bleeding may start up many days after surgery. To stop bleeding — First, wipe away excess clot on gums before applying pressure. Continuous Pressure is then applied by biting down on the gauze for at least 1 hour. An ordinary Tea Bag, wet or dry, may be used as a pack. Continuous hard pressure is needed to control the bleeding. Repeat if necessary.
4. Pain — Normally, pain becomes less severe with each passing post-operative day, and some discomfort is to be expected. The prescription for pain pills is provided for this. If severe pain persists or increases, call office.
5. Swelling — This is a perfectly normal occurrence which can last up to 10 days. An ice pack may be used. Maximal swelling occurs 48 hours after surgery. On occasion, delayed swelling may occur from lower wisdom teeth sockets several weeks or months following surgery. The cause may be food debris accumulation. Antibiotics and cleaning of the socket may be indicated.
6. Trismus — or inability to open mouth, is very common and can last from one to three weeks.
7. Diet - Patients can eat anything they are able to tolerate comfortably as soon as desired.
8. Consulting your physician — Please do not ask your physician for advice or treatment regarding post-operative oral surgery problems. Please call our office.
9. Bad taste or odour in mouth — May be due to stitches and can be relieved by using a mouth wash.
10. Stitches — will dissolve spontaneously in anywhere from 3-10 days.
11. Dentures — Do not remove the denture for at least 2 days. It is best to check with the dentist or therapist who has made your denture before removing.
12. Sharp edges and pieces of socket bone - occur frequently. These usually disappear within 8-10 weeks. On occasion, it may be necessary to return to the office to have them removed. Call the office for advice.
13. Bruising of skin - (a) on arm - Also may be tender at site of injection along arm. This is a mild phlebitis or inflammation of the blood vessel. It is not serious, and could last 10-12 weeks. (b) On facial area - Especially in older patients, and more likely if sutures are used. May last 1-2 weeks. Use cosmetic cover-up. May occur with relatively minor surgery. No specific treatment required.
14. Numbness, burning and tingling of lip, tongue, chin, teeth and gums — May occur in difficult lower extractions or removal of lower wisdom teeth. May last 6 months to one year. Very rarely permanent.
15. Sores or abrasions — May occasionally appear on the lips and corner of the mouth following surgery. This is due to stretching during surgery. They may, on occasion, require a suture. Use Vaseline freely to keep moist.
17. Drive or operate vehicles — Patients are reminded not to operate vehicles or to drink alcohol when pain medication is taken. Patients are not to operate vehicles on the day of surgery after a general anesthetic.
Standard Tray Set-up
(See page # 5 for photo of tray)

Prior to performing any surgery, it is essential to have a standard surgical tray set-up that conforms to all oral surgical procedures. The instruments found on this tray are those essential for all surgical procedures, adding only those that are necessary for each individual technique. Over the many years that I have been performing oral surgery, I have used numerous instruments. I have discarded many because they did not perform to my satisfaction and were detrimental to the outcome and success of the surgery. The instruments I have selected and use on a daily basis are those I have listed here.

1. Syringe, Needle, Local anesthetic
2. Hemostat curved, Kelly, 5.5"
3. Blade Handle #3 and Blade # 15
4. Dissecting Scissors curved, Kelly, 6.5"
5. Straight Elevator, Coupland #1C
6. Crane Pick #8
7. Needle Holder-Scissors, Olsen-Hegar 6.5"
8. Dressing applicator-Gauze Packer
9. Sterile Gauze 4x4
10. Periosteal Elevator #69W
11. Double Ended Curette, Miller #11
12. Double Ended Bone File, Miller #21
13. Retractor, Seldin #23
15. Rubber Mouth Props adult-child
ADDITIONAL INSTRUMENTS

( To Be Added To The Standard Tray Where Indicated )

1. Unibevel Chisel #G2
2. Upper Forcep #73 HP
3. Upper Ant. Standard #1
4. Lower Forcep #150
5. Upper Bayonet #286
6. Lower Forcep MD3
7. East-West Seldin Elevators #1 L #1 R
8. Rongeur
9. Allis Forcep
10. Mini-Lambottes 5mm. 8mm.
A) Surgical Removal Of Impacted 3rd. Molars

Instruments:  
1. Standard tray set-up  
   Add: Drill & #8 Round Bur  
   For Uppers:  
   Gardner #G2 Chisel  
   Monoject syringe and water for irrigation  
Post-op.  
2. Recommendations for post-op. medication  
   (See Page #12-14)

B) Surgical Removal Of Erupted Molars, 3rd Molars and Retained Roots.

Instruments:  
1. Standard tray set-up  
   Add Drill & #8 Round Bur  
   Lower forcep (#73HP)  
   Upper forcep (#150)  
   Upper bayonet forcep (#286)  
   East-West elevators #1L,1R  
   Upper Anterior forcep (#1)  
2. Recommendations for post-op medications  
   (See page #12-14)
C) Surgical Removal Of Hyperplastic Tissue.

Instruments: 1. Standard tray set-up
add Acu-Surg and Allis forcep

Post-Op: 2. Recommendations for post-op
medications (see page #12-14)
D) Surgical Removal Of Tori

Instruments:
1. Standard Tray set-up
   Add: Drill & #8 Round Bur
   Fissure bur #701
   Mini Lambotte Osteotomes
   5mm, 8mm.
   Monoject syringe and water
   for irrigation

Post-Op:
2. Recommendations for post-op medications
   (See page #12-14)

E) Surgical Exposure Of Impacted Cuspids
Pre-Orthodontic Treatment

Instruments:
1. Standard tray set-up
   Add: Drill & #8 Round Bur
   Gardner #G2 chisel
   Acu-Surg
F) Frenectomies

Instruments: 1. Standard tray set-up
For labial maxillary frenectomy,
add: Fissure Bur #701
Acu-Surg

Post-Op:
2. Recommendations for post-op medications (see pages #12-14)

G) Biopsies: Performing them properly

Instruments: 1. Standard tray set-up

Add Biopsy Punch (Miltex)
H) The “ART” Mandibular Block

I) Post-op Surgical considerations, Selection of appropriate drugs following surgery (see Pages 12-14)

J) Dry Sockets: Post-op treatment

Instruments:

1. Standard tray set-up
   Add: “Dressol - X” dressing material, monoject syringe, hydrogen peroxide and water for irrigation of socket.

Eugenol: 2 oz.
ASA powder: 1 oz.
Vaseline: 2 tbs.

Mix Solution and microwave for 1-2 minutes
Soak entire 60 inches
Cut required amount for each case

Plain ½ inch Gauze with radiopaque strip 60 inches.
New Analgesic Guidelines 2016

Moderate To Severe Pain:

400-600mgs Ibuprofen  
+  
500 mgs Acetaminophen  
Q6H For 24 Hrs.

Then:

400 mgs Ibuprofen  
+  
500 mgs Acetaminophen  
Q6H

Maximum Daily Doses:  
Ibuprofen 2400mgs.  
Acetaminophen 3000mgs.

Dexamethasone Pre-Op: 4 mgs. orally 1 hour pre-op

If Pain Is More Severe:

Narcotics may be added to previous amounts:  
Such as: Oxycodone 5 mgs., Codeine 30 mgs.

Or the following:

PERCOCET: Acetaminophen 325mgs. + Oxycodone 5 mgs.

TYLENOL #3: Acetaminophen 300mgs. + Caffeine 15 mgs. +  
Codeine 30 mgs.

VICOPROFEN: Hydrocodone 7.5mgs. + Ibuprofen 200mgs.  
Only in USA.
There are four factors that I consider in determining as to whether I will utilize post-op antibiotics.

If the following are performed:

#1 Cutting, reducing or eliminating **Mucosal Tissue**.

#2 Cutting, reducing or eliminating **Periosteal Tissue**.

#3 Cutting, reducing or eliminating **Bone Tissue**.

#4 Cutting, reducing or eliminating **Tooth Tissue**.

When performing the surgical removal of wisdom teeth, if all of the above factors come into play or occur together, I refer to the situation as “A Perfect Surgical Storm.”

It is then that I make the final decision to prescribe and utilize post-op antibiotics.

The following are the most common antibiotics I prescribe for my surgical patients.

#1 **Penicillin V Potassium**, (PEN VK)
250 mgs. in USA, 300 mgs. in Canada

Rx: Pen VK 300mgs. or 250mgs.
Dispense: 28 tabs.
Sig: Take 1 Tab Q6H until all taken.

About 95% of surgical patients can be effectively treated using this drug because we are usually dealing with gram positive (+) organisms in the mouth. There is no need or reason to utilize or prescribe any others under these circumstances. However, if the patient is allergic to penicillin, then I prescribe:

Rx: **Erythromycin** 250 mgs.
Dispense: 28 tabs.
Sig: Take 1 tab Q6H until all taken.

Or:

**Clindamycin** (Dalacin-C) 150 mgs.
Dispense: 28 caps.
Sig: Take 1 cap. Q6H until all taken.
For more involved or complicated surgical cases where the procedure requires more cutting, more overall trauma to the tissues, being in close proximity to the sinuses, deeper tissue spaces, and more time required to complete the case, I will prescribe Amoxicillin and or Flagyl both 250 mgs.

**Amoxil 250 mgs.** *(Amoxicillin)*  
Dispense: 28 caps  
Sig: 1 cap. Q6H until all taken.

**Flagyl 250 mgs.** *(Metronidazole)*  
Dispense: 28 tabs.  
Sig: 1 tab Q6H until all taken.

In the majority of oral surgical cases, there is no need for prescribing doses higher than 250 mgs of Amoxil or Flagyl. The routine use of doses such as 500mgs. is a total overkill and should be discouraged and avoided.
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