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Extraction forceps guide

In this chapter there are sections titled: Parts extraction extractions in ways of extraction to push Page 2 of Labor off-campus? Learn about our remote access options The dental tools baseline provides an inventory of dental tools, which are commonly used in dental operations. A clear photograph of each instrument, described by name, use, all essential internal messages and varieties, shall be included. Each section is dedicated to a special discipline or dental department. Full creation is included in most sections at the end of various procedures. The coating reflects the tools and accessories used in general dental practice, routine hospital dental procedures and selected specialist settings. The author adopts a flexible approach that recognizes that some instruments are multifunctional, and their names and uses may vary in different dental operations. This approach, together with the range of instruments covered, makes the book the ideal portable resource in general practice, in hospital and in various specialist environments. The book also highlights instruments that can be easily confused. In addition to the detail of the classic dental tools, the importance of instruments care and sterilization regimes is recognised. This second edition expands the chapter on tools used in conjunction with dental implants, and the illustrations have been updated throughout. FEATURES Best-selling title A brand new chapter on the tools used in dental implantology An expanded chapter on dental burs illustrations revised throughout In conclusion i could describe this new edition as a short illustrated guide commonly used in dental tools in over 18 sections that provide an excellent reference for trainee dentists and nurses. (VVT Magazine, 1 March 2012) The second edition of this book replaces its predecessor boasting updated photos of high quality, as well as an expanded section on the tools used for implant-related procedures... This is undoubtedly a useful book for individuals at an early stage of their clinical career, as well as those who review dental OSMEs at both bachelor's and postgraduate levels. (British Dental Journal, 25 November 2011) 1. بيتان الل بيتممتن بيتان الللليم principles Exodontia Dr. Adel I Abdelhady) BDS, MSC, (eg) Phd (USA, Eg . Department of Oral and Maxillofacing Surgery . Dental College,CSR 2. Rules using Dental Forces & Elevator Dr. Adel I Abdelhady)BDS, MSC, (Eg) Phd (USA, For example. Department of Oral and Maxillofacing Surgery . Dental College,CSR 3. Vaccination of students ME hepatitis virus vaccination is mandatory for students before starting any clinical action or contact with patients. 4. Specific objectives and contours ed ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ ▷ Used Preparation of the patient before tooth extraction Know the correct condition and position of the patient or operator. How to choose the correct plier Know the difference between the pliers used for extraction of the upper teeth, as well as the mandidate Know the different extraction movement Know how to want a tooth using an extraction of the pliers in either the maxilla or mandial teeth. 5. General considerations: Factors complicating tooth extraction 1. Restriction with lips and cheeks. 2. Tongue movement. 3. Mandial movement. 4. Limitation of the mouthper 5. Notice the mouth of the throat and larynx. 6. Oral flooding with micro-organisms. 7. Related structures such as flooring of the mouth, tongue, hard and soft palate. 8. Location and location of the extracted tooth 6. Methods extraction 1 - INTRA-ALVEOLAR EXTRACTION FORCES OR CONVENTIONAL IT IS USING DENTAL FORCES AND LIFTS. 2-TRANS-ALVEOLAR EXTRACTION This is using surgical flange technique with bone removal and tooth mourning 7. DENTAL X-RAY EXAMINATION - USED It should be noted that the tooth ratios to be obtained next to the shot and undisguised teeth should be noted. Relationship to the associated Vital structure configuration Root position Position Surrounding bones 9th CHAIR POSITION FOR POWERPSE - The position of the patient, chair and operator is essential for the successful completion of the extraction. The correct position allows the surgeon to keep his hands close to the body and provides stability and support; it also allows the surgeon to keep the wrist straight enough to provide strength with the arm and shoulder rather than by hand. 10. POSITION OF THE POWER-SIDED CHAIR. The extraction of the extracium contra ⌧ - for the extraction of the maxilla in the chair, the chair must be reared so that the maxilla is approximately 45-60 degrees against the floor. The height of the chair must be such that the height of the patient's mouth is at or slightly lower than the operator's elbow level. During surgery on the upper jaw right quadrant, the patient's head must be directed substantially towards the operator in order to achieve sufficient access and visualization. 11. PREPARING THE PATIENT AND THE SURGEON - Infection control is mandatory 12. ⌧ 13 to obtain teeth in the upper jaw of the arches, the patient should look straight ahead. The position of the arc of the upper jaw is similar, except that the patient's head is turned slightly to the operator's 14. , which provides a convenient Stable which is more controllable than in a higher position. 15. Intra-alveolar extraction Forces Lift • Dental force access parts: A, Blades. B, Joints. C, Handles. • Dental strength pinned requirements 16. Tooth extraction with pliers ▲▲ They have two sharp edges to cut periodont fibres. The blades are spiked dilate nest and are embassed on their inner surface to fit the root blades have hinges that allow them to close and grasp the root handle acting as a lever, which gives the operator a mechanical advantage. Further from the blades the surgeon grabs the handle less effort he will have to make to apply the force of the tooth. 20/01/14 17. 18. Tooth extraction with a knauus - Tooth extraction is a surgical operation based mainly on an anatomical assessment of their attachment to a jok. First, soft tissues from gingival attachment and periodontal membrane are cut to separate the tooth from the bone. Next, the nest is expanded by moving the roots to expand its bone socket. Finally, when the tooth is loose, it can be pulled out of the alveoli. When finished with the spikes extractions are carried out in two movements. 20/01/14 19. The action tooth forces INTRA-ALVEOLAR EXTRACTION Tooth extraction forces are three components that have blades and handles combined with the hinge joint. 1-The handles of the robots must be suitable for a comfortable rest in the operator's hand and be long enough to allow for strong and stable extraction movements. It must also be suitable in shape and design to suit the tooth area. 20. INTRA-ALVEOLAR EXTRACTION 2 - Wedge-shaped blades must be sharp so that they can be introduced below the free rubber limit. Multirooted teeth blades must be designed to grasp the different root patterns The blade angulation design in relation to the joint and handles should be carried out, to facilitate tooth gripping at CEJ 21. lateral intiés and dog teeth Upper Premolar Upper Left Molar Upper Right Molar Bayonet Pliers on upper third molar Lower Knaés Lower Anterior Lower premolar Lower molar 24. The upper blowers of the Anterior Premolar R. Molar Premolar Anterior Bayonet Lower forces Molar L. Molar 25. Pulses Style American 26. English 27. Pulses design Upper power force- Lower Psi and 29. Power-light technique 1. 30. Types of Dental: Pulse. Straight , e.g. 1 Upper fronts . Curved, for example, 2 All lower and upper rear parts 31. The purpose of the use of the knators is twofold: (1) expanding the boned socket using chimma-shaped beaks and tooth movements of the tooth itself with chit, (2) removing the tooth from socket 32. ⌧ The knapum can be applied to five large movements to suck your teeth and expand the bone socket: 1-The first is the apical pressure that performs two goals, the tooth socket is expanded by placing the beaks down into the space of the periodontal ligaments and causing the bone to spread. The second achievement of apicial pressure is to make fulcrum more apically 33. When the pliers are forced into the periodontal ligament space, the rotational center is moved apically, which creates greater movement of expansion force crest of the ridge and less force moving the apex of the tooth linguist. This process reduces the likelihood of apic root fractures. 34. ⌧ 2- The second high pressure 2or movement applied by the coercion force is the force behind the cheek. The pressure behind the cheek causes the ladle plate to expand, especially at the top of the 3-third ridge, the tongue pressure is 3, which is comparable to the concept of cover pressure, but it aims to widen the linguocrestal bone and at the same time avoid excessive pressure on the apical apical bone 35 used , 4-fourth, rotational pressure, because the name 4implies, rotates the tooth, which causes the internal expansion of the dental socket. Teeth with single, conical roots, such as maxillary indials, and mandiel premolars 5-Finally, thrust forces are useful for 5delivering teeth from the socket when enough bone enlargement is achieved. The traction forces must be limited to the final part of the extraction process and shall be further 36. Grip no-2 extraction power Wright Wrong Wrong Wrong 37. Application of the application ((Rock tooth -3 38. Correct function and left hand position- 4 39. Mechanical principles of force-actuation extraction Expansion socket walls Wedging 40. EXTRACTION MOVEMENTS 41 CLOSED EXTRACTION PROCEDURE ⌧⌧ The three essential requirements for good extraction remain unchanged: (1) adequate access and visualisation in the field of operation, (2) a smooth tooth removal path and (3) controlled use of force to suture and remove teeth. 42. The five general steps consist of the closed extraction procedure ⌧ Step 1: Fastening soft tissue from the tooth. The first step in removing the tooth by closed extraction is to loosen soft tissue from the tooth with a sharp Step 2: Adjusting the pass with a tooth. Then select the appropriate knuts so that the tooth is pulled out, and the chimney is then seated on the tooth t so that the knau-structual knus grabs the root under the released soft tissue (Fig. 7-56). The tongue beak usually sits first and then the cheek beak. 43. بيتان الل بيتممتن بيتان الل الللليي Principiم Exodontia Lec. #4 Dr. Adel I Abdelhady)BDS, MSC, (Egypt) PhD (USA, Egypt. Department of Oral and Maxillofacing Surgery . Dental College, CSR 20/01/14 44. Dental lifts 20/01/14 45. Dental Lifts Lift Parts: 1-Blade 2-Shank 3-Handle ⌧ 20/01/14 46. :Classification •By form. •According to use. Various Shapes Lifts 47. Lifts Classification ¡ I-According to use: 1-Lifts, designed for whole tooth, straight elevators, hospital model and winter lift 2 lifts designed to remove roots to get off the gingival line such as apexo lift, coupland and fly lavien lifts 3-Lifts designed to remove the roots separable half way to the peaks, such as a curved elevator hospital model, winter lift and Apexo lift 20/01/14 48. Tooth Lifts Classification II-By Shape: 1-Straight Lifts S, M, L 2-Curved Right and Left 3-Angulated Right and Left 4-Cross bar handle at right angles to the substaku ▷ 20/01/14 49. Types of Dental: Lifts. Straight , for_example , 1 Copland . Curved like 2 Cryer's 20/01/14 50. Root lifts - Use tooth and root unscrewed and often remove them. ⌧ small, straight lift ▷ used large straight lift 20/01/14 51. Dental Lift Cross Barwink Hospital Model Straight and Curved Curved Apexo 20/01/14 52. Choice of lifts Choice Of lifts according to: • • • • Remaining tooth design Available space Availability and condition of movement required Direction of movement 20/01/14 53. Characteristics • • • • • No joints need fulcrum to work Is wedged between bone and tooth Creates less directional force on the tooth Different sizes and shapes 20/01/14 54. Indications for use • • • • • Removing periodont fastening luxation or completely removing tooth luxation and removing the remaining root Mucoperiosteal elevation 20/01/14 55. Mechanical principles Y In order to obtain the maximum full mechanical lift advantage, the fulcrum must be at the resistance point and the lever for application of the force must be longer than the resistance lever (principle of the class I levers) 20/01/14 56. Rules for elevator VIP • • • • • 1-Palm grip and finger guard 2-Do not use neighboring teeth as fulcrum 3-Do not use the cheek plate bone as fulcrum 4-Use left hand for reflection, guard and support 5-Care for surrounding vital structures 6-Follow dignity, root curvature 20/01/14 57. Use of the lift and application 58. Elevator VIP usage principles • • • Wedge principle: straight elevator Leverage principle: Copland elevator, straight elev. and wheel principle: Cryer lift 20/01/14 59. Principles for the use of the lift wedge y Some lifts are mainly intended for use as a wedge, such as Apexo and coupland. This lift is forced between the tooth root and investing bone tissue parallel to the long axis of the tooth 20/01/14 60. Principles of lift lever use: Y When applying this principle, the lift is a first-class lever, the fulcrum position is between effort and strength to obtain a mechanical advantage in the first class lever, the effort lever on one side of the fulcrum must be longer than the resistance lever 20/01/14 61. Principles for the use of the lift wheel and axle y The wheel and axle are a simple machine and are applied to the circumference of the wheel that cuts the axle to increase the weight. It can be used as the only principle of work when removing teeth, it is also used in conjunction with wedge or leverage principles 20/01/14 62. Wheel and axle wedging 63. Use of lifts for tooth extraction . Lift parts:Operating principles - Lever. ⌧ Wedge. ⌧ Wheel and axle principle. Article 64 Danger when using lifts 1-Loosening or extraction adjacent teeth - 2-Fracture alveolar process or fracturing the mandible 3-Penetrating maxillary antrum or pressing the root antrum 4-Forcing the roots of the mandictor molar through the tongue plate of the mandible ¡ 5-damage of soft tissue, slipping lift tip ¡ 20/01/14 65. Tooth lift Wedge lift between tooth and bone at the neck tooth and rotating handle with a slight twist, quarter-cutter movement Observe tooth movements Do not use excessive force •Crown fracture •Unscrew adjacent teeth As tooth unscrew, move the lift over the end of the bone root 20/01/14 66. Tooth lift ⌧ Use the lever at the point of mechanical advantage used to break the alveolar socket Tooth movement expands the alveolar bone to allow the tooth to be removed Start with a smaller lift and move to a larger than tooth luxates 20/01/14 67. Principles for the extraction of maxilla and mandiar teeth 68. Anatomical considerations Upper Anterior Central Incisor Side Incisor for Dogs 69. Upper Posteriors First Premolar First Molar Second Premolar Second Molar Third Molar 70. Lower Teeth Incisors for Dogs Premolars 71. First Molar Second Molar Third Molar 72. Molar extraction of maxillary 73. Molar extraction of mandi3 1 and 2 74. Combined use of force and lifts Support hand Jaws must be adequately supported by a free operator hand, which is particularly important for the mand jaw. the second function supports the hand is the retraction of the cheek, tongue and lip. This is done by placing a finger and thumb one on each side of the gum on the back of the cheek and tongue or palatal aspects of the tooth, as well as the operator is able to feel that the blades on the tailpipers are under m.m and watching your finger can feel any slip from the t jab or any trend next to the tooth to move 20/01/14 75. Extraction of leaf teeth In general, leaf teeth are much easier to obtain than permanent, but some factors can complicate their extraction: 1-Small mouth of a child patient 2-Permanent used premolars are included in the roots of their ancestors, deciduous tree molars have no root mass and carrations often invade the roots, making them difficult to grasp them 20/01/14 76. Extraction of leaf teeth 3-Pediatric pliers should be used 4-Care should be taken so as not to place the beaks deep down on the roots of D. teeth, because of the high possibility of removing semi-formed permanent teeth. 20/01/14 77. Risk of primary tooth extraction - If this happens inadvertently, the partially formed tooth should be carefully removed from the primary roots and replaced in the alveorol, soft tissues are kept over the alveol to hold the bone, and the tooth at position 20/01/14 78. Changes in primary tooth extraction • • Thin distinct roots of Resorbed root 20/01/14 79. Changes in primary tooth extraction • • • Late alveolar nerve Flexible bone Limited access 20/01/14 80. The point to remember when extracting your teeth - Never close with tooth extraction as a simple extraction. You may find yourself in an embarrassing position trying to explain to the patient why this simple abstraction is taking so much time and effort to anticipate a fracture, knowing all the reasons why the roots and crown break. Warn the patient about the possibility of fracture or fracture 20/01/14 81. Mechanical principles related to tooth exudation • • 20/01/14 Removal of bones around the root of Tooth 82. Policy, leaving root fragments Benefits bone removal Maxillary sinus Tissue space Nervous injury risks Small size <5 mm Very deeply sitting No pathosis Inform the patient Follow up 20/01/14 83. Removal of fractured root removal should be removed during extraction, as it can cause the following complications: 1-large roots in alveolar will be a localized source of inflammation 2- This can cause residual infection 3-RR can act as a mechanical irritant and create an inflammatory reaction, which can cause neuralgic pain of uncertain origin ▷ 20/01/14 84. The reason root breakage 1-Faulty application of the tool or extraction movement, the wrong pattern pini on a specific tooth can cause it to fracture. Incorrect adhesion , insufficient extraction movements. Sudden or jerky extraction movement, too superficial and not CEJ 20/01/14 85. The cause of Root Breakage 1-pulpless teeth, badly collapsed teeth with abnormal root pattern or Hypercementosis 3-excessive density of surrounding bones due to condensation osteitis, or isolated tooth and age patient 4-Lake perfect control instrument or disorder of the patient 20/01/14 86. Removal of Broken From maxillary Molars , another technique is to first separate the fused roots with a drill in the form of a Y-shaped shape and then remove them separately with the average of the hands or warwick james curved lift between the separated roots. 20/01/14 87. Removal of broken one-breasted teeth - - - This includes the head of the head teeth and dogs and mandily incisors, dogs and forebodies: Removal of roots Broken at Gingival Margin: A-These roots can be obtained with pliers by carefully adjusting the pliers below the gum boundary in the B-Straight Apexo lift or Coupland. Angulated Apexo lift used to remove the mandiar one rooted teeth applied to the moderate force of the distally, as well as the mesial root until complete delivery RR 20/01/14 88. Removal of the root of broken halfway peaks ▷ Used Usually, these are cases that require a reflection of mucoperiosteal flap and removal of the cheek and tongue of the alveolar bone, which we call trans-ALVEOLAR SURGICAL EXTRACTION 20/01/14 89. Upper and lower Molars root removal 1-Removal of broken root mandibular molar: 1-If both roots are fractured at the hip line, the root trunk is still lower premolar chit can be used, its beaks should be inserted so far below gingival difference ▷sed 20/01/14 90. Removal of upper and lower molars roots ¡ 2-Another method for removing such roots is a drill used to separate the roots after this Apexo lift can be used to release the mesial root by inserting it into the space between the lamia dura and the root surface of the mesial and distal surface until the detachment root occurs. The second root could be extracted using winter or crying lifts 20/01/14 91. Tooth extraction - - Extraction of teeth associated with malignancy The tooth extraction associated with the fracture line The tooth extraction of the patient received radiation therapy

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