THURSDAY NIGHT CASE PRESENTATIONS

Thursday, April 9, 2015 at 4:00pm
(The Thursday evening before our 2-day Occlusion Course)

This evening is for those interested in extra participation credit and an informative group discussion. The clinical assignment for the “Oral Surgery for the General Dentist” Course is below.

PROTOCOL ASSIGNMENT
Oral Surgery for the General Dentist by Dr. Koerner

PLEASE PRESENT IN POWERPOINT FORM
1. Present 3 cases showing 2 - 3 different procedures from the list on the following page.
   (If you have any questions please call Brad Nelson - 651.431.4115 or Deb Fung - 651.238.1309)
   Please Include:
   a. Pertinent medical history
   b. Description of the case using S.O.A.P. Format
   c. Radiographs and photos
      Before treatment
      Procedure steps (If possible)
      After treatment
   2. Cite one article - supporting your clinical procedures
   3. Give one (1) Practice Pearl - related to clinical or staff/business management

Be sure to include difficulties if you have them. These are great learning opportunities for the group. If you want to notch it up a step, make your presentation into a mini-lecture which could be presented to a group in the future.

If showing the patient’s face, a consent form is required.

LOCATION
Dr. Mark Malterud’s Office
770 Mt. Curve Blvd. St. Paul, MN 55116
(651) 699-2822

COST
$125.00 and includes dinner

CREDIT
The number of CE credits awarded for a protocol course will be based on the following formula:
1. Number of classroom hours for initial course. (14 hrs)
2. Up to, but not exceeding the hours for the initial session, may be added for the in-office protocol treatment. (Up to 14 hrs)
3. Number of hours in the classroom on return day for presenting and critiquing case presentations. (3 - 4 hrs)
   Total 31 - 32 hours (approx. 2 x 14 + 4 = 32 participation hours)
Procedures for the Thursday Night Case Presentation course in oral surgery, Oct. 7, 2014

1. Remove 3-5 teeth in a patient on Coumadin or Plavix in an atraumatic manner. Use multiple "local measures" as described in the course to assure bleeding control.

2. Perform multiple “surgical” extractions using some of the instruments/techniques discussed in the course, such as periotome bur, Luxators, small Cryers, inter-radicular bone removal, sectioning a single root lengthwise, etc.

3. Do a quadrant or more of multiple extractions, removing all infection, performing alveoplasty, and closing with continuous-lock sutures.

4. Remove one or more partial or complete bony impactions on a patient with appropriate flap design (envelope or triangular), bone removal, and tooth sectioning.

5. Place multiple mini implants for stabilization of a complete or partial denture. (for a partial denture, could be a single mini implant)

6. After extracting a tooth, do a socket bone graft. Since primary closure may be unobtainable, the clinician may place a barrier membrane. If it is a non-resorbable membrane, remove it in about 4 weeks.

7. Perform an excisional biopsy of an oral lesion and submit for histological examination by an oral pathology laboratory.

8. With a broken root segment near the sinus, use the Hedstrom file technique to remove the root and prevent it from entering the sinus. (Place file with floss into the root, then try to retrieve the segment when loosened.)

9. Perform an I&D procedure to drain a tooth abscess.
   1. Prior to Treatment:
      a. Hard and soft tissue (head and neck) evaluation.
      b. Dental exam.
      c. Patient x-rays.
      d. Digital photographs of radiographs of area treated.
   2. During treatment:
      a. Treatment rationale.
      b. Explanation and documentation (including photography) of surgery, treatment, and complications, if any.
      c. Documentation of case pre-op, intra-op, and post-op.
   3. Upon completion of treatment and follow up:
      Utilizing records developed during treatment, each participant will make a case presentation of approximately 15-20 minutes to the group approximately six months following the initial course. This should include the rationale for treatment and any outcome whether good or bad. Following the presentation, the group will be allowed to ask questions of the presenter. The course director/instructor will critique each presentation and award credit per the presentation review. The course director will determine whether full credit is given.
References:

   a. Extractions handout
   b. Mandibular 3rd molar impactions handout
   c. Maxillary 3rd molar impactions handout
   d. Pre-prosthetic surgery handout
   e. Apicoectomy and torus removal handout
   f. Ridge preservation handout
   g. Coumadin and Plavix issues handout
   h. Mini implants handout

   a. Ch. 6 -- Instrumentation for basic oral surgery.
   b. Ch. 7 – Principles of uncomplicated exodontia.
   c. Ch. 8 -- Principles of more complex exodontia.
   d. Ch. 9 -- Principles of management of impacted teeth.
   e. Ch. 10 – Postoperative patient management.
   f. Ch. 11 – Prevention and management of surgical complication.
   g. Ch. 15 – Principles of management and prevention of odontogenic infections.
   h. Ch. 17 – Principles of endodontic surgery.
   i. Ch. 21 – Principles of differential diagnosis and biopsy.


6. Video Tapes: