The positions of the patient, the chair, and the operator are critical for successful completion of the extraction. Dentists usually stand during extractions, the positioning for sitting during extraction is not explained here.

The correct position allows the surgeon to:
1) keep the arms close to the body
2) provides stability and support
3) allows the surgeon to keep the wrists straight enough to deliver the force with the arm and shoulder, and not with the fingers or hand. The force delivered can, thus, be controlled in the face of sudden loss of resistance from a root or fracture of the bone.

The most common errors dentists makes during extractions are:
1) positioning the dental chair for extractions is to have the chair too high.
   - This forces the surgeons to operate with their shoulders raised, thereby making it difficult to deliver the correct amount of force to the tooth being extracted in the proper manner.
   - It is also tiring to the surgeon.
2) Another frequent positioning problem is for the dentist to lean over the patient and put his or her face close to the patient’s mouth.
   - This interferes with surgical lighting.
   - It is hard on the dentist’s back and neck.
   - Also interferes with proper positioning of the rest of the dentist’s body.

For maxillary extraction
- Regarding the chair
  ✓ chair should be tipped backward so that the maxillary occlusal plane is at an angle of about 60 degrees to the floor.
  ✓ Raise the patient’s legs to help improve the patient’s comfort.
  ✓ The height of the chair should be such that the patient’s mouth is at or slightly below the operator’s elbow level.
  ✓ The chair should be lower for extraction of maxillary teeth.
- During an operation on the maxillary right quadrant (Figure 7-19)
  ✓ the patient’s head should be turned substantially toward the operator so that adequate access and visualization can be achieved.
- For extraction of teeth in the maxillary anterior portion of the arch. (Figure 7-20)
  ✓ the patient should be looking straight ahead.
- For the maxillary left portion of the arch (Figure 7-21)
  ✓ the patient’s head is turned slightly toward the operator.
Figure 7-19 Extraction of teeth in the maxillary right quadrant. Note that the surgeon turns the patient's head toward self.

Figure 7-20 Extraction of anterior maxillary teeth. The patient looks straight ahead.

Figure 7-21 Patient with head turned slightly toward surgeon for extraction of maxillary left posterior teeth.
For mandibular extraction

- Regarding the chair
  - patient should be positioned in a more upright position so that when the mouth is opened wide, the occlusal plane is parallel to the floor.
  - The chair should be higher for extraction of mandibular teeth.
- Properly sized bite block should be used
  - to stabilize the mandible when extraction forceps are used.
  - Even though the surgeon will support the jaw, the additional support provided by the bite block will result in less stress being transmitted to the jaws.
  - Care should be taken to avoid using too large a bite block because large ones can overstretcher the TMJ ligaments and cause patient discomfort.
  - Typically, pediatric bite blocks are the best to use, even in adults.
- During removal of mandibular right posterior teeth (Figure 7-23).
  - the patient’s head should be turned acutely toward the surgeon to allow adequate access to the jaw
  - the surgeon should maintain the proper arm and hand positions.
- When removing teeth in the anterior region of the mandible(Figure 7-24 , 7-25).
  - the surgeon should rotate around to the side of the patient.
- When operating on the left posterior mandibular region (Figure 7-26).
  - the surgeon should stand in front of the patient, but the patient’s head should not turn so acutely toward the surgeon

Notes on mandibular extraction

- Normally the operator (the right handed operators) stands to the right side of the patient
- Some surgeons prefer to approach mandibular teeth from a posterior position.
  - This allows the left hand of the surgeon to support the mandible better, but it requires that the forceps be held opposite the usual method and that the surgeon view the field with an upsidedown perspective.
  - The left hand of the surgeon goes around the patient’s head and supports the mandible. The usual behind-the-patient approach is seen in Figures 7-27 and 7-28.
Figure 7-23 Patient with head turned toward surgeon for removal of mandibular right teeth.

Figure 7-24 For extraction of mandibular anterior teeth, the surgeon stands at the side of the patient, who looks straight ahead.
Figure 7-25 When English-style forceps are used for extraction of anterior mandibular teeth, the patient's head is positioned straight ahead.

Figure 7-26 For extraction of mandibular posterior teeth, the patient turns slightly toward the surgeon.
Figure 7-27  Behind-the-patient approach for extraction of posterior right mandibular teeth. This allows the surgeon to be in a comfortable, stable position.

Figure 7-28  Behind-the-patient approach for extraction of posterior left mandibular teeth. The surgeon’s hand is positioned under the forceps.