Extraction technique of the mandibular molars

mandibular first and second molars

- Anatomy review
  - Mandibular molars usually have two roots, with the roots of the first molar more widely divergent than those of the second molar.
  - Additionally, the roots may converge at the apical one third.
- The technique
  - Strong apical pressure is applied to set the beaks of the forceps apically as far as possible.
  - The handles of the forceps are squeezed forcibly together, which causes the beaks of the forceps to be forced into the bifurcation and exerts tractional forces on tooth.
  - Strong buccal forces are then used to expand the socket.
  - Strong lingual forces are used to luxate the tooth further.
  - The tooth is delivered in the bucco-occlusal direction with buccal and tractional forces.
- Important notes:
  - If the tooth roots are clearly bifurcated, cowhorn forceps, can be used.
  - Care must be taken with cowhorn forceps to prevent damaging maxillary teeth because the lower molar may actually pop out of the socket and thus release the forceps to strike upper teeth.

Erupted mandibular third molars

- usually have fused conic roots.
- The lingual plate of bone is definitely thinner than the buccocortical plate, so most of the extraction forces should be delivered to the lingual aspect.
- The third molar is delivered in the linguo-occlusal direction.
- The erupted mandibular third molar that is in function can be a deceptively difficult tooth to extract.
- The dentist should give serious consideration to using the straight elevator and achieve a moderate degree of luxation before applying the forceps.
- Pressure should be gradually increased, and attempts to mobilize the tooth should be made before the final strong pressures are delivered.

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Figure 7-67  

A, Mandibular molars are extracted with the No. 17 or No. 23 forceps. The hand positions of the surgeon and the assistant are the same for both forceps. 

B, The No. 17 forceps are seated as far apically as possible. 

C, Luxation of the molar is begun with a strong buccal movement. 

D, Strong lingual pressure is used to continue the luxation. 

E, The tooth is delivered in the bucco-occlusal direction.