Specific techniques for the removal of each tooth

Maxillary Teeth
Before discussing the technique of extraction for each tooth, we have to know what is the role of the other hand of the operator (the left hand in the right handed people):

1) For the left side of the arch
   - the left index finger of the surgeon should reflect the lip and cheek tissues
   - the thumb should rest on the palatal alveolar process.

2) For the right side of the arch
   - the index finger is positioned on the palate
   - the thumb is positioned on the buccal aspect.

In this way, the left hand is able to reflect the soft tissue of the cheek, stabilize the patient’s head, support the alveolar process, and provide tactile information to the surgeon regarding the progress of the extraction.

For an example:
When such a position is used during the extraction of a maxillary molar, the surgeon can frequently feel with the left hand the palatal root of the molar becoming free in the alveolar process before feeling it with the forceps or the extracting hand.

Techniques for the removal of maxillary teeth:

1) The maxillary incisor teeth
   - Anatomy review
     - Maxillary incisors generally have conic roots, with the lateral ones being slightly longer and more slender.
     - The lateral incisor is more likely also to have a distal curvature on the apical one third of the root, so this must be checked radiographically before the tooth is extracted.
     - Alveolar bone is thin on the labial side and heavier on the palatal side, which indicates that the major expansion of the alveolar process will be in the labial direction.
   - Technique (Fig. 7-57).
     - The initial movement is slow, steady, and firm in the labial direction, which expands the crestal buccal bone.
     - A less vigorous palatal force is then used.
     - followed by a slow, firm, rotational force. Rotational movement should be minimized for the lateral incisor, especially if a curvature exists on the tooth.
     - The tooth is delivered in the labial–incisal direction with a small amount of tractional force.

So, for the maxillary incisor teeth we have four movements
1-Labial force
2-Palatal force
3-Rotational force
4- Small labial–incisal tractional force.
Figure 7-57  
A. Maxillary incisors are extracted with No. 150 forceps. The left hand grasps the alveolar process. 
B. The forceps are seated as far apically as possible. C. Luxation is begun with labial force. 
D. Slight lingual force is used. E. The tooth is delivered to the labial incisor with a rotational, tractional movement.
Important note:
The forceps must be seated as far apically as possible, so that the center of rotation is displaced apically, and smaller apical pressures are generated. This results in greater expansion of the buccal cortex, less movement of the apex of the tooth, and, therefore, less chance of fracture of the root.

Figure 7-43  A, If the center of rotation (*) is not far enough apically, it is too far occlusally, which results in excess movement of tooth apex. B, Excess motion of the root apex caused by a high center of rotation results in fracture of the root apex.

Figure 7-44 If the forceps are apically seated, the center of rotation (*) is displaced apically, and smaller apical pressures are generated (A). This results in greater expansion of the buccal cortex, less movement of the apex of the tooth, and, therefore, less chance of fracture of the root (B).