

	Preface	<i>vii</i>
1	Introduction	1
	My Story	1
	Root Space Creation Extraction Technique	2
2	General Principles of the Atraumatic Extraction Technique	5
	Preoperative Evaluation	5
	Planning	5
	Anesthesia and Patient Management	7
	Follow-Up Care	7
3	Atraumatic Anesthesia	9
	Preparing the Patient	9
	Anesthetic Techniques	9
	Maxillary Buccal Infiltration	9
	Palatal Injections	10
	Mandibular Block	13
	Postsurgical Medications	13
4	Clinical Application of the Atraumatic Extraction Technique and Root Space Creation Extraction Technique	15
	Verify Profound Anesthesia	15
	Release Periodontal Ligament Fibers Without Flap Reflection	15
	Attempt Tooth Removal Coronally Without Flap Reflection	17
	Reduce Interproximal Contacts; Luxate Gently with Forceps	17
	Section Crown Horizontally at the Cementoenamel Junction	18
	Multirooted Teeth	18
	Single-Rooted Teeth and Individual Roots of Multirooted Teeth	20
5	Atraumatic Extractions in the Anterior Maxilla: Find the Best Exit Route	23
	Verify Profound Anesthesia	23
	Release Periodontal Ligament Fibers Without Flap Reflection	24
	Attempt Tooth Removal Coronally Without Flap Reflection	25
	Reduce Interproximal Contacts	27
	Luxate Gently with Forceps	28
	Section Crown Horizontally at the Cementoenamel Junction	29
	Use Thin Elevator to Attempt Root Removal Coronally Without Flap Reflection	31
	Section Roots Vertically	32
	Elevate Gently Between Sectioned Root Pieces	33
	Enter Sulcus Laterally and Pressure Roots into Sectioned Space	35
	Section Roots Again; Pressure into Space Created	36
	Complications	36



Atraumatic Extractions in the Anterior Mandible: Watch Out for Thin Bone 39

- Verify Profound Anesthesia 39
- Release Periodontal Ligament Fibers Without Flap Reflection 40
- Attempt Tooth Removal Coronally Without Flap Reflection 41
- Reduce Interproximal Contacts 43
- Luxate Gently with Forceps 44
- Section Crown Horizontally at the Cementoenamel Junction 45
- Use Thin Elevator to Attempt Root Removal Coronally Without Flap Reflection 47
- Section Roots Vertically 48
- Elevate Gently Between Sectioned Root Pieces 49
- Enter Sulcus Laterally and Pressure Roots into Sectioned Space 51
- Section Roots Again; Pressure into Space Created 52
- Complications 52



Atraumatic Extraction of the Mandibular Premolars: Bone Is Dense 55

- Verify Profound Anesthesia 55
- Release Periodontal Ligament Fibers Without Flap Reflection 56
- Attempt Tooth Removal Coronally Without Flap Reflection 57
- Reduce Interproximal Contacts 59
- Luxate Gently with Forceps 60
- Section Crown Horizontally at the Cementoenamel Junction 61
- Use Thin Elevator to Attempt Root Removal Coronally Without Flap Reflection 63
- Section Roots Vertically 64
- Elevate Gently Between Sectioned Root Pieces 65
- Enter Sulcus Laterally and Pressure Roots into Sectioned Space 67
- Section Roots Again; Pressure into Space Created 68
- Complications 69



Atraumatic Extraction of the Maxillary Premolars: Easy Does It 73

- Verify Profound Anesthesia 73
- Release Periodontal Ligament Fibers Without Flap Reflection 74
- Attempt Tooth Removal Coronally Without Flap Reflection 75
- Reduce Interproximal Contacts 77
- Luxate Gently with Forceps 78
- Section Crown Horizontally at the Cementoenamel Junction 79
- Use Thin Elevator to Attempt Root Removal Coronally Without Flap Reflection 81
- Section Roots Vertically 81
- Elevate Gently Between Sectioned Root Pieces 82
- Enter Sulcus Laterally and Pressure Roots into Sectioned Space 85
- Section Roots Again; Pressure into Space Created 88
- Complications 89

9

Atraumatic Extraction of the Maxillary Molars: Divide and Conquer 93

- Verify Profound Anesthesia 93
- Release Periodontal Ligament Fibers Without Flap Reflection 94
- Attempt Tooth Movement Coronally Without Flap Reflection 95
- Reduce Interproximal Contacts 97
- Luxate Gently with Forceps 98
- Section Crown from Buccal Roots Only 99
- Section Crown Horizontally at the Cementoenamel Junction 101
- Use Thin Elevator to Mobilize Tooth Without Flap Reflection 103
- Section Between Non-Fused Roots 103
- Elevate Gently Between Roots 104
- Enter Sulcus Laterally and Pressure Roots into Sectioned Space 105
- Section Roots Themselves; Elevate Gently Between Root Fragments 106
- Enter Sulcus Laterally and Pressure Root Fragments into Sectioned Space 109
- Complications 110

10

Atraumatic Extraction of the Mandibular Molars: Divide and Divide Again, Then Conquer 113

- Verify Profound Anesthesia 113
- Release Periodontal Ligament Fibers Without Flap Reflection 114
- Attempt Tooth Movement Coronally Without Flap Reflection 115
- Reduce Interproximal Contacts 117
- Luxate Gently with Forceps 118
- Section Crown Horizontally at the Cementoenamel Junction 119
- Use Thin Elevator to Mobilize Tooth Without Flap Reflection 121
- Section Vertically Between Roots 121
- Elevate Gently Between Roots 123
- Enter Sulcus Laterally and Pressure Roots into Sectioned Space 123
- Section Roots Themselves; Elevate Gently Between Root Fragments 124
- Enter Sulcus Buccally or Lingually and Pressure Root Fragments into Sectioned Space 125
- Complications 126

11

Socket Debridement 129

12

Using an Atraumatic Root Extraction Device 133