SUMMARY Clinical Practice Guidelines on Third Molars

1. Justification

These clinical practice guidelines are intended for dentists and dental specialists. These guidelines have been developed by a working group from the Dutch Association of Oral and Maxillofacial Surgeons (*Nederlandse Vereniging voor Mondziekten, Kaak- en Aangezichtschirurgie*; NVMKA), and partially adapted by a Guidelines Development Committee (GDC) at the oral care institution Kennisinstituut Mondzorg (KIMO), chaired by Dr H. Ghaeminia, oral and maxillofacial surgeon.

2. Introduction

Third molars generally erupt between the ages of 18 and 26. Space for these may be limited and this is associated with a risk of disease (e.g. gingivitis, damage to the 2nd molar, cysts). Treatment guidance for asymptomatic third molars was unclear. There were also issues with regard to imaging, surgical techniques and follow-up care. Lastly, information that is important for patients has been identified.

3. Recommendations

These guidelines are based on initial questions that are answered using evidence and contributions by the experts in the working group. The resulting recommendations are summarised below:

Diagnosis and indication for removal of asymptomatic third molars

See next page.

Treatment - Surgical techniques

- Triangular incision may lead to less alveolitis, pain and trismus than envelope incision, but it may lead to more swelling.
- Use of a lingual retractor is not recommended.
- To remove bone tissue, use a surgical drill or piezo.
- After removal of the third molar, rinse the wound and the alveolar space with plenty of saline solution.
- After removal of a partially erupted element and where possible, consider not fully closing the wound initially.
- *Only* carry out a coronectomy in patients with a strongly increased risk of permanent damage to the inferior alveolar nerve. Make it clear that a second intervention may be necessary.

Treatment – Other aspects

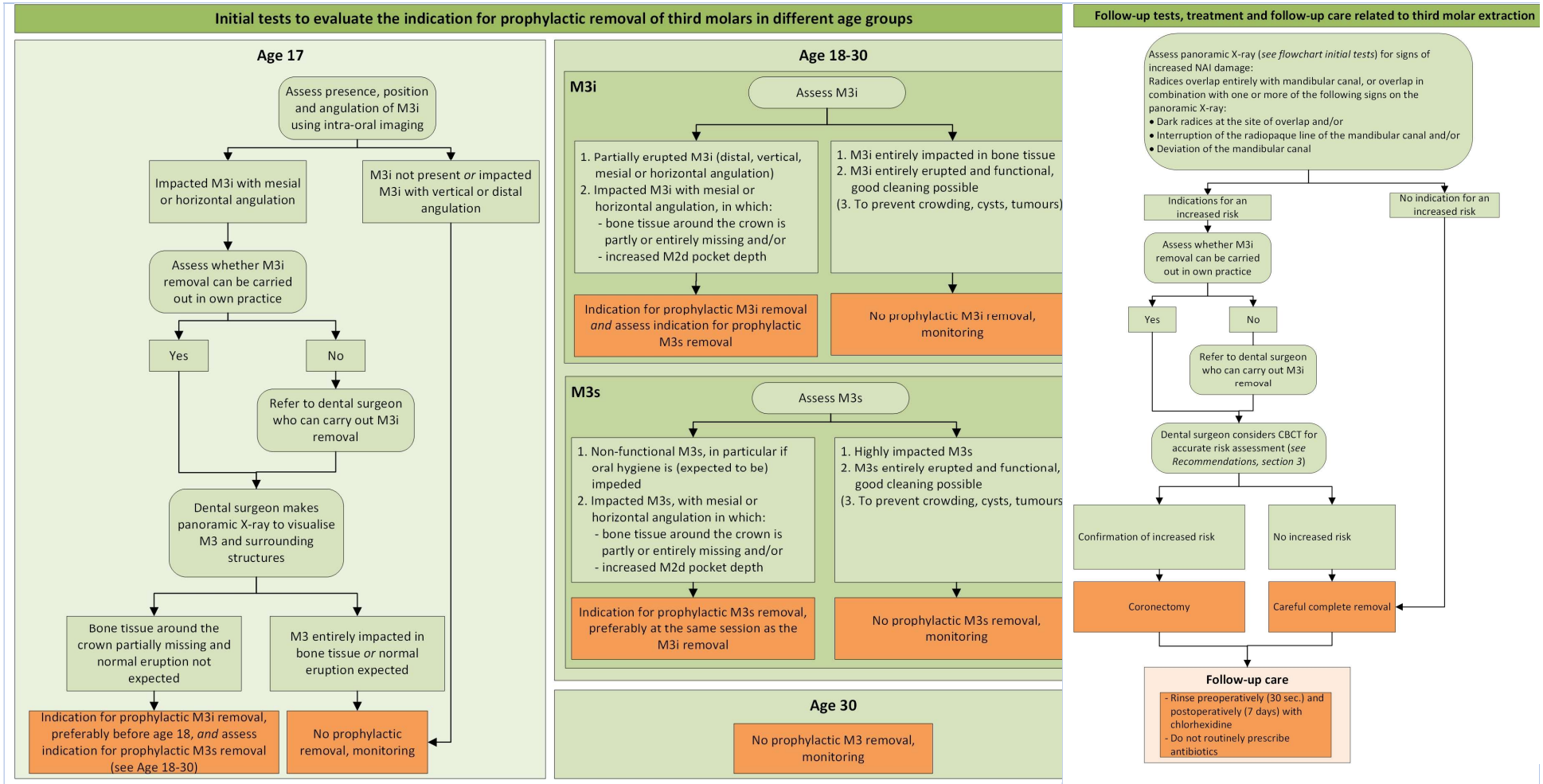
- Do not routinely prescribe antibiotics. If there are risk factors for postoperative complications or in the event that antibiotic prophylaxis is necessary, it is acceptable.
- Consider rinsing preoperatively with 0.12% or 0.2% chlorhexidine.
- Consider prescribing 0.12% or 0.2% chlorhexidine for rinsing postoperatively 2x daily for 7 days.

Information for patients

Inform patients whose third molar is going to be removed about common postoperative symptoms, such as short-term complaints: pain, trismus and swelling. These generally start to decrease from day 2-3.
Inform patients who are considered for removal of a lower third molar about the risk of damage, which may be permanent, to the inferior alveolar nerve (with potential consequences of a reduced quality of life) in situations where the following signs are present on X-ray:

- complete overlap of the mandibular canal with the radices of the third molar on the panoramic X-ray, and/or
- signs of increased risk such as dark root tips, interruption of the radiopaque line and deviation of the mandibular canal on the panoramic X-ray.

Diagnosis and indication for removal of asymptomatic third molars



Version 04.02.2020