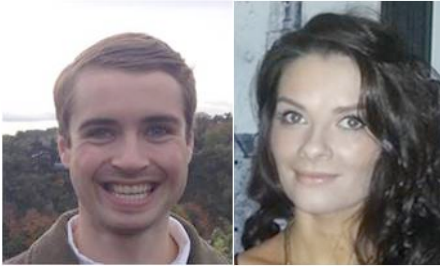


## Guidelines for extraction of third molars

Ryan Grocott and Joanna Boland



We travelled to Melbourne, Australia, for our elective and conducted an observational study comparing guidelines followed in England and Australia for the extraction of third molars. We also reviewed the effectiveness of the NICE (National Institute for Health and Care Excellence) guidelines for third molar extractions.

We observed third molar consultations, extractions and post-operative reviews in the Melbourne Dental Hospital. We spoke to clinicians about how they decided whether third molars should be extracted and whether guidelines have been a valuable help to this process. We also conducted a literature review.

We observed that many more third molars were extracted in Melbourne Dental Hospital than in Bristol Dental Hospital. Reasons for the extractions not only included caries and repeated pericoronitis episodes as in the UK, but also other factors such as the presence or absence of opposing teeth and orthodontic considerations. We also frequently observed that they would routinely decide to extract all four third molars even if only one had signs of pathology. They have no set official guidelines whereas in England clinicians loosely follow the NICE guidelines, but they use their clinical judgement to a much greater degree, considering the risks and benefits of each individual extraction. Unless there were significant risks they generally decided to extract third molars to prevent problems in the future.

We came to the conclusion that the UK NICE guidelines are perhaps too prescriptive. There seem to be many clinical situations in which asymptomatic third molars are almost certainly going to cause problems in the long term and would therefore better be extracted whilst the patient is still young and less likely to suffer complications. On the other hand, in Melbourne many third molars are extracted prophylactically although there is no evidence to support this practice. These would undoubtedly include many that would never have caused any problems; the patient therefore being subjected to the risk of post-operative complications and unnecessary costs.

It is likely that the more private-based health system in Australia is a big reason for their lack of official guidelines. The best situation would be for a balance between the two systems with guidelines including scope for clinical judgement.

Whilst working in the hospital we had the opportunity to explore Melbourne, which is a great city. We also had time to go on a road trip up the east coast of Australia, driving from Brisbane to Cairns, seeing some beautiful places.

We would like to thank the Bristol Dental Alumni Association for their kind contribution towards our elective costs.