

Ultrasonic Surgery versus Conventional Surgery in **Extraction of Impacted Mandibular Third Molars**



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INTRODUCTION

Impacted mandibular third molars extraction is one of the most frequent and delicate surgery that the dentist is faced in clinical practice ${}^{(1,2,3,4,5,6,7,8,9)}$. Minimize post-operative, not interfering with the quality of life of patients is the major objective of the surgeon (9,10). Thus ultrasonic surgery comes up as an alternative to osteotomy with conventional rotary instruments (5,10).

OBJECTIVES

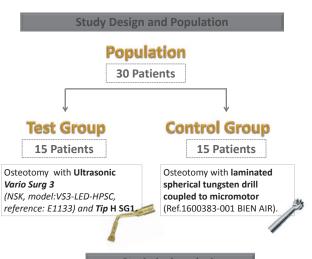
Primary Objective

Secundary Objectives

- Compare post-operative pain in extraction of impacted mandibular third molars using two surgical techniques: Ultrasonic Surgery or Conventional Surgery.
- Evaluate the influence of surgical difficulty in the operative time, according the applied technique.

Compare swelling, trismus, paresthesia and operative bleeding in the two surgical techniques.

MATERIALS AND METHODS



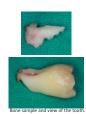
Statistical analysis

Variables	Statistical Tests
Sample Characterization: - Gender; - Age; - Homogeneity of groups.	- Student's <i>t</i> test for independent sample; - Fisher test .
Surgical Difficulty vs SurgicalTime	- Chi-square test by Monte Carlo
vs Surgical Technique	simulation.
Surgical Time	- Chi-square test by Monte Carlo simulation.
Pain, Swelling, Trismus and Operative Bleeding	- Repeated measures ANOVA test.

Statistical calculation program − IBM® SPSS® v20



















DISCUSSION

Surgical Difficulty vs Surgical Time vs Surgical Technique





For Mantovani et al. (2014) the degree of inclusion or angulation of 3MM in both surgical techniques ${}^{\!(3)}$.



For Rullo et al. (2013) only statistically significant differences were observed for the ultrasonic technique, between stages II and III and IV of the Parant scale(13).

Surgical Time vs Surgical Technique

According to the meta-analyzes of Al-Moraissi et al. (2016) and Jiang et al. (2015) the surgical time of ultrasonic surgery is significantly higher than that of conventional surgery (15,16)

Pain vs Surgical Technique

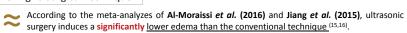


According to the meta-analysis of **Al-Moraissi** *et al.* (2016), pain levels are significantly lower in ultraceria and (45) significantly lower in ultrasonic surgery (15)



According Goyal et al. (2012) and Barone et al. (2010) studies the number of analgesics is significantly lower in the ultrasonic group (2,10).

Swelling vs Surgical Technique

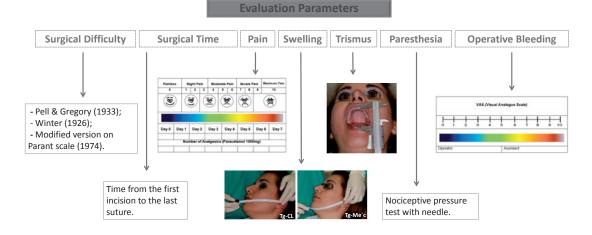


Trismus vs Surgical Technique



Operative Bleeding vs Surgical Technique

According to Sivolella et al. (2011) operative bleeding is lower in ultrasonic surgery, however without statistically significant differences (1).



Clinical Case - Ultrasonic Surgery













RESULTS

		Ultrasonic Surgery	Conventional Surgery
Surgical Difficulty	- Pell & Gregory	++ Surg. Diff	No Correlation
	- Modified version of the Parant Scale	Surg. Diff. —> (++++) Surg. Time Stat. significant diff.	++++ Surg. Diff. → ++++ Surg. Time Stat. significant diff.
Surgical Time		No Stat. significant diff.	++
Pain	- VAS - Nº Analgesics	++ No Stat. significant diff.	***
Swelling	- Tg - CL - Tg - Me`c	No Stat. significant diff.	***
Trismus		+ No Stat. significant diff.	++
Operative Bleeding		+ Stat. significant diff.	++++

CONCLUSIONS

- 1. Ultrasonic surgery tends to be advantageous for post-operative signs and symptoms (pain,
- 2. The greater the surgical difficulty, the longer the operative time, regardless of the applied
- 3. Ultrasonic surgery is more time-consuming technique, but it has favorable post-operative
- 4. Operative bleeding is significantly lower with ultrasonic technique, given that the surgical intervention is less invasive it represents a systemic advantage for the patient.

. CLINICAL IMPLICATIONS

Despite longer operative time and high equipment costs, the inherent advantages of the technique make its clinical applicability beneficial, especially in cases where maintenance of the integrity of the noble anatomic structures is the most relevant risk factor.

REFERENCES