

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



Operative Bleeding

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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).

MATERIALS AND METHODS

Study Design and Population



Primary Objective

Surgical Time

30 9

Time from the first

incision to the last

suture

- Compare post-operative pain in extraction of impacted mandibular third molars using two surgical techniques: Ultrasonic Surgery or Conventional Surgery.

Secundary Objectives

Paresthesia

Nociceptive pressure

test with needle

- 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.





Statistical calculation program – IBM® SPSS® v20







Surgical Difficulty vs Surgical Time vs Surgical Technique

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Evaluation Parameters

Severa Pain

Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

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Pain Swelling Trismus



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. | ++++ |



1. Ultrasonic surgery tends to be advantageous for post-operative signs and symptoms (pain, nus), although these differences are not stat



degree of inclusion or angulation of 3MM in both surgical techniques ${}^{\scriptscriptstyle (3)}\!.$

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 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

According to the meta-analyzes of Al-Moraissi *et al.* (2016) and Jiang *et al.* (2015), ultrasonic surgery induces a significantly lower edema than the conventional technique (15,16).

Trismus vs Surgical Technique

According to Al-Moraissi et al. (2016) and Jiang et al. (2015), ultrasonic surgery causes lower trismus, presenting statistical significance in the meta-analysis of Al-Moraissi et al. (2016)^(15, 16).

Operative Bleeding vs Surgical Technique

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

- 2. The greater the surgical difficulty, the longer the operative time, regardless of the applied technique.
- 3. Ultrasonic surgery is more time-consuming technique, but it has favorable post-operative results
- 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

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