FAQs – Extractions

Q. I perform several third molar extractions each week. Before each extraction, I sit down with the patient and explain that, if desired, a referral can be made to an oral surgeon for the extraction. Next, we discuss any available alternatives and the risks and complications of the procedure, including the risks of paresthesia. I then have the patient read and sign an informed consent form covering these issues. I have had a couple of instances of post-extraction paresthesia; when they occurred, I called and conferred with an oral surgeon. My question: Am I doing everything I can to avoid a claim of negligence?

A. Probably not. While your pre-extraction practice is excellent, you may still fall short with a patient who suffers post-extraction paresthesia.

Our experience has been that most oral surgeons who perform nerve repair/replacement surgery believe that, for best results, surgery to repair a damaged nerve should be done within approximately four months of the injury. Calling and consulting with an oral surgeon may be appropriate very early on in the process. However, as the patient enters the third month with paresthesia, a referral should be made to a specialist — an oral surgeon who performs nerve repair/replacement surgery or a neurosurgeon who has similar experience.

Keep in mind that a patient may suffer paresthesia following a simple inferior alveolar block injection. There are numerous such cases documented, and in many instances the patient exhibited no reaction whatsoever at the time of the injection. All complaints of post-injection paresthesia should be treated in the same manner, no matter what appears to have triggered them.