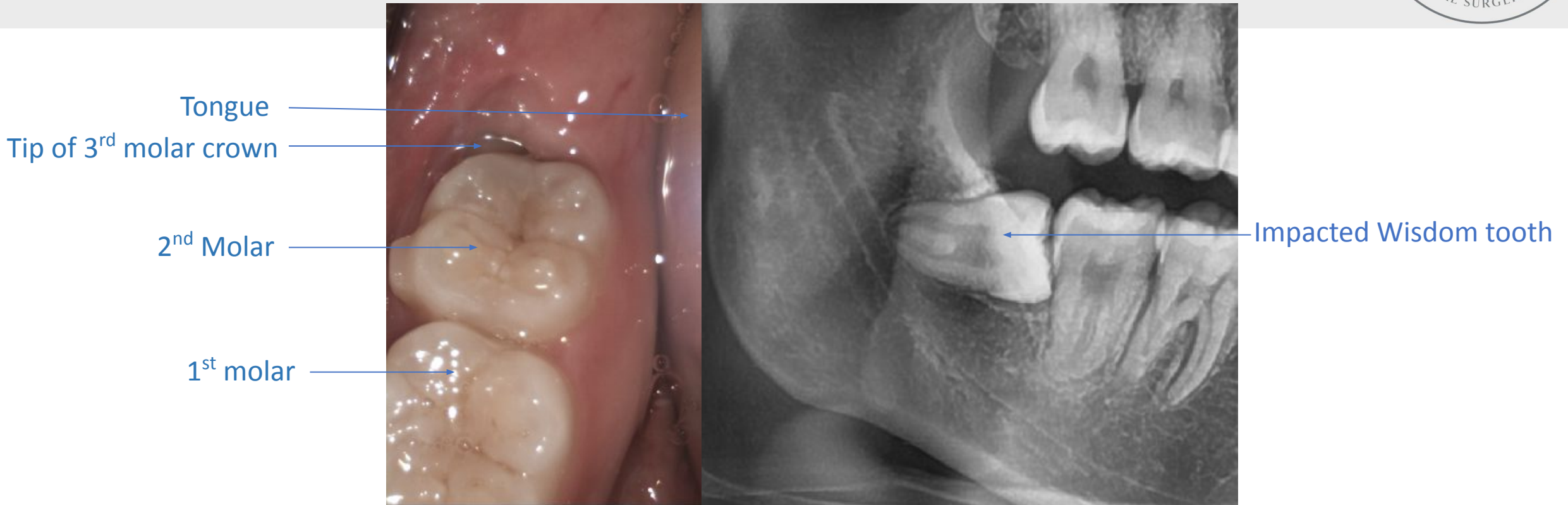
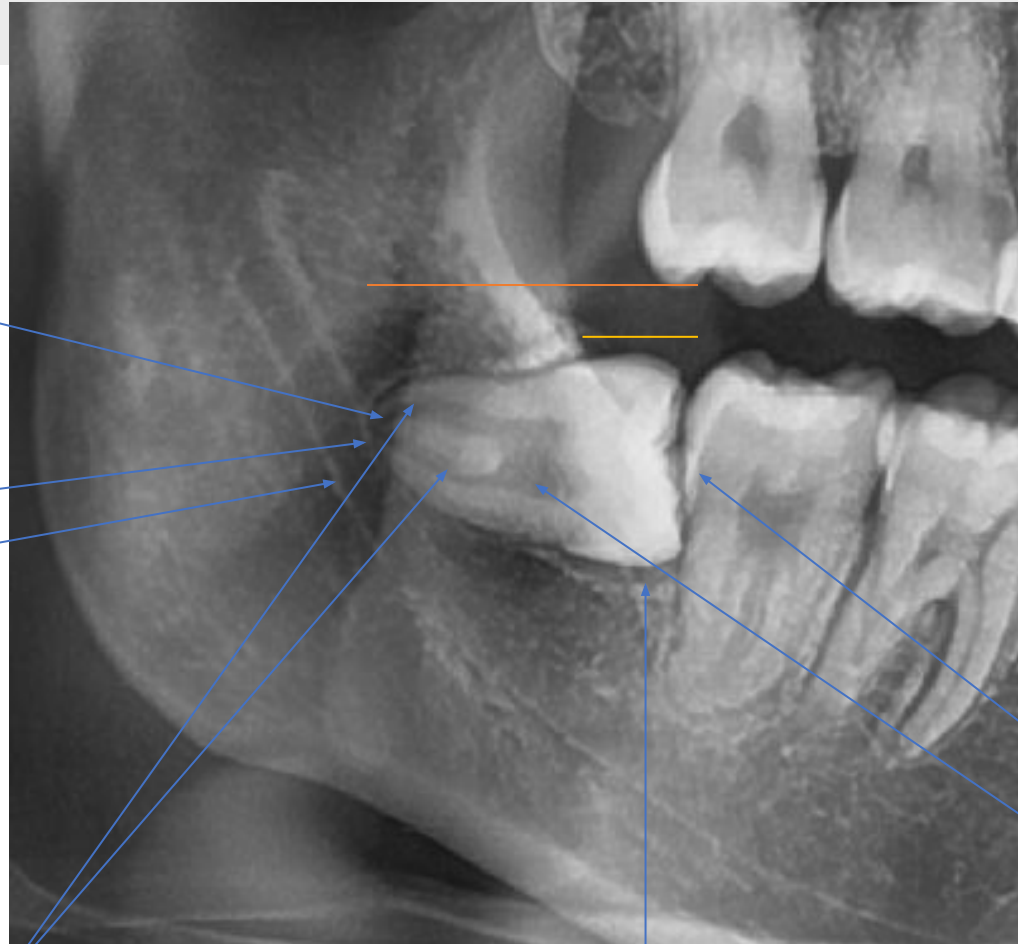


Wisdom Tooth Surgery



An impacted wisdom tooth is buried partially or completely beneath the gums and / or jaw bone and is not expected to erupt into the oral cavity. Wisdom teeth can be a common cause of pain, discomfort, decay, infection, jaw bone pathology (e.g cyst), periodontal disease of the 2nd molar, halitosis and can be surgically removed to resolve these issue(s) in the majority of cases. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

Wisdom Tooth Surgery



The space available to extract this wisdom tooth is from the mesial of the mandibular ramus to the distal of the 2nd molar (yellow line). The size (length) of the tooth is indicated by the orange line. Therefore there is much less space available to extract this tooth relative to its size.

Due to the limited available space, the wisdom tooth must be sectioned into pieces or bone removed (or both) for a successful extraction. Care must be taken to avoid injury to the nearby inferior alveolar nerve which supplies sensation to the chin and lip.

Root apex
Inferior alveolar nerve canal superior border & inferior border

Two roots, convergent no dilaceration, not bulbous

Possible peri-coronal bone loss

2nd Molar (distal) - No caries
Large pulp chamber

Surgical Extractions



Impacted Supernumerary tooth

An impacted tooth is buried partially or completely beneath the gums and / or jaw bone and is not expected to erupt into the oral cavity. A surgical approach may be utilized to remove impacted teeth, if clinically indicated. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

High Risk Extractions



Elderly patient
-age > 70

Radiotherapy to the head and neck
-extraction site receives > 50Gy

Blood thinners

Bisphosphonate therapy

Chemotherapy

Immunocompromised

Haematological condition

-e.g diabetes

Anti-angiogenic medications

-e.g long term corticosteroids

Patients in the above groups are at a higher risk from a complication from an extraction procedure, such as a non healing socket, osteonecrosis, osteomyelitis & bleeding. These patients should only be offered tooth extraction from a registered dental practitioner after careful analysis of the benefits vs risk in their clinical situation. A surgical approach has the following advantages: Removing any sharp bone spicules or loose bony fragments and achieving primary closure after the extraction procedure to promote healing along with providing further control in achieving post operative haemostasis. Contact mobileoralsurgerservices@gmail.com for further enquiries.

Dental Implants



Single implant and crown



Dental bridge supported by two implants

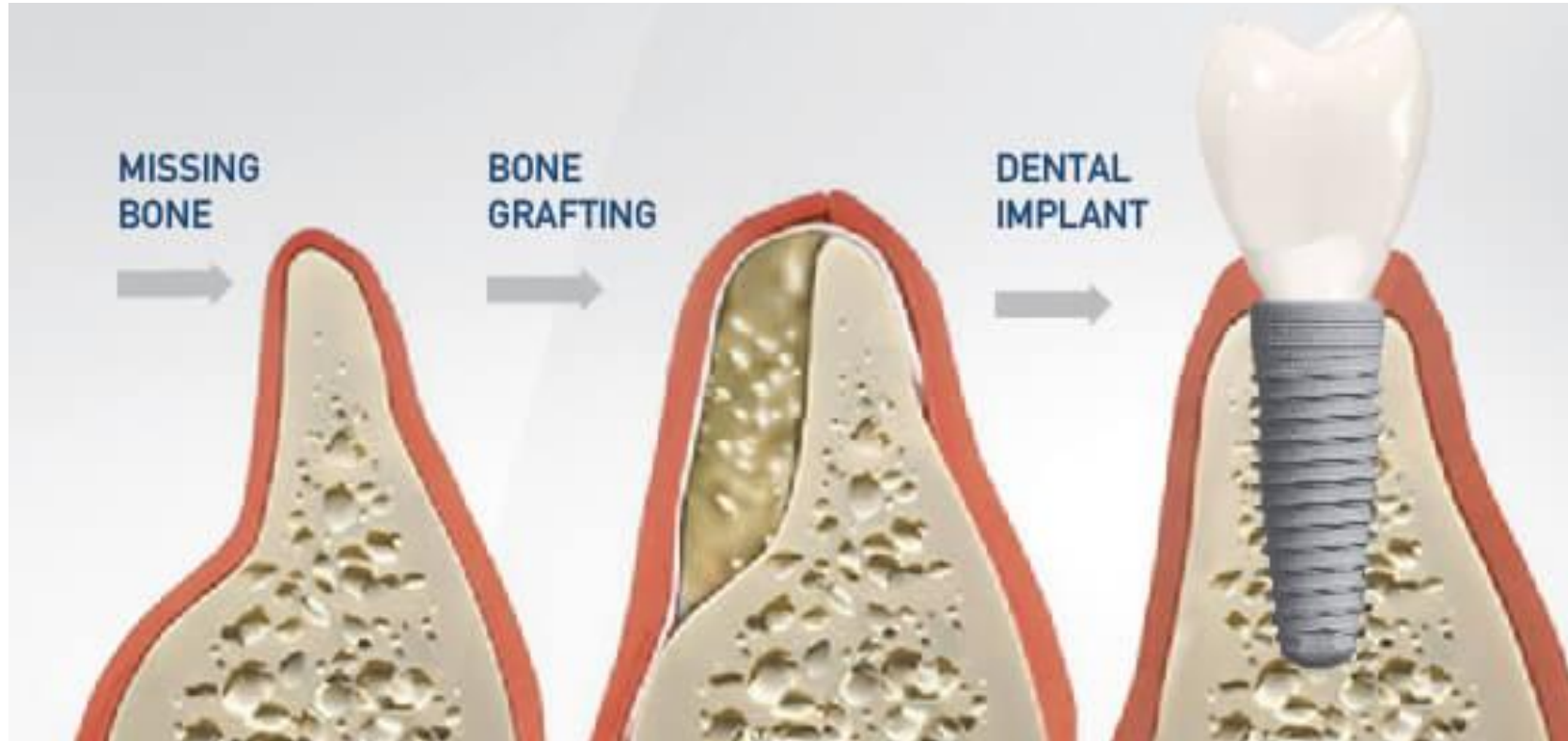
Dental implant(s) can be utilized to restore and replace a missing tooth or teeth in many cases. Dental implants are surgically placed into the jaw bone and loaded approximately 3 months afterwards with a dental crown. Contact mobileoralsurgerservices@gmail.com for further enquiries.

All on 4 – Dental implants



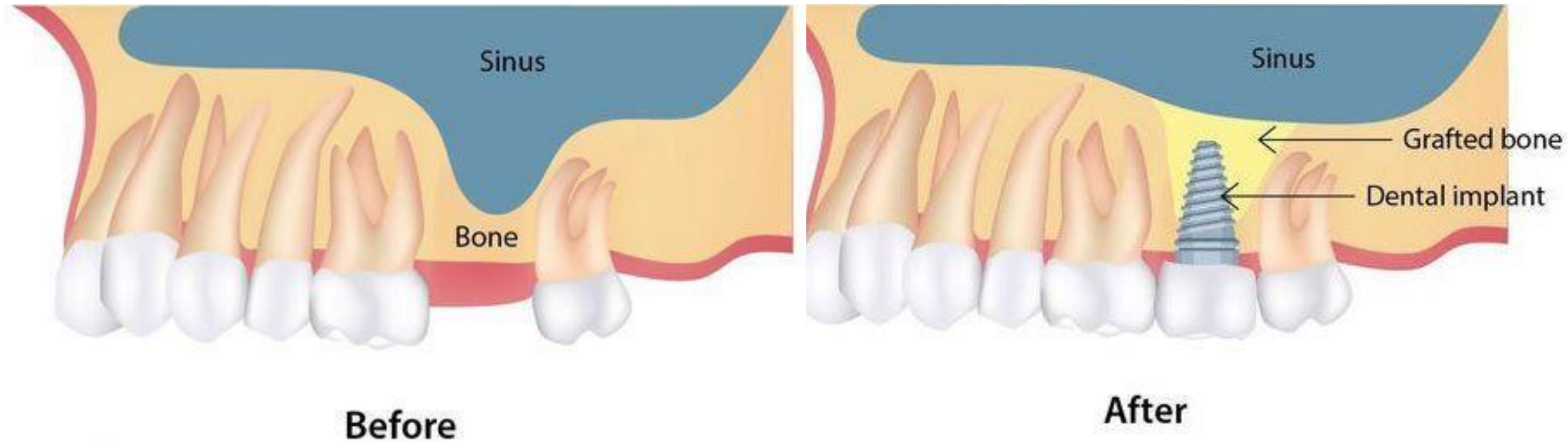
'All on 4' dental implants refers to a complete set of naturally appearing prosthetic teeth that is supported on four strategically placed dental implants in order to restore function and aesthetics to an edentulous jaw. Contact mobileoralsurgerservices@gmail.com for further enquiries.

Bone grafts for dental implants



If insufficient jaw bone is available to hold the dental implant in place, additional procedures may be undertaken to restore jaw bone volume (e.g. bone graft). Contact mobileoralsurgerservices@gmail.com for further enquiries.

Sinus lift for dental implants



If insufficient jaw bone is available to hold the dental implant in place, additional procedures may be undertaken to restore jaw bone volume (e.g. sinus lift). Contact mobileoralsurgerservices@gmail.com for further enquiries.

Diagnostic Oral Biopsies



Ulcer



Leukoplakia (white patch)



Erythroplakia (red patch)

There is a large number of possible causes for oral ulcers, white patches or red patches. It is appropriate to remove a sample of tissue (incisional biopsy) from these lesions for histopathology (tissue analysis under a microscope) if they persist > 2 weeks and have no other clinically obvious cause, in order to exclude an oral cancer or establish a diagnosis, in the majority of cases. Contact mobileoralsurgerservices@gmail.com for further enquiries.

Removal of benign oral lumps



Mucocele (lower lip)



Fibro-epithelial polyp (tongue)

Clinically benign oral lumps like mucoceles and fibro-epithelial polyps can be removed (excisional biopsy) if bothering the patient. Contact mobileoralsurgerservices@gmail.com for further enquiries.

Jaw cyst enucleation



Odontogenic Keratocyst

Cysts of the jaw are usually initially identified as an incidental finding on a routine large jaw x-ray, however patients may present with pain, swelling, or with an oral discharge. Jaw cysts can be surgically removed when clinically indicated & appropriate. Contact mobileoralsurgerservices@gmail.com for further enquiries.

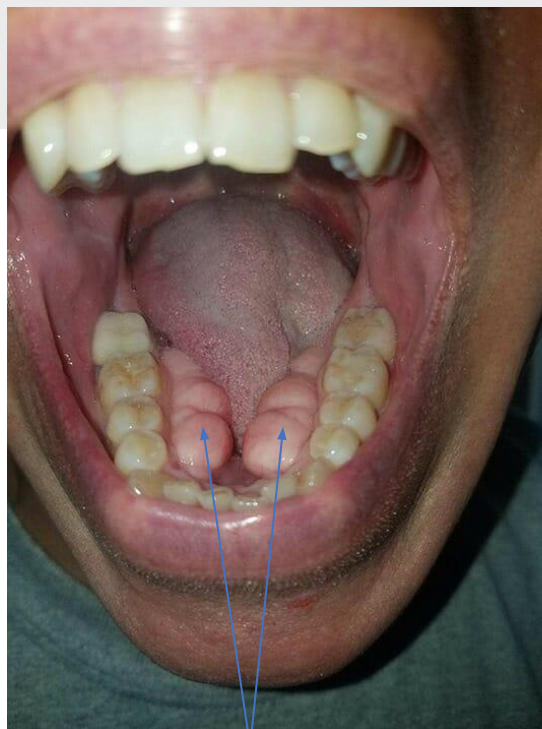
Jaw Bone Debridement



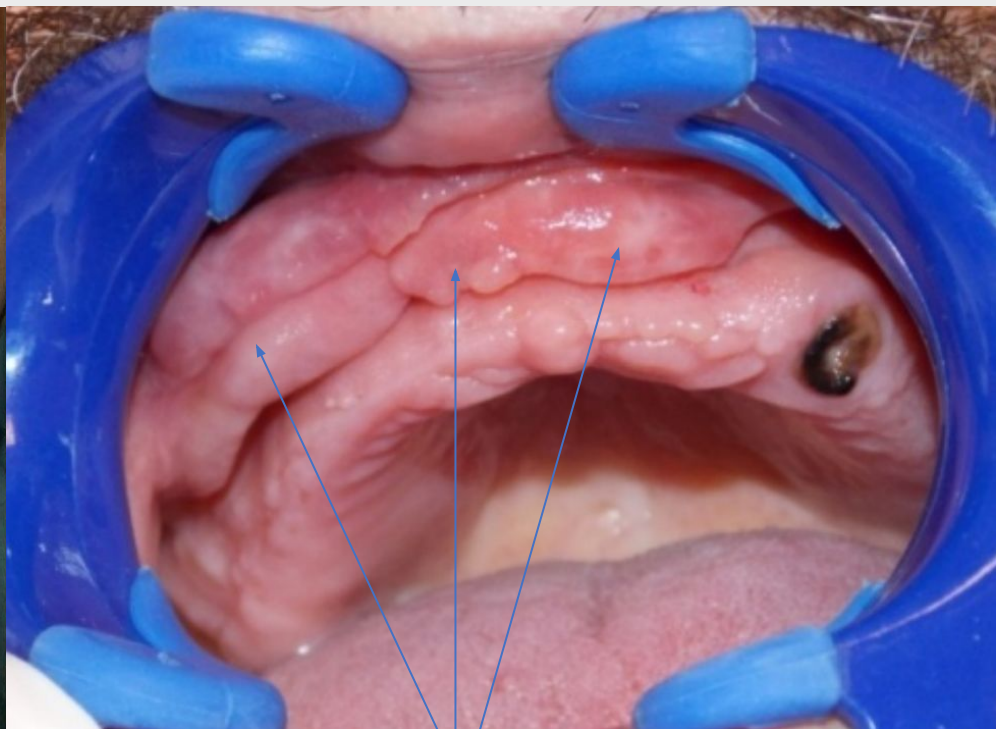
Medication Related Osteonecrosis of the jaw (MRONJ)

Exposed necrotic (dead) jaw bone can be managed conservatively or surgically. Conservative techniques include an antibacterial mouthwash, oral hygiene, oral antibiotics, rest from potentially traumatic causes (e.g dentures) and monitoring. Surgical techniques include surgical debridement of the jaw bone. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

Pre-prosthetic surgery



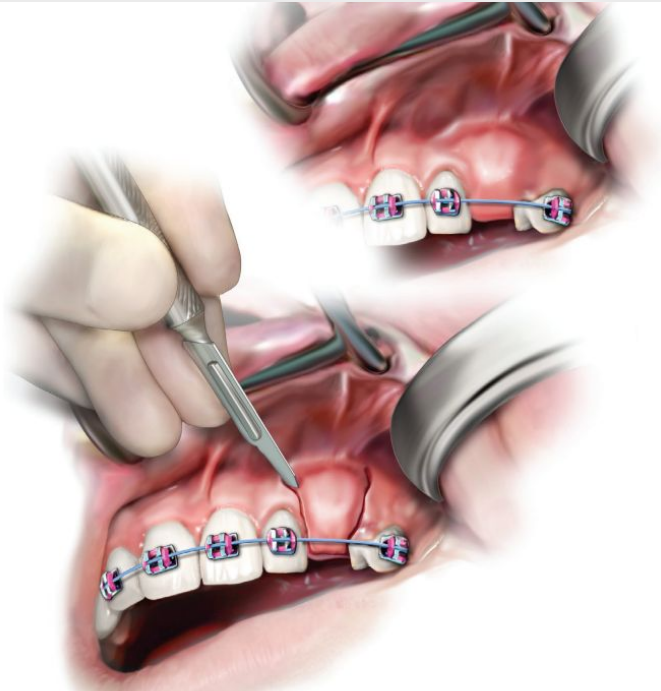
Excess bony tissue
(bilateral lingual mandibular tori)



Excess soft tissue
(Anterior maxillary vestibule)

Involves the removal of bony lumps or excess soft tissues which may interfere with the seating of a dental prosthesis (such as a removable denture) or may otherwise be bothersome to the patient, where clinically indicated. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

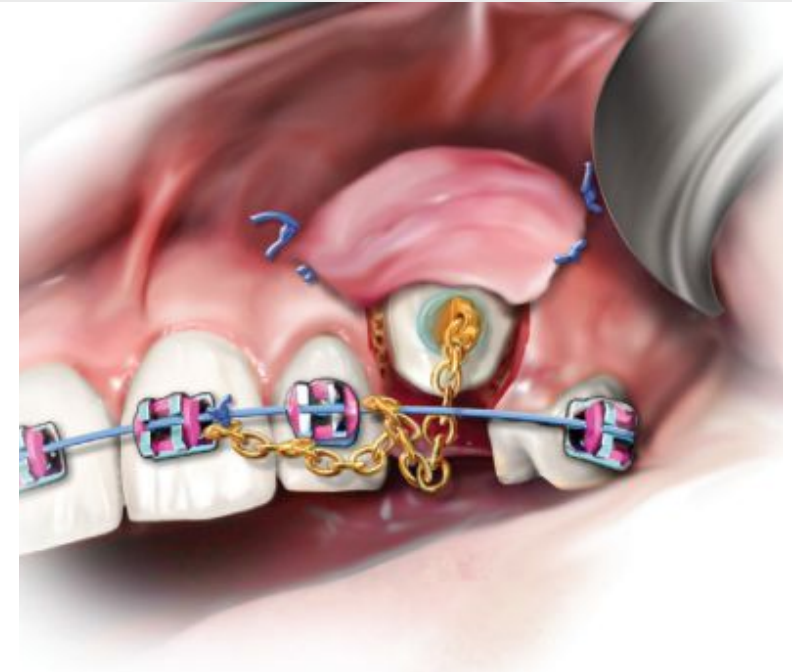
Pre-Orthodontic Surgery



Raising the surgical flap



Exposing the impacted tooth



Bonding the tooth to others in the arch

Your orthodontist may request an impacted tooth be surgically exposed & bonded to allow forces to be applied to bring this tooth into alignment. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

Spreading odontogenic infections



Right sided facial abscess



Right maxillary vestibule abscess



Palatal abscess

Infection from a tooth can spread within the tissues of the oral cavity and extend into the face and cheeks. These types of infections can be managed safely in private dental practice in immunocompetent patients through incision and drainage of the abscess, removal of the causative tooth, provision of oral antibiotics / antibacterial mouth rinse / analgesia in conjunction with frequent outpatient monitoring, in the majority of cases. Patients with infection that has spread to the airway, immunocompromised and/or with or suspected sepsis are best managed **urgently** in the public hospital under the Oral and Maxillofacial Surgical team or other appropriate specialist service. Please contact (02) 8091 3223 for further enquiries.

Oral lacerations



Lower lip laceration

Lower lip lacerations may occur from trauma such as from accidental contact during sport. Lower lip lacerations can be surgically explored to remove any foreign materials embedded in the laceration, washed out with sterile salty water and closed with sutures to promote healing. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

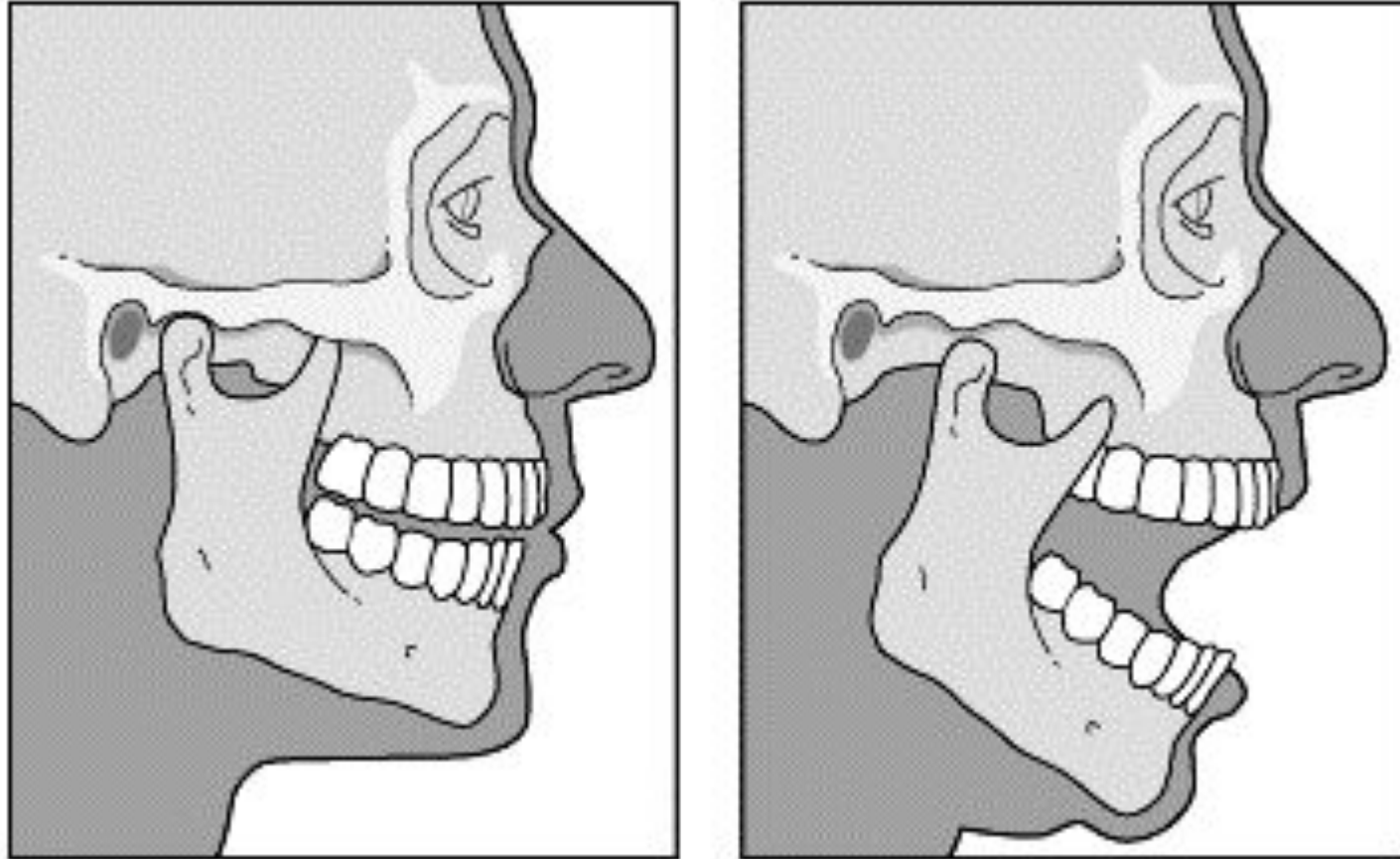
Salivary gland stone removal



Salivary gland stone at the duct orifice

A salivary gland stone may obstruct a duct which may lead to symptoms including pain, swelling and discharge. Surgical removal of the salivary gland stone may resolve these symptoms and allow proper functioning of the salivary duct. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

Jaw dislocation



A jaw dislocation commonly presents with the mouth being locked open after an activity that involves opening the mouth wide, such as yawning. A dislocated jaw can usually be manipulated into place by a trained medical or dental practitioner, usually under appropriate sedation and analgesia. Contact mobileoralsurgeryservices@gmail.com for further enquiries.

Inhalational (happy gas) sedation



Mobile Oral Surgery Services provides complimentary inhalational (happy gas) sedation (provided no contra-indications are present) with all oral surgery procedures to maximize the patient's comfort. Contact mobileoralsurgeryservices@gmail.com for further enquiries.