



Seminar tirsdag 6. januar 2004

Velkommen til presentasjon av en ny rapport fra senter for medisinsk metodevurdering ved SINTEF Unimed. Rapporten er utarbeidet i samarbeid med norske eksperter innen odontologi. Grunnlaget for rapporten er en systematisk innhenting og kvalitetsvurdering av publisert vitenskapelig dokumentasjon.

Sentrale spørsmål vil være:

- Britiske rapporter og retningslinjer har konkludert med at visdomstenner som er friske ikke skal fjernes. Kan disse rapportene / retningslinjene overføres til norske forhold?
- Hvordan er praksis i Norge?
- Bør asymptomatiske visdomstenner fjernes?
- Når bør visdomstenner fjernes?
- Hvilke økonomiske konsekvenser har behandlingen for pasienter, deres arbeidssted og helsevesenet?

Vi inviterer med dette fageksperter, beslutningstakere innen politikk, forvaltning og klinikk, og andre interesserte til fagseminar.

Vel møtt!

 **SINTEF**

Program	
1200-1205	Åpning: Berit Mørland, direktør, SMM
1205-1230	Innledning og bakgrunn ved Trond Inge Berge
1230-1240	Arbeidsmetode ved Ellen Nilsen
1240-1330	Den vitenskapelige dokumentasjonen v/ekspertgruppen: Resultater fra de britiske rapportene/retningslinjene Presentasjon av SMMs rapport. Hva finnes av evidens. Norsk praksis og resultater fra norske/skandinaviske studier Ethiske vurderinger
1330-1345	Pause
13.45-14.00	Helseøkonomi v/ Kristin Linnestad
14.00-14.20	Evidensbasert odontologi og kliniske retningslinjer v/ professor dr. odont. Asbjørn Jokstad, Institutt for klinisk odontologi, UiO
14.20-15:00	Diskusjon og oppsummering v/Trond Inge Berge

Ekspertgruppen:

Faglig leder: Professor Trond Inge Berge, Odontologisk Institutt, Bergen
Professor Lisen Vivienne Espeland, Odontologisk Fakultet, Oslo
Førsteamanuensis Kristin Klock, Odontologisk Institutt, Bergen
Universitetslektor Anders Ragne, Odontologisk Fakultet, Oslo
Prosjektkoordinator: Forsker Dr. philos. Ellen Nilsen, SMM

Tid:

Tirsdag 6. januar 2004 kl. 12: 00-15:00

Seminaret er gratis. Påmelding innen 19.desember 2003 til
kari.waitz@sintef.no, eller tlf. 22 06 73 31

Sted: Møterom 7, Biblioteket, SINTEF Unimed, Forskningsveien 1

Senter for Medisinsk metodevurdering (SMM)
SINTEF Unimed
Postboks 124 Blindern
0314 OSLO
Tlf:22 06 79 61
Faks:22 06 79 79
E-post:smm@unimed.sintef.no
Internett:www.sintef.no/smm

Evidens-basert odontologi

...og kliniske retningslinjer

Asbjørn Jokstad

Institutt for klinisk odontologi

Universitetet i Oslo



Informasjonseksplasjon

Enorm vekst av vitenskapelige publikasjoner i
biomedisin - inkludert i odontologi

1. Antallet helsepersonnel og forskere stiger

og

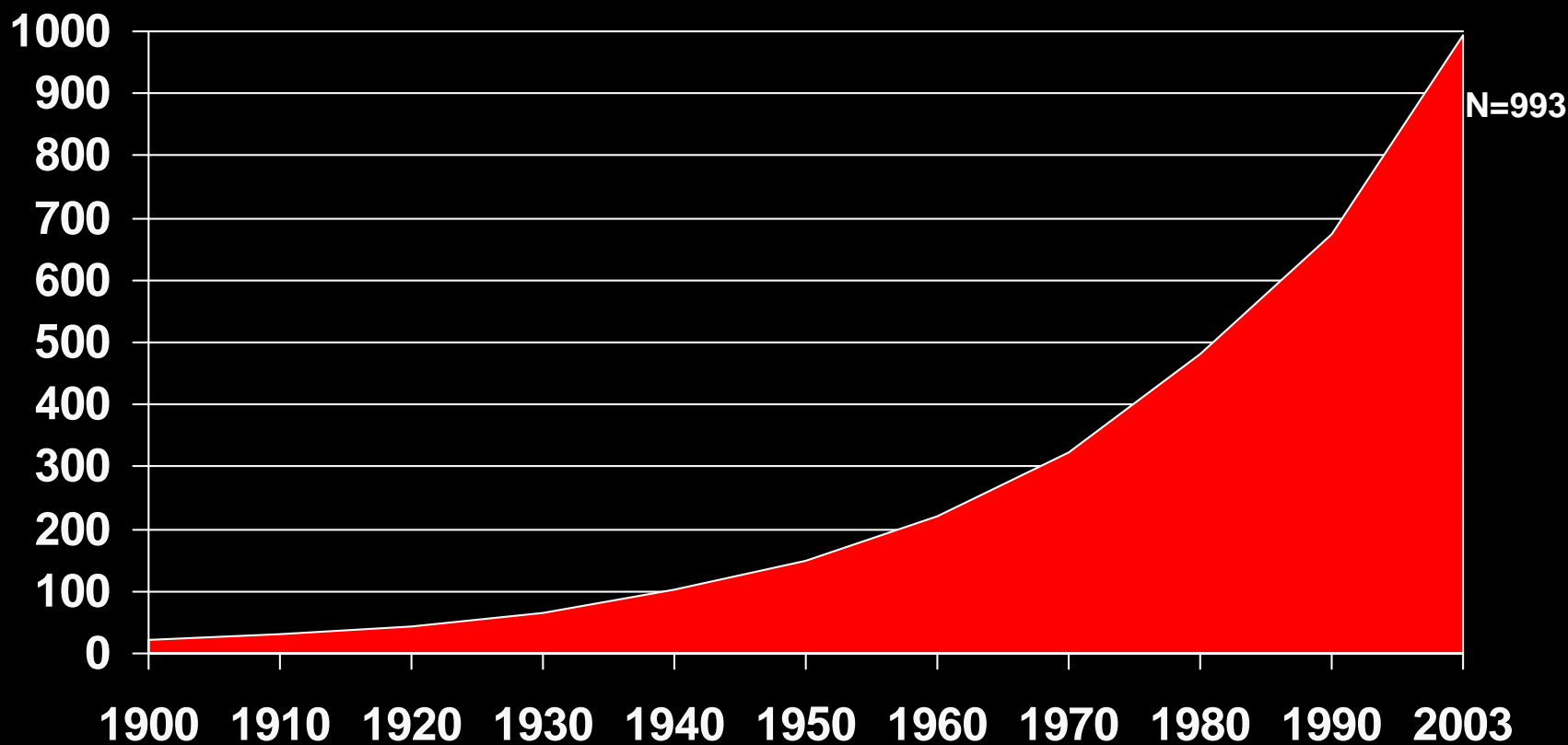
Antall publikasjoner er nøkkel til penger og ære

2. Antall publikasjoner fordoblet hvert 10. år

3. Antall tidsskrift øker kontinuerlig



Tannlegetidsskrift i sirkulasjon



Kilde: Ulrich's International Periodicals Directory

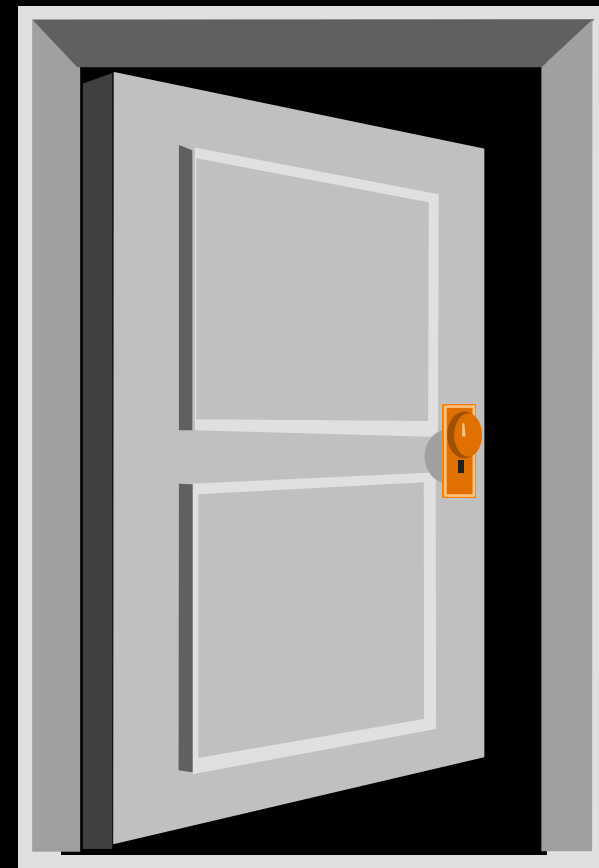


Vi må ikke bare ta stilling til
mengden av informasjon vi
mottar

men også

kvaliteten på denne
informasjonen.

Kanskje kan
dette nye
“EBM” hjelpe?





Evidens basert medisin :

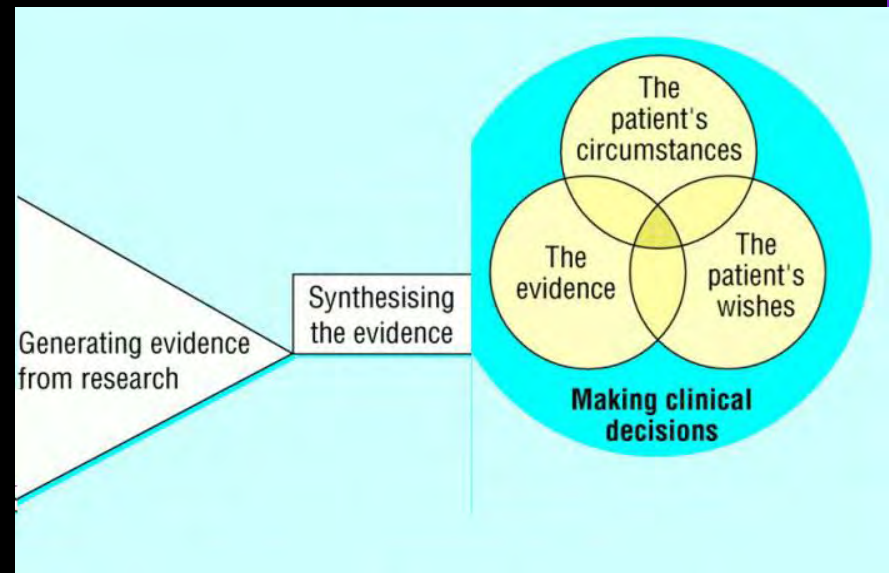
Hvordan vi skal forholde
oss til kontinuerlige
forandringer . . .

...uten at vi noengang får
vite hva fasitsvaret er

Hvordan utøve evidens-basert praksis?

1. Lære selv hvordan evidens-basert odontologi utføres

- Bøker
- Seminarer
- Internett
 - Online link-lister
 - Online kurs
 - Online ressurser



Lochrane Oral Group Manchester - Microsoft Internet Explorer

Address http://www.cochrane-oral.man.ac.uk/



Cochrane Oral Health Group


Back to Home Page

The Cochrane Collaboration

The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The main work of the Collaboration is done by approximately 60 Collaborative Review Groups, within which Cochrane Systematic Reviews are prepared and maintained. The Cochrane Oral Health Group aims to produce

Centre for Evidence-Based Dentistry & Informatics, India - Netscape

Address http://www.ceds.net/cebdi/index.htm



CENTRE FOR Evidence-Based Dentistry And Informatics

WELCOME TO CEBD-I WEB SITE!

Centre for Evidence-Based Dentistry & Informatics
at College of Dental Sciences
Pavilion Road
Davangere-577004
Karnataka, India


Tel.: 91-8192-30432, Fax: 91-8192-51070
e-mail: ccdsp@sancharnet.in

Workshop exclusively for Orthodontists!
"Value of Evidence in Orthodontic Decisions"

International Centre for Evidence-Based Periodontal Health (ICEPH) - Home page - Microsoft Internet Explorer

Address http://www.eastman.ucl.ac.uk/~pdr/iceph/

International Centre for Evidence-Based Periodontal Health
Unit of Periodontology, Eastman Dental Institute, University College London



Activities Mission Statement
Contact People
Links Publications

Illuminating Oral Health Care


But hurry, space is limited

Download failed ?

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Address http://www.ihc.or.ac.uk/cebdi/index.htm



Centre for Evidence-Based Dentistry

Developing Evidence-based Dentistry

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The Centre for Evidence-based Dentistry is an independent body whose aim is to promote evidence-based dentistry world-wide. The Centre was formed in early 1995 following a workshop on Evidence-based Dentistry held at Tonguein College, India in December 1994.

Search

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Foro de Discusion

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Grupo de Odontología Basada en la Evidencia


Universidad de Valgaraiso

Bienvenido a la primera página en Español acerca de *Odontología Basada en la Evidencia*. Esta página está en permanente construcción y la invitamos a colaborar en ella y unirse al Grupo de Odontología Basada en la Evidencia.

La barra de navegación superior le guiará por los temas principales, y la barra de navegación lateral le guiará dentro de cada sección y además, algunas páginas tienen un enlace al extremo inferior de la página. Este sitio me ve mejor a una resolución de 800 x 600 en versiones de navegadores 4.0 o superiores y a un tamaño de letra mediano.

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Address http://www.isebd.com/index.html




International Society of Evidence-Based Dentistry

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Welcome to the official website for the International Society of Evidence-Based Dentistry!

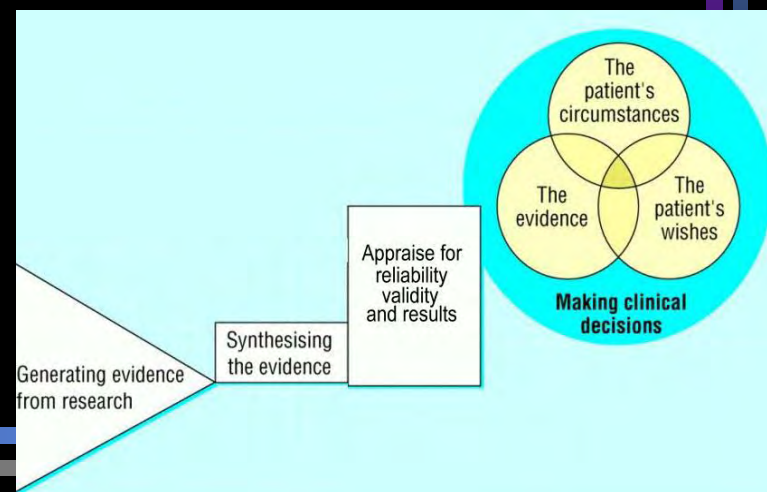
WHAT'S NEW-ANNOUNCEMENTS
-The First Annual Membership Meeting of the ISEBD will take place on November 6 and 7.



Hvordan utøve evidens-basert praksis?

1. Lære selv evidens-basert odontologi
2. Søke og anvende evidens-baserte sammendrag utarbeidet av andre.

1. Fagtidsskrift som kritisk evaluerer primærstudier
2. Systematiske oversikter
 - Cochrane Collaboration
 - Nat. Health Serv. R&D
 - Litteratur





Evidence-Based Dentistry

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- Cancer
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ISSN 1462-0049
2002 Volume 3
Publishes 4 issues a year

View tables of contents

A central resource for the most cutting-edge and relevant issues concerning the evidence-based approach in dentistry today. A *British Dental Journal* and Nature Publishing Group publication.

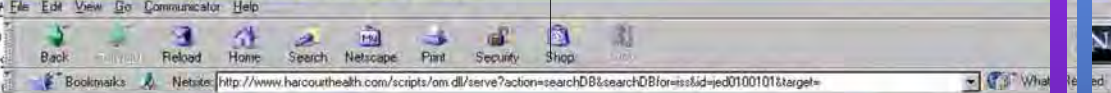
Audience

Evidence-Based Dentistry is a general dental practitioner journal that keeps abreast of the best practice on the latest developments in all aspects of clinical dentistry. It is an invaluable tool for the general dental practitioner, raising awareness of new approaches in all branches of dentistry.

**Please click here for the abstract of the following paper - these tables are the printed version of EBD*

Vol 3:1
Benchmarking the dental controlled literature on
Niederman R., Chen L., Mu...

Journal of Evidence-Based Dental Practice TOC, July 2001 - Netscape



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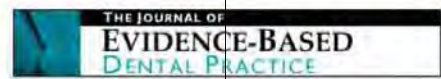


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Statement of purpose and methods

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Editorials

A letter from the Editor-in-Chief and the Publisher

Michael G. Newman, DDS, Cynthia L. Baudendistel

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A new perspective...Two steps back: Integration of the evidence-based method in a general practice residency program

Elliot Abt, DDS, MS

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Evidence-based information is not a conspiracy to limit insurance benefits

Maxwell Anderson, DDS

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dent* - 9779 hits

- ▶ The Cochrane Database of Systematic Reviews (87 out of 2655)
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- ▶ The Cochrane Central Register of Controlled Trials (CENTRAL) (9311 out of 345378)
- ▶ The Cochrane Database of Methodology Reviews (1 out of 15)
- ▶ The Cochrane Methodology Register (CMR) (46 out of 4002)
- ▶ About the Cochrane Collaboration (15 out of 86)
- ▶ Health technology assessment database (HTA) (3 out of 2838)
- ▶ NHS Economic evaluation database (NHS EED) (106 out of 10255)

2002 Issue 4
ISSN 1464-780X



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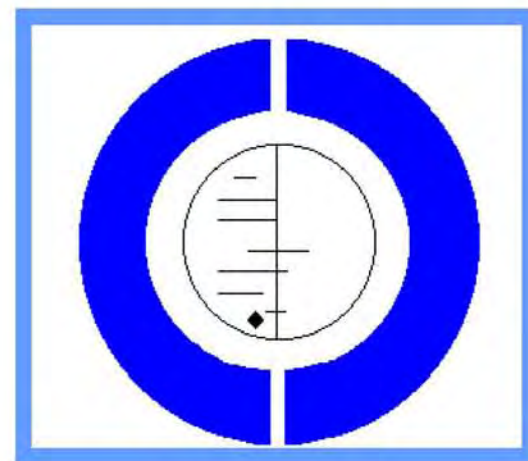
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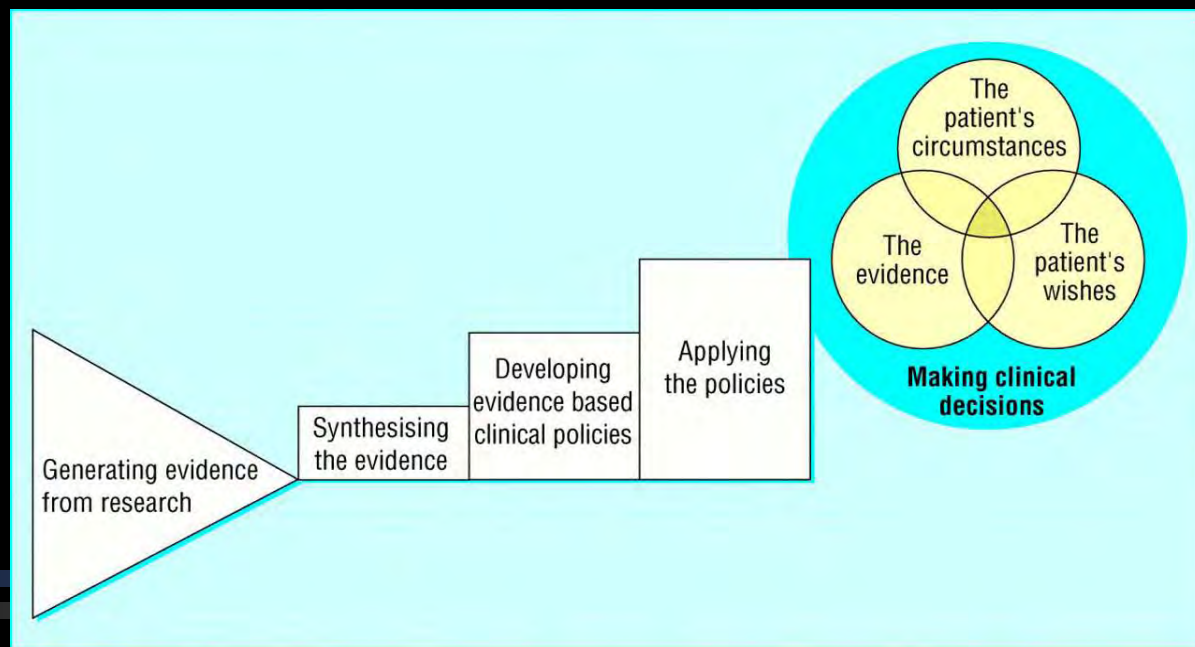
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Hvordan utøve evidens-basert praksis?

3. Akseptere og anvende kliniske retningslinjer som er baserte på evidens-baserte prinsipper



AHRQ Agency for Healthcare Research and Quality
Quality Research for Quality Healthcare

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Agencies for Healthcare Research and Quality

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www.guideline.gov

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Centre for Reviews and Dissemination

CRD Databases

DARE **NHSEED** **HTA**

More about the database of research undertaken by health technology assessment agencies

Center for Evidence-based Medicine

SMM-rapport Nr. 10/2003

Profylaktisk fjerning av visdomstenner

Medisinsk metodevurdering basert på internasjonal og egen litteraturliturganskning

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NY RAPPORT

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SBU - STATENS BEREDNING FOR MEDISK UTVÅRDERING

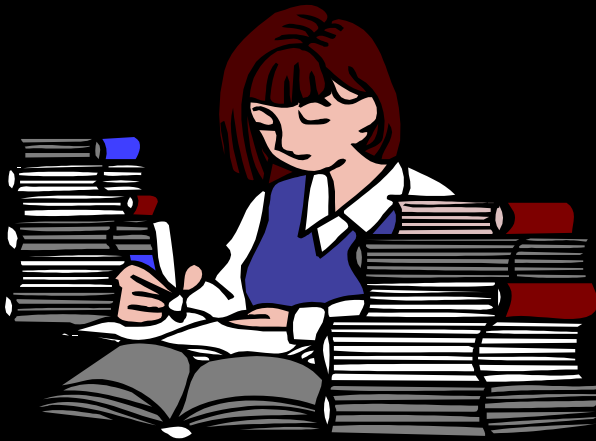
Wisdom tooth extractions

Why do you
remove/retain
"wisdom teeth"?

A question of prognosis



How many reports related to wisdom tooth extraction and prognosis can be identified?



www.fdiworldental.org



SITE SEARCH:

The FDI World Dental Federation is the authoritative worldwide organisation of dentistry representing more than 700.000 dentists in over 150 countries around the globe.

Nasjonale og internasjonale retningslinjer, prinsippvedtak, uttalelser, møterapporter og -referat. Meta-analyser.



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Editor: FDI Head Office
Last modification: 15.08.2003

DISCLAIMER

FDI World Dental Federation,
13 Chemin du Levant, l'Avant Centre,
F-01210 Fernex-Voltaire, FRANCE
Tel: +33 4 50 40 50 50

Pasientspesifikke problemer			
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Handicappede pasienter	[Globalt]	[FDI]	

surgery

Year	Original title	Type	Country	Source	Publish	Authors	http	ISDN	topi
2002	The removal of impacted third molars. Position paper of the South African Society of Maxillofacial and Oral Surgeons	Statement	South Africa	South African Society of Maxillofacial and Oral Surgeons.	SADJ 2002; 57(10):399-403	Erasmus F; South African Society of Maxillofacial and Oral Surgeons.	Abstract Medline		surgery
2001	Guidelines in Oral and Maxillofacial Surgery	Guidelines	United Kingdom	BAOMS, The British Association of Oral and Maxillofacial Surgeons	Faculty of Dental Surgery of the Royal College of Surgeons of England		BAOMS		surgery
2001	Position paper: Tissue Banking of Bone Allografts Used in Periodontal Regeneration	Review and Guidelines	USA	AAP, American Academy of Periodontology	J Periodontol 2001; 72: 834-838	Research, Science and Therapy Committee of the American Academy of Periodontology	AAP		periodo surgery
2001	Weisheitszahnextraktion [Wisdom tooth extractions]	Guidelines and Statement	Germany/Deutschland	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde	Dtsch Zahnärztl Z 2001; 56 (8):	Strietzel FP, Neukam FW, Hirschfelder U, Reichart PA	DGZMK, Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde		surgery
2000	Management of Unerupted and Impacted Third Molar Teeth	Guidelines	Scotland	Scottish Intercollegiate Guidelines Network (SIGN)	SIGN Publication 43		SIGN		surgery
2000	Guidelines for anxiety control and pain management in oral and maxillofacial surgery	Guidelines	USA	American Association of Oral and Maxillofacial Surgery	J Oral Maxillofac Surg 2000; 58 (10 Suppl 2): 4-7	Zuniga JR	J Oral Maxillofac Surg		neuro psychol surgery
2000	International Research Group on Reconstructive Preprosthetic Surgery, Consensus report	Review and Guidelines	USA	International Research Group on Reconstructive Preprosthetic Surgery	Int J Oral Maxillofac Surg 2000; 29 (3): 159-62		OVID		surgery
2000	The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth	Review and Guidelines	United Kingdom	NHS Centre for Reviews and Dissemination, University of York, UK	Health Technology Assessment 2000; Vol 4: No. 15	Song F, O'Meara S, Wilson P, Kleijnen J, Golder S	NHS C&D		surgery
2000	Guidance on the removal of wisdom teeth	Guidelines	United Kingdom	NICE, National Institute for Clinical Excellence, UK	NICE 2000/003a Issued: 27 March 2000	Song F, O'Meara S, Wilson P, Kleijnen J, Golder S	NICE		surgery
2000	Verwendung von	Guidelines	Germany/Deutschland	DGZMK, Deutsche		Terheyden H	DGZMK, Deutsche		infectio



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go

Refine your search

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((impacted and (tooth or teeth)) or (wisdom and (tooth or teeth))) - 408 hits

► **The Cochrane Database of Systematic Reviews (10 out of 2655)**

► **Complete reviews (7 out of 1519)**

- Anaesthesia for treating distal radial fracture in adults.
- Single dose dextropropoxyphene, alone and with paracetamol (acetaminophen), for postoperative pain.
- Single dose dihydrocodeine for acute postoperative pain.
- Single dose oral aspirin for acute pain.
- Single dose oral ibuprofen and diclofenac for postoperative pain.
- Single dose paracetamol (acetaminophen), with and without codeine, for postoperative pain.
- Single dose piroxicam for acute postoperative pain.

► **Protocols (3 out of 1136)**

- Antibiotics to prevent complications following tooth extractions.
- Fluoride rinses for preventing dental caries in children and adolescents.
- New** Interventions for treating trouble-free impacted wisdom teeth in adults.

► **Database of Abstracts of Reviews of Effectiveness (4 out of 3740)**

► **The Cochrane Central Register of Controlled Trials (CENTRAL) (389 out of 345378)**

► **The Cochrane Database of Methodology Reviews (0 out of 15)**

► **The Cochrane Methodology Register (CMR) (0 out of 4002)**

[Send a comment about this protocol](#)

INTERVENTIONS FOR TREATING TROUBLE-FREE IMPACTED WISDOM TEETH IN ADULTS

(Protocol)

van der Sanden WJM, Mettes TG, Verdonschot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM

Date of most recent substantive update: 24 April 2002

This protocol should be cited as: van der Sanden WJM, Mettes TG, Verdonschot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM. Interventions for treating trouble-free impacted wisdom teeth in adults (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2002. Oxford: Update Software

BACKGROUND

Wisdom teeth or third molars generally erupt into the mouth between the ages of 17 to 24 years ([Garcia 1989](#); [Hugoson 1988](#)). More than other teeth, wisdom teeth often fail to erupt or erupt only partially ([Hugoson 1988](#)). Impaction occurs where complete



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- ▶ **Database of Abstracts of Reviews of Effectiveness (4 out of 3740)**
 - ▶ **Abstracts of quality assessed systematic reviews (4 out of 2940)**
 - Prophylactic Removal of Impacted Third Molars: is it Justified? (Provisional record).
 - The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth (Provisional record).
 - The effectiveness of acupuncture in treating acute dental pain: a systematic review (Structured abstract).
 - The use of acupuncture in dentistry: a systematic review (Structured abstract).
- ▶ **Other reviews: bibliographic details only (0 out of 800)**
- ▶ **The Cochrane Central Register of Controlled Trials (CENTRAL) (389 out of 345378)**
- ▶ **The Cochrane Database of Methodology Reviews (0 out of 15)**
- ▶ **The Cochrane Methodology Register (CMR) (0 out of 4002)**
- ▶ **About the Cochrane Collaboration (2 out of 86)**
- ▶ **Health technology assessment database (HTA) (3 out of 2838)**
 - Guidance on the removal of wisdom teeth.
 - Prophylactic removal of impacted third molars: is it justified?.
 - The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth.
- ▶ **NHS Economic evaluation database (NHS EED) (0 out of 10255)**

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INTERVENTIONS FOR TREATING TROUBLE-FREE IMPACTED WISDOM TEETH IN ADULTS

(Protocol)

van der Sanden WJM, Mettes TG, Verdonshot EH, van't Hof MA, Nienhuijs M, Plasschaert AJM

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BACKGROUND

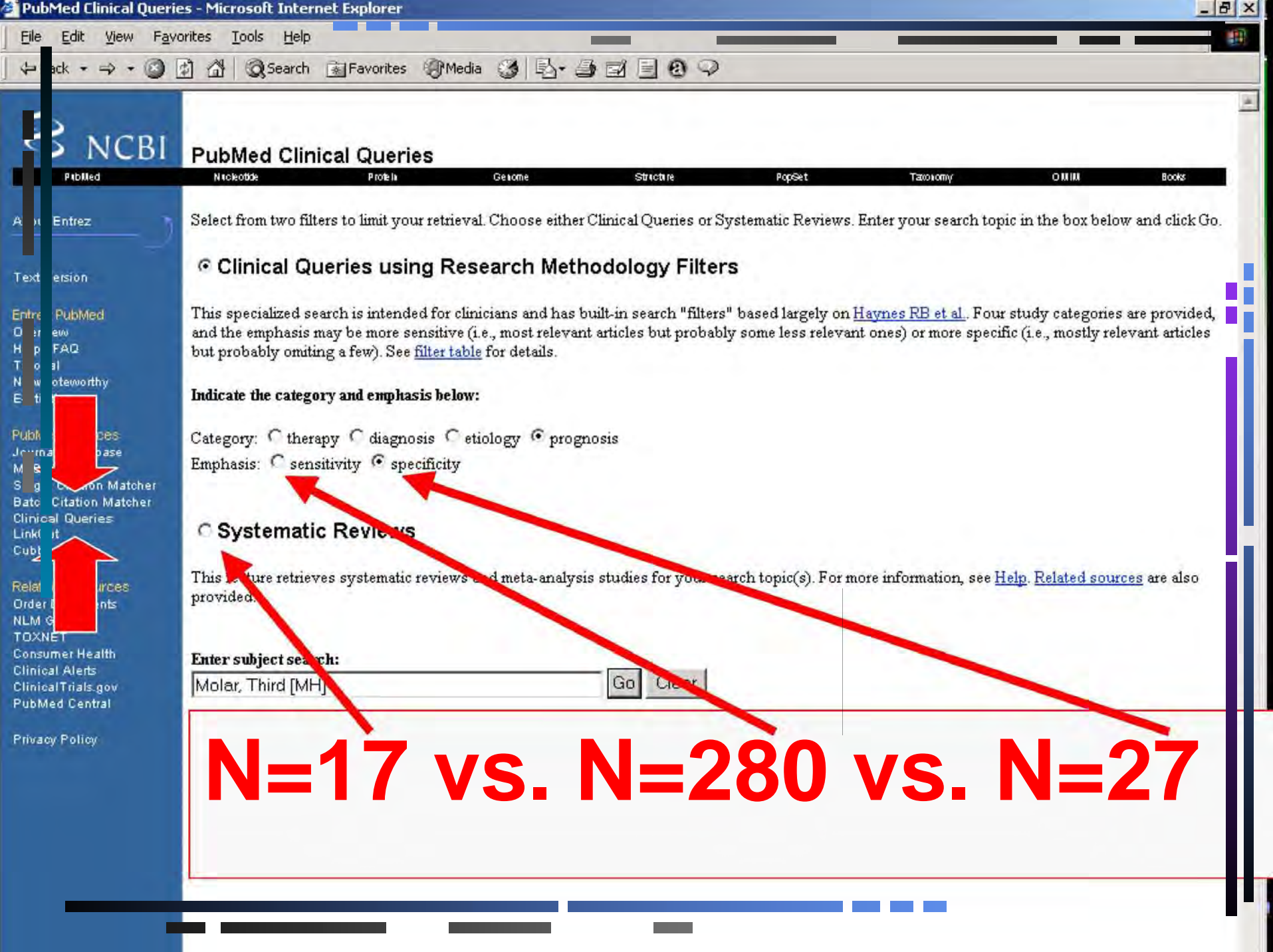
Wisdom teeth or third molars generally erupt into the mouth between the ages of 17 to 24 years ([Garcia 1989](#); [Hugoson 1988](#)). More than other teeth, wisdom teeth often fail to erupt or erupt only partially ([Hugoson 1988](#)). Impaction occurs where complete eruption into a normal functional position of a tooth is



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This specialized search is intended for clinicians and has built-in search "filters" based largely on [Haynes RB et al.](#) Four study categories are provided, and the emphasis may be more sensitive (i.e., most relevant articles but probably some less relevant ones) or more specific (i.e., mostly relevant articles but probably omitting a few). See [filter table](#) for details.

Indicate the category and emphasis below:

Category: therapy diagnosis etiology prognosis

Emphasis: sensitivity specificity

Systematic Reviews

This feature retrieves systematic reviews and meta-analysis studies for your search topic(s). For more information, see [Help](#). [Related sources](#) are also provided.

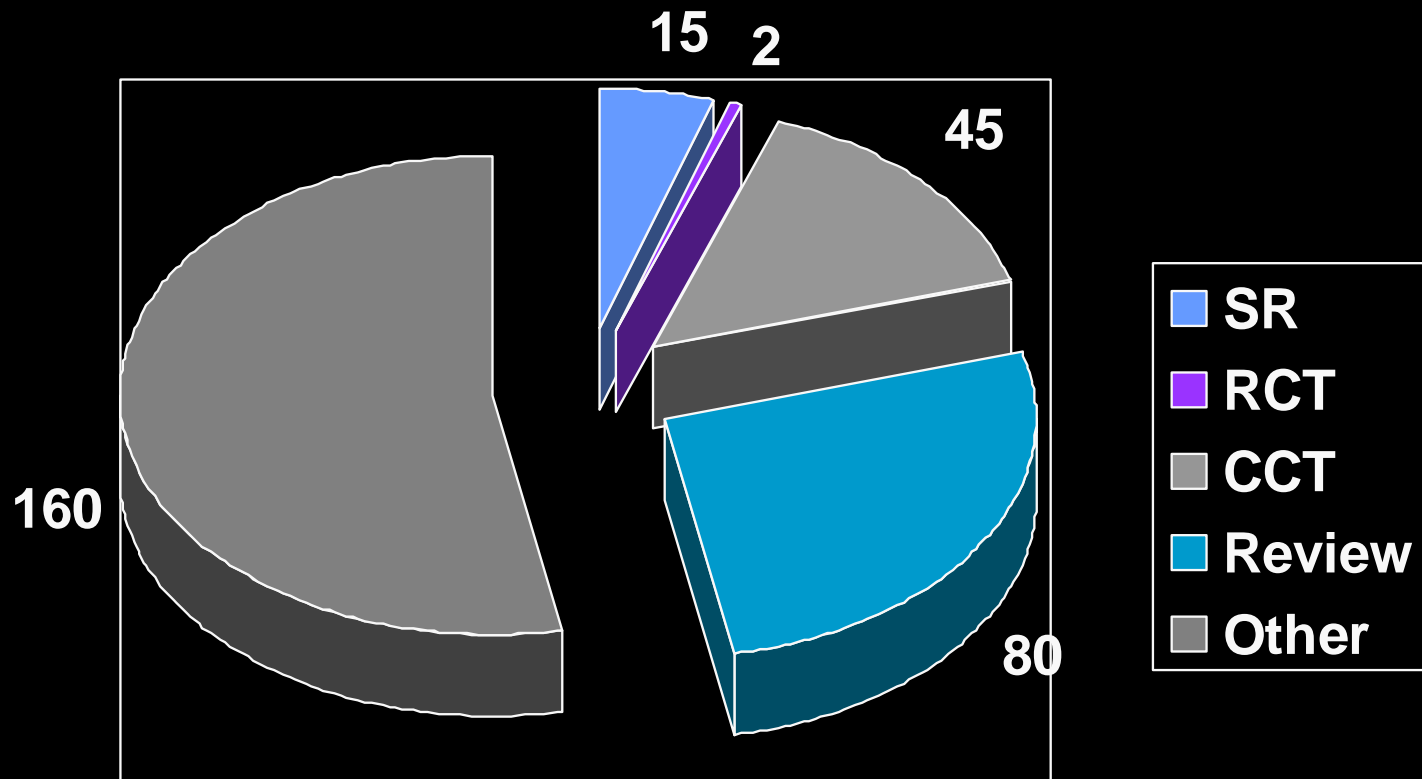
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Molar, Third [MH] Go Clear

N=17 vs. N=280 vs. N=27

How many reports related to the topic can be identified?

How are these approximately 300 reports characterized according to study design?





How many reports related to the topic can be identified?

How can these reports be characterized. Which study design? How many reports are included within each category?

What is the methodological scientific quality of these reports?

How many reports can be excluded due to questionable methodological validity?



Prognosis

- An inception cohort of persons, all initially free of the outcome of interest
- Follow-up of at least 80 per cent of patients until the occurrence of either a major study criteria or the end of the study
- A statistical analysis consistent with the study design.



The British Association of Oral and Maxillofacial Surgeons

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- [British Association of Otorhinolaryngologists Head and Neck Surgeons](#)
- [British Association of Oral and Maxillofacial Surgeons](#)
- [Royal College of Pathologists](#)

Association of Dental Implantology

[Implants](#)

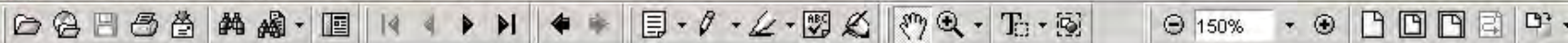
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British Association of Dermatologists

Basal Cell Carcinoma Guidelines 

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d'Évaluation en Santé

1997

INDICATIONS ET NON-INDICATIONS DE L'AVULSION DES TROISIÈMES MOLAIRES MANDIBULAIRES


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- 3 Indications for removal
- 4 Assessment and referral
- 5 Clinical management
- 6 Recommendations for management
- Annexes
- References
- Quick Reference Guide

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SIGN

2000

43
SIGN Publication Number

Scottish Intercollegiate Guidelines Network

Management of Unerupted and Impacted Third Molar Teeth

A National Clinical Guideline

please note: 25.04.2000 14:53:06

This guideline was issued in 2000 and will be reviewed in 2002 or sooner if new evidence becomes available. Any updates to the guideline in the interim period will be noted on the SIGN website. Comments are invited to assist the review process. All correspondence and requests for

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Health Technology Assessment 2000; Vol. 4: No. 15

Rapid review

The effectiveness and cost-effectiveness of prophylactic removal of wisdom teeth

F Song
S O'Meara
P Wilson
S Golder
J Kleijnen

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WISSENSCHAFTLICHE STELLUNGNAHME

Deutsche Gesellschaft für Zahn- Mund- und Kieferheilkunde



2001

gegr. 1859

Indikationen zur operativen Weisheitszahnentfernung

Operative Weisheitszahnentfernungen gehören zu den häufigsten dentoalveolären operativen Eingriffen, die in der zahnärztlichen Praxis ambulant durchgeführt werden. Die Inzidenz retinierter unterer Weisheitszähne liegt bei etwa 84 % im Alter von 20 Jahren [23].

Als Retention eines Zahnes ist das Nicht-Erreichen der Okklusionsebene nach Abschluß seines Wurzelwachstums definiert. Partiiell retinierte Zähne perforieren mit einem Kronenteil die Schleimhaut. Komplett retinierte Zähne haben keinerlei Verbindung zur Mundhöhle. Impaktierte Zähne sind vollständig von Knochen umgeben. Unter einer Zahnverlagerung oder Aberration ist die Keimverlagerung oder das Abweichen eines Zahnes von seiner regelrechten Durchbruchrichtung zu verstehen. Die Impaktion des unteren Weisheitszahnes ist meist verursacht durch Platzmangel, mangelhaftes Skelettwachstum, distalen Durchbruch der Bezahnung, vertikales Wachstum des Kondylus, eine große Kronendimension und die verspätete Reifung des unteren Weisheitszahnes. Platzmangel, Durchbruchhindernisse oder die verspätete Reifung sind meist ursächlich für Retentionen oberer Weisheitszähne, allerdings verursachen sie durch die Möglichkeit des Durchbruches nach bukkal oder distal, in seltenen Fällen auch in die Kieferhöhle, weniger häufig Beschwerden. Viele retinierte oder impaktierte Weisheitszähne werden zufällig anlässlich der Anfertigung von Panoramaschichtaufnahmen entdeckt.

Bei der Erhebung des Ausgangsbefundes sind neben den Ergebnissen der üblichen klinischen und röntgenologischen Untersuchungen insbesondere bereits vorhandene Sensibilitätsstörungen,

Selection of papers

	DGZMK, Germany, 2001	23	SRs + Clinic trials
	NHS R&D, UK, 2000	52	RCTs + Reviews
	SIGN, Scotland, 2000	64	RCTs + CCTs
	ANAES, France, 1997	77	CCTs + Clinic trials
	BAOMS, UK, 1995	60	CCTs + Clinic trials

(total: n=171)



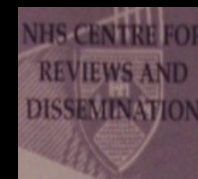
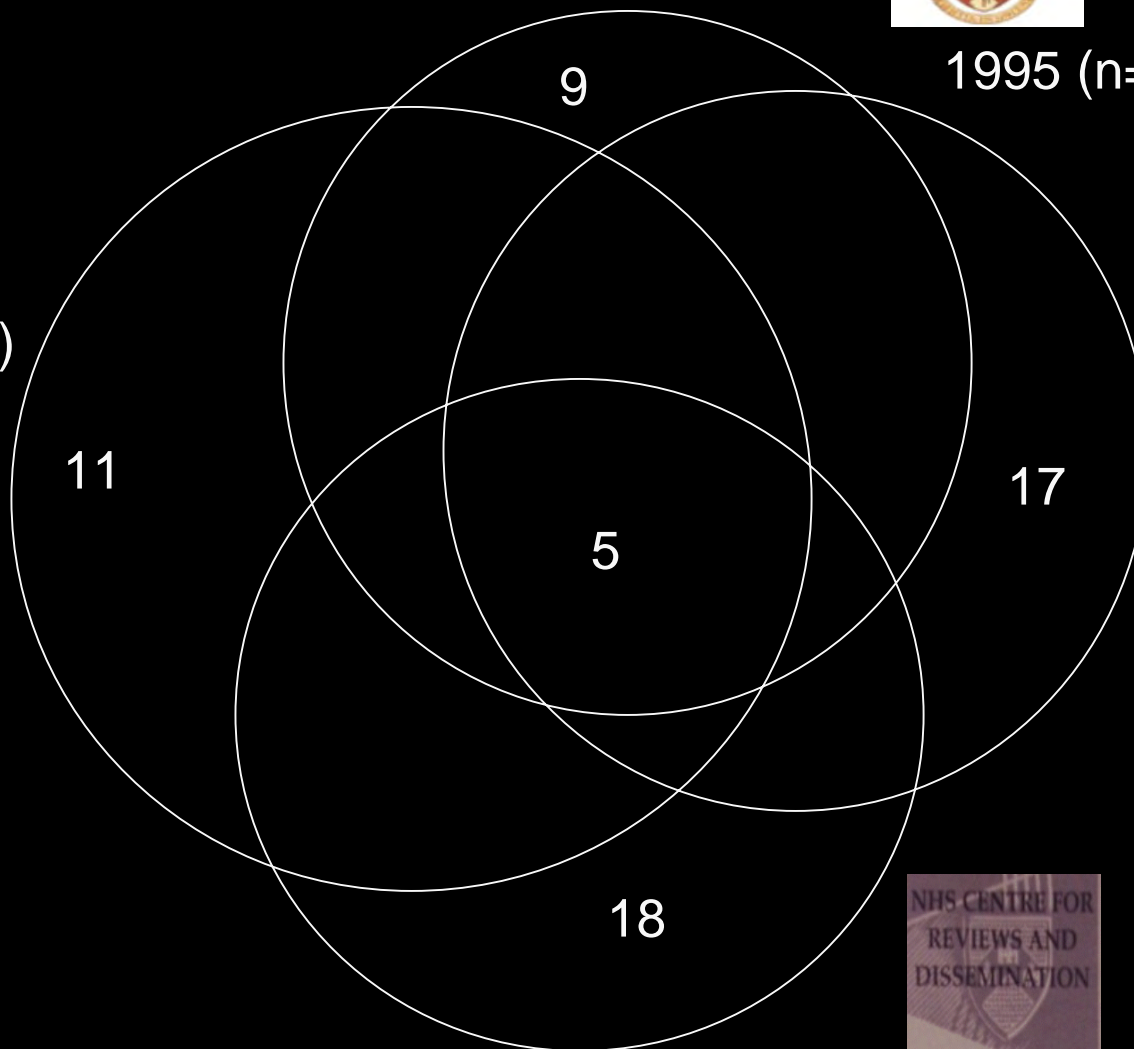
1995 (n=60)



1997 (n=77)



2000
(n=64)



2000 (n=52)

USA

1979: NIH
Consensus dev.
Conference for
removal of third
molars

1995: Am.Acad.Oral Med.Surg.
Parameters of Care

1993: Am.Acad.Or.Med.Surg.
Workshop on the managem. of
patients with third molar teeth

1991 Am.Acad.Oral Med.Surg
Parameters of Care

2000: SIGN
Guidelines

1980

1990

2000

1995: Br. Assoc.Oral Med. Surg. Pilot Clinical Guidelines

1996: NHS R&D. National guidelines

Sept 1997: FacDentSurg RoyCollSurg(Eng)

1998: Effectiveness Matters 3(2)

2000: NHS R&D HTA Programme

2000: NICE
Guidelines

Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study

Kerstin Knutsson¹, Leif Lysell² and Madeleine Rohlin¹

¹Department of Oral Radiology, Faculty of Odontology, Malmö University, Malmö,

²Department of Oral Surgery, Central Hospital, Kristianstad, Sweden

Knutsson K, Lysell L, Rohlin M: Dentists' decisions on prophylactic removal of mandibular third molars: a 10-year follow-up study. Community Dent Oral Epidemiol 2001; 29: 308-14. © Munksgaard, 2001

Abstract – Objectives: In recent years, several critical outcome studies concerning the prophylactic removal of mandibular third molars have been published. These would appear to motivate a more restrictive approach today as compared with 10 years ago. The aim of the present study was to examine dentists' decisions on the prophylactic removal of impacted mandibular third molars over a 10-year period. **Methods:** Thirty-six cases were selected so as to represent an equal distribu-

occasion. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

presented a considerable intermedial variation in removal rate, between 0 and 22 molars on the first occasion and between 0 and 25 molars on the second occasion. **Conclusion:** In the decisions on prophylactic removal of mandibular third molars, there has been no change over the last 10 years towards a more non-interventionist attitude. Thus, the dentists seem not to have been influenced by the evidence that this intervention is not cost-effective.

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e-mail: Kerstin.Knutsson@od.mah.se

Submitted 19 November 1999;
accepted 8 November 2000



We have learned:

Systematic reviews and guidelines are not necessarily known to the community of dental practitioners



Who's responsibility
to disseminate new
research findings to
the community of
dental practitioners?



Who's responsibility for
disseminating new
research findings to the
community of (dental)
practitioners?

... and verify its
implementation?

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Health Technology Assessment 2000; Vol. 4: No. 15

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NICE issues Guidance to the NHS on the removal of Wisdom Teeth

Ref: NICE 2000/003a Issued: 27 March 2000

NICE have today issued to the NHS their [guidance](#) on the removal of wisdom teeth. The guidance has been sent to all dentists in England and Wales and to NHS Management and concludes that:

- The routine practice of prophylactic removal of pathology-free impacted third molars should be discontinued in the NHS.
- The standard routine programme of dental care by dental practitioners and/or paraprofessional staff, need be no different, in general, for pathology free impacted third molars (those requiring no additional investigations or procedures).
- Surgical removal of impacted third molars should be limited to patients with evidence of pathology. Such pathology includes unrestorable caries, non-treatable pulp and/or periapical pathology, cellulitis, abscess and osteomyelitis, internal/external resorption of the tooth or adjacent teeth, fracture of tooth, disease of follicle including cyst/tumour, tooth/teeth impeding surgery or reconstructive jaw surgery, and when a tooth is involved in or within the field of tumour resection.
- Specific attention is drawn to plaque formation and pericoronitis. Plaque formation is a risk factor but is not in itself an indication for surgery. The degree to which the severity or recurrence rate of pericoronitis should influence the decision for surgical removal of a third molar remains unclear. The evidence suggests that a first episode of pericoronitis, unless particularly severe, should not be considered an indication for surgery. Second or subsequent episodes should be considered the appropriate indication for surgery.

The guidance has been supported by the Chief Dental Officers for both England and Wales who have written to all NHS dentists asking them to revise their practice.

Related Topics:

- Wisdom teeth - removal (NO 1) (in: Technology Appraisals → Completed Appraisals)
- Press releases 2000 (in: Press Office → Press releases)

Welcome to NICE

- NICE set to launch new e-newsletter
- Preferred ways to use electronic communications with NICE
- Principles of the Quality Assurance Process for Guidance Documents
- Appraisal Consultation Document: Review: The clinical effectiveness and cost effectiveness of glitazones for the treatment of type 2 diabetes
- 2002/061 First meeting of NICE Citizens Council will discuss clinical need
- Recruitment of Interventional Procedures Project Manager
- Compilation Issue 5
- First public report of NICE-funded Myocardial Infarction



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New Zealand Guidelines - Completed

Anaesthesiology

Evidence Based [A Guideline to Assist in the Management of Those Patients Known, or Thought, to be at Risk of Suffering Allergy to Latex-Containing Products](#)
[added in Jan 1999]


Cardiology

Evidence Based [Guidelines for the Management of Mildly Raised Blood Pressure in New Zealand](#)
[added in Feb 1998]

Consensus [National Heart Foundation - Coronary Heart Failure](#)

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www.guidelines-international.net

Homepage

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The AGREE Collaboration

September 2001

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AGREE



Scottish Intercollegiate Guidelines Network

Grading System for Recommendations in Evidence-Based Clinical Guidelines

Report of a review of the system for grading recommendations in SIGN guidelines

March 2000

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for

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