


STANDARD OPERATING PROCEDURE (SOP)	Issue date: 01/02/2018	
Trust Reference Number: C50/2019	Revision date: June 2023	
University Hospitals of Leicester 	Review date: June 2026	
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# Teeth Extraction Standard Operating Procedure UHL Maxillofacial Surgery (LocSSIPs)

<b>Change Description</b> <input type="checkbox"/> Change in format	<b>Reason for Change</b> √ Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Consultant / Head of Service	Dr Hazel Busby-Earle
SOP Owner:	Consultant	Dr Andrew Baker
Sub-group Lead:		

Appendices in this document:

- Appendix 1: UHL Safer Surgery Maxillofacial Outpatients' Department Checklist**
- Appendix 2: Patient Information Leaflet for Maxillofacial Outpatients' Department** Available at:
- [Minor oral surgery](#)
- [Having wisdom teeth removed under GA](#)
- [Having wisdom teeth removed under LA](#)
- [Surgery for buried canine teeth](#)
- [Having wisdom teeth taken out using LA](#)

Introduction and Background:

Scope: This Standard Operating Procedure (SOP) applies to all staff involved in performing tooth extractions within all UHL Maxillofacial departments.  
This SOP is the Local Safety Standard for Invasive Procedures (LocSSIP) document; this is compliant with the National Safety Standards for Invasive Procedures (NatSSIPs) guidance.

Never Events:


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**Authors:** Dr Hazel Busby-Earle

**Approved by:** MSS Quality & Safety Meeting & Safe Surgery Board May 2023

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### List management and scheduling:

Patients are seen in the maxillofacial outpatient's department and are listed for extractions as necessary. When possible consent should be taken prior to the day of surgery.

A copy of the patient's OPT (Orthopantomogram) is printed off and placed in the patient's notes identifying the tooth/teeth to be extracted.

On the day of the procedure, the consent form is checked to confirm the tooth/teeth to be extracted, and the safer surgery checklist is completed.

### Patient preparation:

Clinicians will provide patients with an information booklet during their outpatient clinic appointment for minor oral procedures. This booklet provides the patient with information on what to expect when having a tooth/teeth extracted.

Patients are not required to fast pre-operatively if the procedures are performed under local anaesthetic. Patients can continue to take their medications as usual. This includes blood thinning drugs such as:

- Aspirin, Warfarin or Clopidogrel (Dependent on patient)

Pre-procedural investigations required:

- Blood tests for patients on Warfarin – parameters INR<3.5 (or above with agreement of surgeon).

Patients fitted with a pacemaker or any electrosurgical device may need bi-polar leads attached to the hyfrecator if they need diathermy.

Patients should complete a consent form with the clinician on the day of surgery, if consent was not taken during the outpatient appointment.

Standard complications and mortality risks that patients should be informed of in the consent process include:

- Pain, discomfort, or swelling
- Bleeding or bruising
- Wound Infection
- Further surgery
- Possible need for further treatment

Occasional complications and risks include:

- Restricted mouth opening
- Temporary numbness of lower lip / cheek / gum
- Damage to adjacent tooth
- Tooth fragment left in jaw
- Aching or clicking jaw joint

Rare complications and risks include:

- Displacement of tooth


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- Communication between mouth and sinus
- Permanent numbness of lip / tongue / gum
- Fracture of jaw
- Wound dehiscence

Surgeons will also discuss additional risks for specific procedures.

Confirmation of consent should be discussed with the patient before their procedure and the consent form counter-signed.

Laterality must always be written in full standard Zsigmundy-Palmer notation.

Infection prevention strategies include:

- Aseptic Non-Touch Technique (ANTT)
- Sterile gloves
- Sterile drapes
- Aprons (If required)

Relatives should not accompany the patient during the procedure unless the patient has a specific need as agreed by operator.

Children must not accompany the patient during the procedure under any circumstances.

#### Workforce – staffing requirements:

The minimum safe staffing standards for a procedure list include one surgeon and one assistant. The assistant can be a nurse, healthcare support worker or a student that has been deemed competent in the area by a member of the team.

ANTT must be practised for all procedures as per the UHL Aseptic Non-Touch Technique Guidelines. All relevant staff must complete ANTT theory training which is available to staff on the HELM website as an e-learning package.

Learners or students will be supervised in the area by either the surgeon or the assistant. For Registered Nurses, Registered Dental Nurses, and Health Care Assistants, this should be recorded in the competency assessment documentation by an assessor.

#### Ward checklist, and ward to procedure room handover:

#### Procedural Verification of Tooth Extraction:


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In theatre, there is a white board which is placed at the head of the operating table in the surgeon's direct line of vision.

The printed OPT for the patient is attached to this white board. This OPT should correspond with the OPT on the computer in theatres (optional, operator dependant).

The patient's name, date of birth, and hospital number are written on this designated white board next to the printed copy of the patient's OPT.

The Zsigmundy-Palmer notation is used to identify the teeth for extraction. This is also placed on the white board.

Theatre "STOP" moments are carried out with the surgeon, the anaesthetist, the scrub team and the patient (before the patient is anaesthetised).

A 'pause before extraction' is undertaken by the surgeon, scrub practitioner and the anaesthetist prior to extraction of any teeth.

The surgeon will count the teeth and vocalise the tooth to be extracted before the extraction takes place. Should there be a need to change sides another 'pause before extraction' will need to take place.

### Team Safety Briefing:

The Team Safety Briefing must occur at the start of the operating session. As many members of the procedural team as possible should attend the briefing, with a minimum of one surgeon and one assistant present.

Any team member may lead the safety briefing.


Team members should introduce themselves to ensure that their roles and names are known to encourage people to speak up.

The discussion should include:

- Equipment availability
- Availability of bipolar leads

Any additional concerns should be discussed, and contingency plans made.

Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned procedure.

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### Sign In:

All patients undergoing dental surgery must undergo surgical safety checks beginning with the 'Sign In'. Along with the 'Time Out' and 'Sign Out', this is based on the checks in the WHO Surgical Safety Checklist which was launched to address safety issues within the surgical setting. The surgeon and assistant must take part in the checks. A member of the surgical team is responsible for leading and signing for the 'Sign In'. The 'Sign In' is the final safety check that must be completed for all patients undergoing invasive procedures just before injection of local anaesthetic.

The checks performed during the sign in should include, but are not limited to:

- The patient's identity should be confirmed, including name, S Number and date of birth which can be checked on the patient's wristband. This can also be confirmed by referring to the clinical notes, procedure request form, and patient recollection.
- Confirmation of what site & procedure is planned.
- Completion of a valid consent form in accordance with the UHL Policy for Consent to Examination or Treatment.
- Confirmation of any known allergies.
- Confirmation of any anticoagulant use.
- Confirmation of whether the patient has a pacemaker/electrical device fitted.

**Anaesthesia must not commence unless the 'Sign In' has been completed.**

### Time Out:

The 'Time Out' is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The surgical team is responsible for leading and signing for the 'Time Out'.


**The procedure must not commence unless the 'Time Out' has been completed.**

### Performing the procedure:

Aseptic Non-Touch Technique (ANTT) will be used.

Employees have a duty to follow the arrangements set out within the UHL Sharps Management Policy for the safe use of sharps.

Pause before you pull reinforced – Surgeon and scrub practitioner confirm dental identification prior to extraction and repeat if operator switches sides.

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### Monitoring:

Standard theatre monitoring is performed during procedures.

### Prosthesis verification:

### Prevention of retained Foreign Objects:

All surgical instruments must be counted at the end of the procedure to ensure that no foreign objects are retained unintentionally. The count should be done by the scrub/dental nurse and a record of the count documented on the paperwork that accompanies the instrumentation sets.

The sharps must be counted by the scrub/dental nurse at the end of the procedure. The disposal of sharps are the responsibility of the scrub/dental nurse and therefore must not be handed to anyone else for disposal.

Take-away swabs for post-operative haemostasis do not form part of the final swab count.

### Radiography:


### Sign Out:

**Sign out must occur before the patient leaves the surgical suite.**

Any member of the theatre team can be responsible for leading and signing for the 'Sign Out'.

The sign out should include:

- Confirmation that the procedure has been recorded in the record logbook.
- Confirmation that sharps have been disposed of as per trust policy.
- Confirmation that specimens have been labelled correctly
- Discussion of post-procedural care with the patient if under local anaesthetic or in the recovery suite.
- Confirmation that the patient has been given an aftercare leaflet if under local anaesthetic.

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#### Handover:

#### Team Debrief:

A verbal team debrief should occur at the end of all procedure sessions. All team members should be present. The surgeon will lead the team debrief.

The content of the debrief should include:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- A named person for escalating issues to management.

#### Post-procedural aftercare:

#### Discharge:

Patients are discharged from the theatre recovery or day ward upon completion of their procedure. Patients are given a copy of a Post-Procedure summary letter which includes emergency contact information details.

Follow-up arrangements are made by the surgeon. Any results are either communicated via post or during a follow-up outpatient clinic appointment.

#### Governance and Audit:

Safety incidents in this area include:

- Wrong site surgery
- Incorrect tooth extraction
- Empty or mislabelled specimen pots
- Sharps injuries
- 

All incidents must be reported on Datix. Incidents will be handled and reported in line with the usual Trust 'Incident and Accident Reporting Policy'.

All clinical incidents will be reviewed at the CMG monthly Quality and Safety board and at the quarterly Maxillofacial Morbidity and Mortality meetings.

Compliance with this SOP will be monitored by audit on an annual basis.

[To submit monthly Safe Surgery Audit and WHOBARs assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)


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#### Training:

Staff will be trained in this SOP by discussion in Mortality and Morbidity meetings, one-to-one discussions, and during teaching sessions.

#### Documentation:

#### References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Sharps Management Policy B8/2013

UHL Incident and Accident Reporting Policy A10/2002

UHL Consent to Treatment or Examination Policy A16/2002

UHL Delegated Consent Policy B10/2013

UHL Patient Identification Band Policy B43/2007

UHL Guideline: Anticoagulation management (“bridging”) at the time of elective surgery and invasive procedures (adult) B30/2016

Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](http://www.gmc-uk.org)

UHL Aseptic Non-Touch Technique Guideline B20/2013

COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)


COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)

END




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**Appendix 1: UHL Safer Surgery Maxillofacial Outpatients' Department Checklist**



**University Hospitals of Leicester**  
NHS Trust



Intended procedure: \_\_\_\_\_  
Date: \_\_\_\_\_

**Safer Surgery Checklist**  
**Maxillofacial**  
**Outpatients' Department**

**STOP THE LINE**

*Patient ID Label or write name and number*

Hospital No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_  
Telephone No. 1: \_\_\_\_\_  
Telephone No. 2: \_\_\_\_\_

**The checklist MUST be used for each (elective or emergency) Procedure/Treatment performed outside of the main operating theatres**

TEAM BRIEF	SIGN IN & TIME OUT	SIGN OUT	
<p><b>The Surgeon/Dental Nurse checks and confirms (tick):</b></p> <p><input type="checkbox"/> The procedure/treatment plan is documented in the medical notes</p> <p><input type="checkbox"/> All equipment (including medications) functioning and safe</p> <p><input type="checkbox"/> Swabs/sharps count recorded</p> <p><input type="checkbox"/> Has sterility of the instruments been confirmed</p> <p><input type="checkbox"/> Instrument set is complete (state missing items below):</p> <p>All members of the team have discussed care plan and addressed concerns</p> <p>Bipolar leads required <input type="checkbox"/></p> <p>INR _____ N/A <input type="checkbox"/></p> <p>Notes: _____</p>	<p><b>The Surgeon must check and confirm with the patient and with the Dental Nurse (tick):</b></p> <p><input type="checkbox"/> The patient's name/S Number/Date of Birth</p> <p><input type="checkbox"/> What the procedure, site and position are planned</p> <p><input type="checkbox"/> If appropriate, is the surgical site marked (exclude marking intra oral lesions/teeth)</p> <p><input type="checkbox"/> Valid consent form/digital consent matches identity and expected procedure</p> <p>Can you demonstrate correct patient and correct side on displayed imaging? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p style="background-color: #f8d7da;"><b>Known allergies:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Antibiotic prophylaxis given Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Notes: _____</p>	<p><b>The Surgeon/Dental Nurse checks and confirms (tick):</b></p> <p><input type="checkbox"/> What procedure have you performed and is it correctly recorded in the medical notes</p> <p><input type="checkbox"/> Swabs/sharps count correct and recorded</p> <p><input type="checkbox"/> All equipment is accounted for</p> <p>Any equipment faults are reported</p> <p>The specimens have been labelled and checked by both Surgeon and Dental Nurse Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Has it been confirmed that instruments, swabs and sharps counts are complete <input type="checkbox"/></p> <p>Post-operative information leaflets are given <input type="checkbox"/></p> <p>Issues for list debrief noted: _____</p>	<p>Procedure notes: _____</p>
INTRA-OPERATIVE PAUSES			
<p>Pause before extraction: STOP 1 <input type="checkbox"/> STOP 2 <input type="checkbox"/></p>			
<p>Signature (Surgeon): _____</p> <p>Print Name: _____</p>	<p>Signature (Dental Nurse): _____</p>	<p>Signature (Surgeon): _____</p> <p>The use of this checklist is mandatory. Its use will be audited at regular intervals.</p>	

(623 14166KR) Based on the WHO Surgical Safety Checklist, URL <http://www.who.int/patientsafety/safesurgery/en>, © World Health Organization 2008 All rights reserved.

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**Appendix 2: Patient Information Leaflet for Maxillofacial Outpatients' Department** Available at:

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