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Extraction Rates.

I do not use head gear and have not for many years because of the risks. In particular that of causing blindness Booth-Mason S, Birnie D (1988) Penetrating Eye injury. Russell H.A. Samuells and Malcolm L. Jones (1994). The Paradox is therefore that I also have a low extraction rate. Patients are often offered either Head gear or extractions.

I have a low premolar extraction rate and low extraction rate overall.

Extraction of sixes sevens and canines

	2004		**2006**		**2010**	
Sample	974		2230		210	
4x4					2	0.90%
Sixes	13	1.40%	35	1.56%	7	3.30%
Sevens	13	1.40%	25	1.12%	7	3.30%
canines	1	0.10%	4	0.20%	1	0.50%

In addition I also advise all patients at the outset that they have two other choices.

1. No treatment. Simply monitor with study models and photographs and review.
2. Retention only. To maintain the occlusion.

   All retention is given with the advice that it should be lifelong in line with Little's extensive research. This is warned at the first consultation, when the retainers are fitted and when compliance is poor.

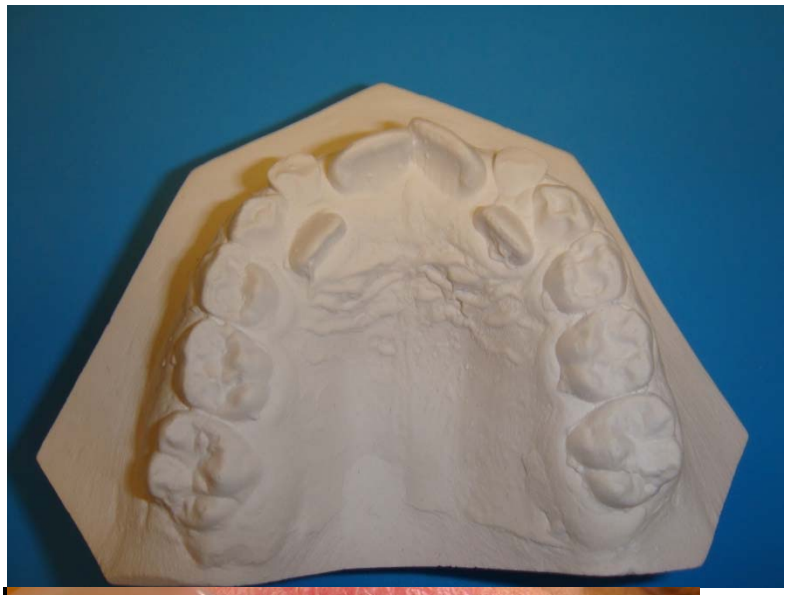
“The argument about extractions has been unresolved for more than 100 years. Indeed Edward Hartley Angle opened the first Orthodontic congress in 1901 and in discussing extractions described the extraction of teeth as:-

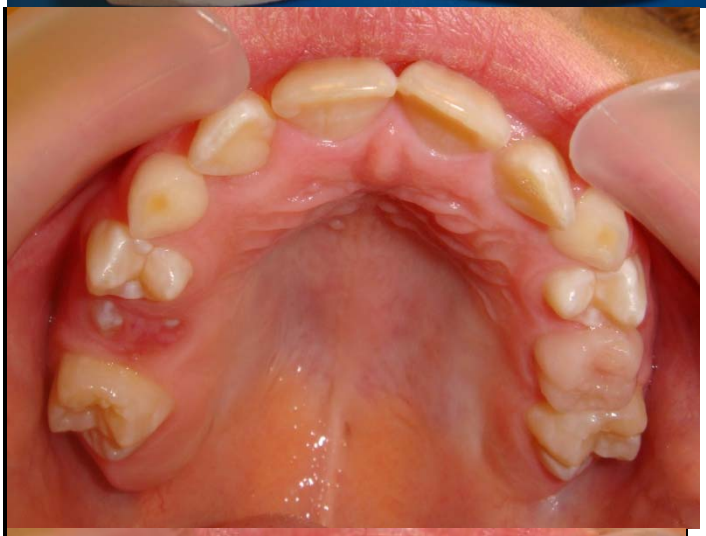
“Pernicious rarely wise and alas far too often resorted to by those who should resort to less harmful, far wiser, and more effectual and scientific plans of treatment”.

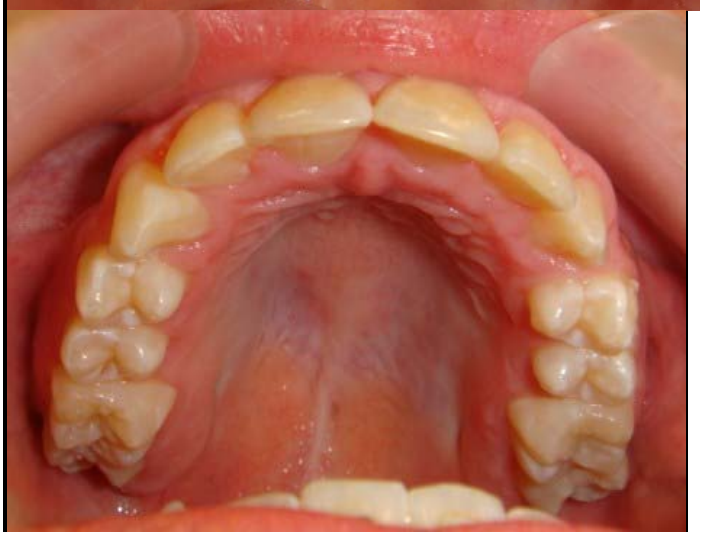
Melsen and other authors reported the following:-

1. ” Interestingly, a considerable variety of opinion concerning what constitutes “good orthodontics” has characterized our profession since its beginnings. No consensus exists today and some opinions even appear to be mutually exclusive. This disparate value system revolves around perceptions of quality and usefulness of procedures from the clinician’s perspective. Disagreements are the rule rather than the exception.”[37] Melsen Birte Current Controversies in Orthodontics. Quintessence 1991.”

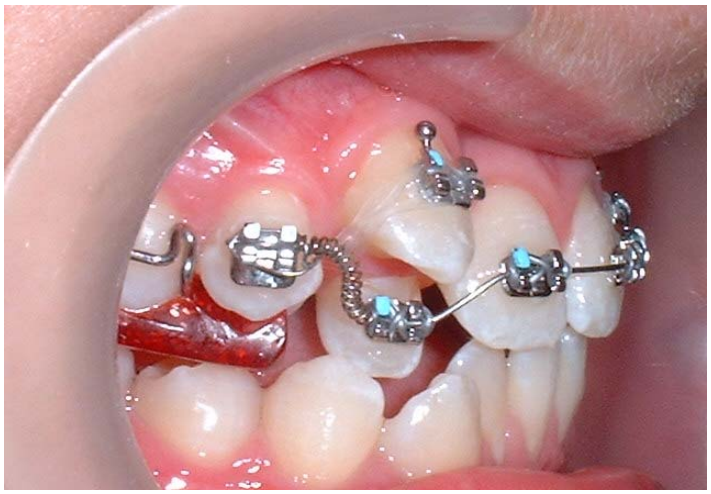
The patient below had been told they required extractions.
They were treated without extractions.

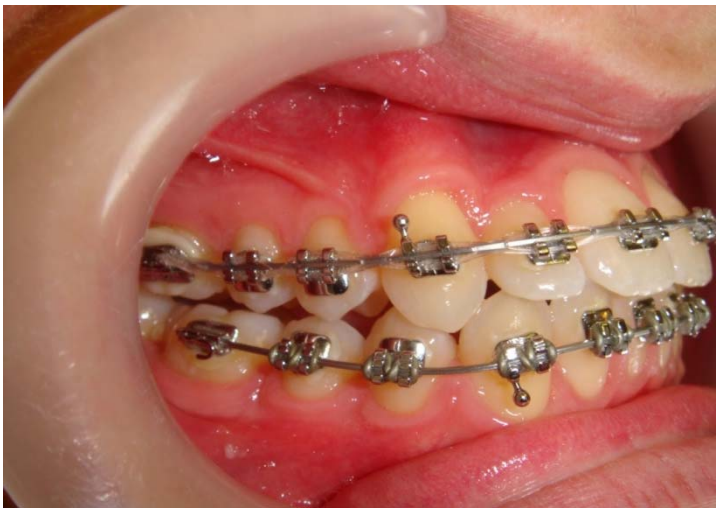






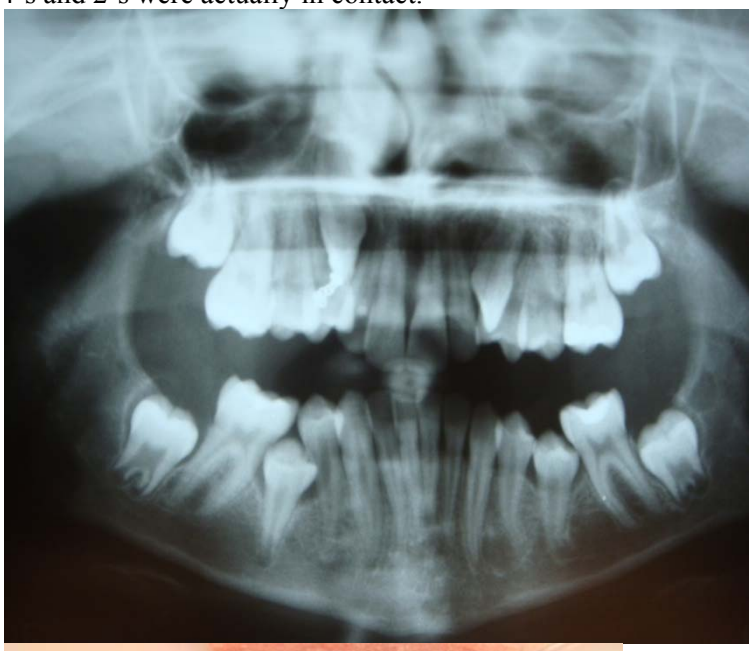
This patient had also been told they required premolar extractions. They were treated without premolar extractions.

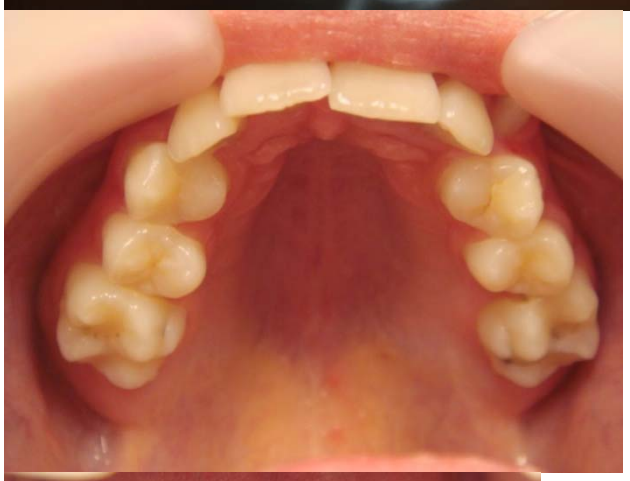
. 

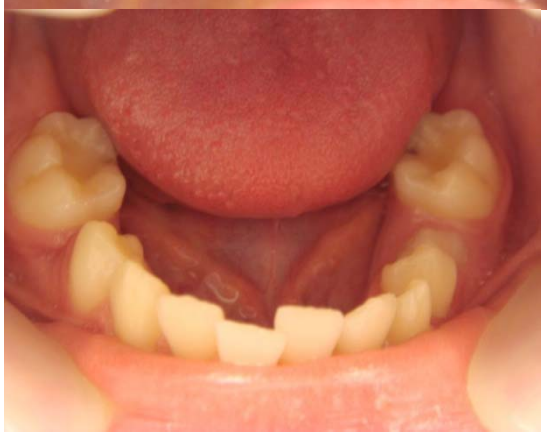


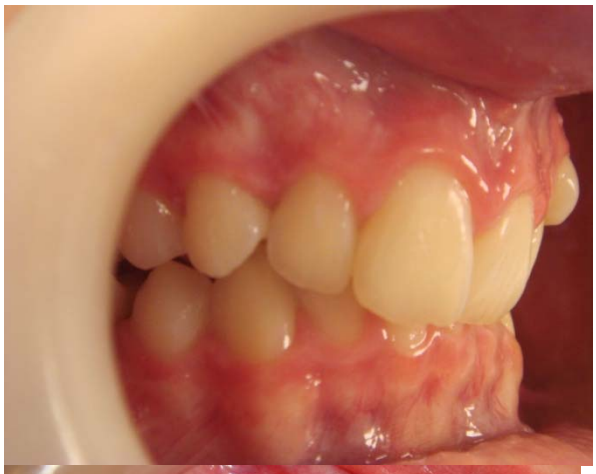
All of the above patietns completed treatment without premolar extractions or headgear.

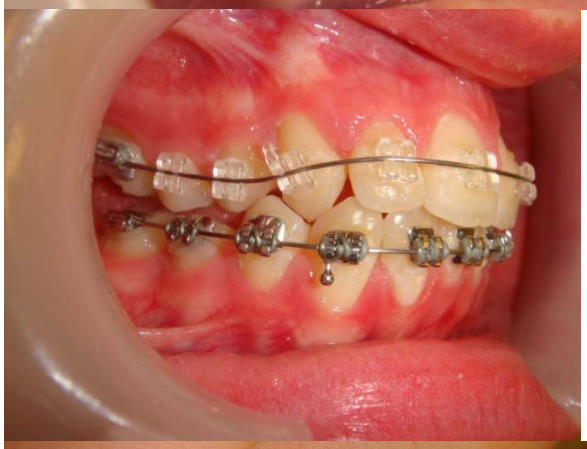
The patient below had severe crowding of both upper canines and the lower right 5. The upper 4's and 2's were actually in contact.

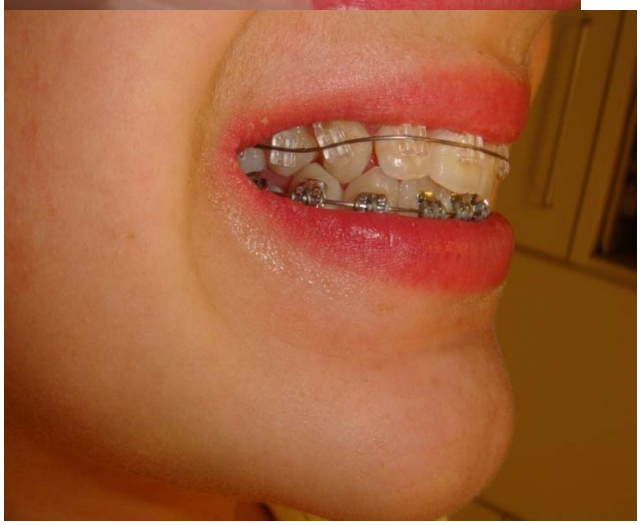












The Patient was treated without head gear and without premolar extractions.
All of the above simply demonstrates that Orthodontists use various treatment plans. There is no Universally accepted treatment plan for any given patient. I do beleive that too many premolar teeth are extracted and adopt a more conservative approach to many colleagues.

I attempt to get all of my patients completed within 2 years, without the use of headgear, without the need for premolar extractions. I aim to have an Aesthetic result with a normal Overjet and Overbite and the canines Class I. This applies to all patients regardless of presenting malocclusion, skeletal pattern, growth or patient compliance. I do not always achieve this. Even when I do I have no idea how long a case should be retained.