



**PROJETO SORRIR
PROTOCOLOS
MÓDULO: CIRURGIA**

Nome Procedimento	Exodontia de terceiros molares
Descrição do procedimento	Remoção do terceiro molar erupcionado, incluso, semi incluso ou impactado.
Indicações (erupcionados, inclusos, semi-inclusos ou impactados)	Cistos e Tumores odontogênicos (patologias ósseas) Reabsorção dente adjacente Pericoronarite recorrente (histórico em sistema) Interferência em cirurgia de reconstrução ou cirurgia ortognática Reabsorção interna/externa Dente em traço de fratura mandibular, dificultando ou impedindo sua redução Dentes acometidos por lesões patológicas a serem enucleadas Infecção aguda/crônica Remoção profilática - problemas sistêmicos (transplante de órgãos, implantes aloplásticos, quimio e radioterapia) Controle ou limitação da doença periodontal Posição ectópica (extrusão, inclinações) Anormalidades de tamanho ou forma Dor Paciente recusou opção por tratamento não-cirúrgico
Contra-Indicação (erupcionados, inclusos, semi-inclusos ou impactados)	Dentes assintomáticos, que não apresente nenhuma condição citada no item "Indicações" Dente erupcionado, funcional, livre de doenças e bem posicionado. Condição sistêmica Pré- existente Pericoronarite isolada Alto risco de danos a estruturas anatômicas importantes Após radioterapia de cabeça e pescoço Bifosfonatos Idade Paciente optou por tratamento conservador após orientação
	Cárie não restaurável Lesões endodônticas não tratáveis Periodontite não tratável

Indicações (erupcionados)	Fratura coronária/radicular Finalidade protética/ortodôntica Extrusão Ausência de antagonista Condição sistêmica pré-existente	
Contra - Indicações (erupcionados)	Pericoronarite recorrente Reabsorção externa da raiz do dente adjacente Cárie na distal do 2º molar Finalidade de transplante	
Indicações (semi-erupcionados)	Cárie não restaurável Lesões endodônticas não tratáveis Periodontite não tratável Pericoronarite recorrente Reabsorção externa da raiz do dente adjacente	
Contra - Indicações (semi-erupcionados)	Extrusão Ausência de antagonista Finalidade de transplante	
Caráter da Indicação	Eletiva SIM	Urgência NAO
Exames da Indicação	RX periapical (exodontia simples) RX panorâmica (incluso/impactado)	
Códigos TUSS	Descrição	
82.001.286	Remoção de dentes inclusos / impactados	
82.001.294	Remoção de dentes semi-inclusos / impactados	
Materiais Especiais	NÃO	
Rastreabilidade	Sim	
Observações	Fica à critério da Operadora a adoção de pré autorização para o Protocolo. Neste caso, a sugestão é que o Prestador envie para a OPS GTO preenchida, imagem RX e Anamnese para análise (fatores de risco para cirurgia).	
Comentários		

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