



S I G N

**PROPOSED REVIEW OF SIGN GUIDELINE 2005  
CONSULTATION FORM**

Title of guideline	SIGN 43: Management of unerupted and impacted third molar teeth
Date of publication	2000
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text  Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE. <b>Individual studies:</b> Embase and Medline. Date of publication - 2005.
SIGN scoping search - summary	<b>Guidelines – 1</b> <b>HTAs – 0</b> <b>Cochrane reviews – 1</b> <b>Other good quality systematic reviews – 0</b> <b>Individual RCTs – 0</b> major studies in last 2 years  <i>Clinical Evidence</i> comments on the difficulty of conducting trials in this area, and cites the current SIGN guideline as the only one available on this topic while noting that it is based on non-RCT evidence.
Other guidelines/HTAs	▪ <b>National Institute for Clinical Excellence.</b> Guidance on the removal of wisdom teeth. London:NICE;2000
Main conclusions from new evidence <i>current guideline content given in italics</i>	▪ No evidence to support or refute routine prophylactic removal of asymptomatic impacted wisdom teeth. Prophylactic removal of impacted third molars to reduce crowding in adolescents is not justified. <i>Prophylactic removal is only recommended in the presence of certain medical conditions (C).</i>
New areas that could be added to the guideline	▪ none
Summary of the recommendations that could be updated	▪ none
<b>Results of consultation</b>	
Contributions from:	<ul style="list-style-type: none"> <li>▪ General dental practitioner</li> <li>▪ Consultant oral and maxillofacial surgeon x 2</li> <li>▪ Specialist librarian</li> <li>▪ Paediatric endocrinologist</li> </ul>
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
Yes – 5	acts as a reminder for all clinicians and especially for young dentists entering general practice
1(b) If no, should the guideline be withdrawn?	
2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	
	<ul style="list-style-type: none"> <li>▪ <b>No -3</b></li> <li>▪ Long-term review of the retention of 3rd molar should be undertaken – for difficulties with their late removal,</li> </ul>

and morbidity – are we creating a new problem – balanced against risk of early removal morbidity

- There is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time (unequivocal).
- **Yes – 1** – given that 5 years have elapsed since publication, then revision is indicated, but doubt there will be significant change.
- Not qualified to give clinical judgement

2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?

On the basis of current evidence – yes.

3 Please list any additions to the remit of the guideline that you think would be beneficial

- Is it possible to do a cost-benefit analysis
- Prospective studies of age cohorts looking at retention of third molars – their removal and morbidity

4 Please tick your preferred option for reviewing this guideline

a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time

3

b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed

2

c. the entire guideline should be reviewed