Dental surgery

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**References:** [Dental](https://linkinghub.elsevier.com/retrieve/pii/S1472029911001214)  
**Summary or mindmap:**  
<https://frcamindmaps.org/mindmaps/patientconditions1/dentalga/dentalga.html>  
<https://frcamindmaps.org/mindmaps/guidelines/paediatricdental/paediatricdental.html>

# Dentistry anaesthesia

* **Indications for GA**
  + Where the dentistry is likely to be extensive, and unsuitable for an awake patient with difficult surgical extractions
  + For small children who may not tolerate dental surgery under local anaesthesia
  + Allergy to local anaesthetics (rare)
  + Patients with mental disabilities that make it difficult for them to cooperate with surgery
  + Acute inflammation so that the local anaesthetic may not be effective because of local change in pH
  + Patients with medical conditions making awake dental surgery difficult, such as extreme gag reflexes, or inability to maintain adequate mouth opening
* **Premed**
  + Generally not required
  + EMLA and BZD (midaz)
* **Induction**
  + Sevo for children with basic monitors and IVL post induction
  + IV or gas for older individuals
* **Airway**
  + Liaise with surgeon
  + Normally in small children induce let them pull teeth and then recover, dental mask (Goldman/Mckeeson) may be used
  + The surgeon inserts a gauze pack from one buccal sulcus to the other in order to prevent too much mouth breathing and aspiration of tooth fragments
  + The possibility of losing the airway is great. In addition, the operating position is controversial.
  + Traditionally, patients sat upright in the dental chair, but the sitting position has gradually become less common for dental surgery under general anaesthetic. Now only slightly head up
  + The nasal mask is still used by some dental anaesthetists, and one of the newer transparent neonatal masks
  + In adult dental surgery, a laryngeal mask or endotracheal intubation is necessary, depending on the nature and extent of surgery. Intubation with an oral south-facing tube while easier, is likely to make access difficult for the dental surgeon. Therefore, nasal intubation is the preferred method, with or without the use of a throat
* **PONV**
  + Anti-emetics and dexamethasone should be considered to prevent postoperative nausea and vomiting, and swelling at the site of surgery
* **Recovery**
  + Tooth sockets continue to bleed after dental extraction, especially in the presence of infection. Initially, children are best nursed flat on their side so that their head tips down
  + A study of deaths related to dental anaesthesia found that more than half occurred in recovery
  + These are difficult patients to recover, and they should be looked after by an experienced nurse. In adults, recovery should be in the head up position, where airway suction and maintenance are easier. Extubation should be with the patient almost awake, after full reversal of muscle relaxation, where the presence of blood makes soiling of the airway more likely, and laryngospasm a real risk after removal of the endotracheal tube
* **Analgesia**
  + Local infiltration of LA
  + Paracetamol 20mg/kg
  + NSAID