Avulsion

Patient presents with an avulsed tooth (closed apex) stored in milk, saline or hanks salt solution

Clean and soak tooth in saline to remove dead cells from root surface

Administer local anaesthesia

Irrigate socket with saline

Reposition any socket fracture with suitable instrument

Using gentle pressure replant tooth

Suture any gingival lacerations

After examining clinically take a radiograph to ensure normal position of replanted tooth

Apply flexible splint for 2 weeks

Prescribe systemic antibiotics. If tooth came in to contact with soil-Refer to GP for tetanus booster

After 7-10 days start root canal

2 weeks follow up- remove splint, clinical and radiographic control

Clinical and radiographic control after 1,3,6,12 months then annually

If the tooth has been out of the mouth for **over 60 mins**- remove attached non-viable soft tissue with GUAZE and consider carrying out any root treatment PRIOR to reimplantation (warn of ankylosis). Follow the same steps.

OPEN APEX/IMMATURE ROOT: follow the exact same steps but, avoid root canal therapy unless there is clinical or radiographic evidence of pulp necrosis. The aim is to aid revascularization of the pulp space.

POST OPERATIVE ADVICE: Avoid contact sports and soft diet for 2 weeks, brush teeth after every meal with a soft toothbrush, use chlorhexidine 0.1% twice a day for 7 days.

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Over 12: Tetracycline – Doxycycline 2x a day for 7days (check age and weight). Under 12: Penicillin – Amoxicillin (age and weight.)

Place calcium hydroxide for 4 weeks as intracanal medicament then complete root canal filling. Alternatively, immediately after reimplantation place antibiotic cortico-steroid paste for 2 weeks then complete RCT.



Drawings by Dr Pippasha Khan (BDS)