Management of Dry Socket

Use this information to assess the Check the medical history and patient's risk for dry socket. any relevant dental history **Risk factors:** Smoking Alcohol Immunocomporomised Signs and Symptoms: Pain (may spread · Oral contraceptive to ear depending on location) 24-48 Mandibular teeth hours post extraction, inflamed non-· Posterior teeth healing socket, lost blood-clot, trapped · Previous dry socket food debris or bad taste/odour. · Poor compliance with postoperative instructions · Traumatic extraction If uncertain take radiograph to exclude foreign body Check for lymphadenopathy, pyrexia and extra-oral asymmetry which could indicate a spreading infection (antibiotics may be necessary, see page 12). Confirmed diagnosis of dry socket This could be fractured roots or fillings left behind. Curettage the socket Previously chlorhexidine but now Irrigate with saline and instruct targeted OH avoided due to risk of allergy. Pack the socket with a eugenol-Alvogyl is commonly used which contains: based dressing (Fig 2.2) butamben, iodoform, eugenol. Advise good oral hygiene and smoking cessation if applicable Review patient after 1 week