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1)  
Q:- Enumerate the instruments used during extraction process.

Ans: Surgical Instruments

Following are the instruments use in extraction process.

→ Examination Instruments:

- ① Mouth mirror
- ② Cotton Pliers
- ③ Probe

→ Elevators:

- o Straight elevators
- o Angular
- o Cross bar
- o Crails
- o Periosteal elevator

→ Forceps:

- o Maxillary
- o Mandibular
- o Cow horn
- o Maxillary extraoral muscle forceps are straight and posterior forceps are and while mandibular all are angular.

2)

Anesthesia Syringe Cartridge  
Block needle (long)  
Infiltration need (short)

- \* Scalpel
- \* Surgical blades
- \* Hemostats.
- \* Bone file
- \* Bone Rongeur
- \* Bone chisel and Mallet
  
- \* Saliva ejection tip
- \* Needle holder
- \* Suture
- \* Tissue Scissors
- \* Disposable Syringe

2)

Q:- Define local anesthesia.  
Also write in detail  
about the six constituents  
of local anesthesia.

Ans:- Local anesthetic agents.  
Lidocaine hydrochloride 2%.  
is most commonly used local



3)

anesthetic agent.

→ Uses:

Conduct block.

→ Vasopressors:

Adrenaline is used for  
Vasopressor in local  
anesthesia.

→ Uses:

Delays absorption of  
LA from the site. Provide  
blood less field. Prolong  
the actions. Reduce the  
systemic toxicity.

→ Reducing agent:

Sodium  
metabisulphite is used to  
prevent the oxidation of  
the vasopressor.

→ Preservatives:

Methylparaben

It increases the shelf of  
the anesthesia solution acts  
as a bacteriostatic agent.

4)  
→ Fungicide: Thymol is used as Fungicide.

→ Vehicle: modified Ringer's solution or distilled water is used as vehicle. It provides the volume of the solution and act as diluent.

②  
Q: Enumerate all extraction complications. Write about soft tissue injuries in detail.

Ans: Complications:

- o Soft tissue injuries
- o Problem with the tooth being extracted.
- o Injuries to the adjacent tooth.
- o Injuries to osseous structure



- o Otorrhinal bleeding
- o Post operative bleeding
- o Delayed healing and infection
- o Injuries of the mandible.

## 1. Soft Tissue Injuries.

→ Causes:

- o Surgeon's lack of adequate attention to the delicate nature of the mucosa.
- o Attempts to do surgery with inadequate access.
- \* Rushing during surgery.
- \* use of excess and uncontrolled forces.

→ Soft tissue injuries occur in the form of:

- A Tear of a mucosal flap
- B Puncture wounds.
- C Stretch or abrasion.

→ A. Tear of a Flap.

6)

The most common soft tissue injury during oral surgery.

→ Causes:

Inadequately sized envelop flap  
↓

Forcibly retraction beyond the ability of the tissue to stretch (to gain needed surgical access).

→ Preventions:

1) Creating adequately sized to prevent excess tension on the flap

2) Using controlled amount of retraction forces on the flap

3) Creating releasing incisions when indicated.

→ Management:

o Carefully repositioned once the surgery is completed.

o Excise the edges of torn flap to create a smooth flap margin.



## B. Puncture Wound.

→ Causes :

→ Due to uncontrolled force during using the instruments such as straight elevator or a periosteal elevator which may slip from the surgical field and puncture or tear into adjacent soft tissue.

→ Prevention :

- 1) use of controlled forces.
- 2) using finger rests.
- 3) Support from the oppos hand if slippage is anticipated.

4) Management :

- Primary aim is prevention of infections and allowing healing to occur.
- If wound bleeds excessively hemostasis left open unsutured healing by secondary



8)

intension.

→ C. Stretch or Abrasion.

→ Common Sites.

Lips. Corners of the mouth.

→ Causes:

◦ Abrasion or burn from the rotating Shank of the bur rubbing on soft tissue

◦ Metal retractor coming into contact with the soft tissues.

→ Prevention:

Surgeon should focus on the cutting end of bur as well as the location of Shank and Shaft in relation to the soft tissue.

→ Management:

◦ Clean the area with regular oral rinsing.

◦ usually such wound heal in 4-7

days with out scaring.

- o If such abrasion or burn does develop on skin advised to keep it moist with antibiotic

4) ointment (5-10) days.

Q:- Define an impacted tooth.

What are the causes of tooth impaction?

Ans:- An impacted tooth is one that fails to erupt into the dental arch within the expected time.

- o They are retained for the patient's lifetime unless surgically removed.
- o Irregularity in the position and pressure of an adjacent tooth.
- o Density of the overlying or surrounding bone.
- o chronic space due to under developed jaws.



10)

inflammation with resultant fibrosis of the overlying mucosa.

- Lack of space due to under developed jaws, undue over retention of the deciduous teeth.

- Inflammatory changes in the bone due to disease in children, like, chicken pox, Parotitis.

- Heredity

- Malnutrition.

- Endocrine dysfunctions

- Disease of jaw and surrounding tissue.

5) Q: Write in detail about 3 techniques of administration of local anesthesia.

Ans: Local Infiltration:

- Small terminal nerve endings in the area of surgery are flooded with LA solution



(10)

rendering them insensitive to pain in this method, insertion is made through the same area in which the solution has been deposited.

- This technique is usually successful for treatment of mandibular deciduous canines incisors even in nitars.

### → FIELD Blocks:

- Here the LA solution is deposited in proximity to the large terminal nerve branches so that area to be anesthesia is circumscribed to prevent the central passage of afferent impulse.
- Maxillary injections administered above the apex of the tooth can be termed field blocks.

## NERVE BLOCK.

Method of securing local analgesia in which suitable local anaesthetic solution is deposited within close proximity to main nerve trunk. Thus preventing nerve impulses from travelling centrally beyond that point.