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paper

Maxillofacial Surgery

Q No 1 Enumerate the instruments used during extraction process ?

- Ans:-
- (A) Dental elevators
 - (B) upper straight forceps
 - (C) upper premolar forceps
 - (D) upper molar forceps
 - (E) Bayonet forceps upper 3rd molar
 - (F) Bayonet forceps upper retained roots

⇒ Lower forceps
pre-molar forceps
Molar forceps

② Dental Elevators

- (A) straight elevators
- (B) Couplands chisel elevator
- (C) Apexo elevators
- (D) Cryer's elevators
- (E) Cross bar handle elevator
- (F) Wex-wick James elevator

③ Bite blocks

④ Suction tips

⑤ Tissue retractors

⑥ Periosteal elevators

- 7) Needle holder
- 8) Suture
- 9) Tissue forceps
- 10) Cassettes

Q No 2: Define local anesthesia. Also write in detail about the six constituents of local anesthesia.

Ans: DEFINITION:

Transient loss of sensation in a circumscribed area of the body caused by a depression of excitation in nerve endings or an inhibition of the conduction process in peripheral nerves.

CONSTITUENTS:

1. Local anesthetic agent
2. Vasoconstrictors
3. Reducing agents
4. Preservatives
5. Fungicide
6. Vehicle.

• Local anesthetic agent:

Lignocaine hydrochloride 2% is most commonly used local anesthetic agent.

Uses: Conduction block.

• Vasoconstrictors:

Adrenaline is used for vasoconstrictors in local anesthesia

Uses:

Delays absorption of LA from the site.

provides blood less field. Prolongs the actions. Reduce the systemic toxicity.

• Reducing agent:

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

• Preservatives:

Methylparaben

It increases the shelf life of the anesthetic solution.

Acts as a bacteriostatic agent.

• Fungicide:

Thymol is used as fungicide.

• Vehicle:

Modified ringer's solution or distilled water is used as vehicle.

It produces the volume of the solution and act as diluent.

Q No:- 3 Enumerate all extraction complications.
Write about soft tissue injuries in detail.

Ans:- ⇒ Extraction complication:-

- ① Soft tissue injuries
- ② Problem with the tooth being extracted.
- ③ Injuries to the adjacent tooth.
- ④ Injuries to the osseous structure.
- ⑤ Oroantral Communication
- ⑥ Post operative bleeding
- ⑦ Delayed healing and infection
- ⑧ Injuries of the mandible.

⇒ Soft tissue injuries:-

① Causes:-

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

Soft tissue injuries occurs in the form of:

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

⇒ 11. Tear of a Flap

- The most common soft tissue injury during oral surgery.

• Cause:-

Inadequately sized envelop flap



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



Tearing

⇒ Prevention:-

- ① Creating adequately sized flap to prevent excess tension on the flap.
- ② Using controlled amounts of retraction forces on the flap.
- ③ Creating releasing incisions when indicated.

⇒ Management:-

- Carefully repositioned once the surgery is completed.
- Excise the edges of torn flap to create a smooth flap margin.

Q No 4: Define an impacted tooth what are the cause of tooth impaction?

Ans: Define:

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

They are retained for the Patients life time unless surgically removed.

=> Cause and tooth impaction:-

=> Pathological Theory:

① chronic infections affecting an individual may bring the condensation of osseous tissue further preventing the growth and development of the jaw.

=> Endocrinal theory:

increase or decrease in growth hormone secretion may affect the size of the jaws.

① obstruction for eruption

② Lack of space ③ Ankylosis of Primary or permanent tooth

④ Non absorbing, over retained ⑤ Nonabsorbing alveolar bone ⑥ Ectopic position of tooth bud

⑦ Dilaceration of roots ⑧ soft tissue or bony lesions - fibrosis

⑨ Habits.

Q No 5 :-

Techniques of administration:

1) Local Infiltration :-

Small terminal nerve endings in the area of surgery are flooded with LA solution rendering them insensitive to pain. In this method incision 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 and even in molars.

2) Field Block :-

Here the LA solution is deposited in proximity to the large terminal nerve branches so that the area to be anesthetized is circumscribed to prevent the central passage of afferent impulse.

Maxillary injections administered above the apex of the tooth can be termed field blocks.

(3)

NERVE Block :-

Method of securing local analgesia in which suitable local anesthetic solution is deposited with in close proximity to the main nerve trunk, thus preventing nerve impulses from travelling centrally beyond that point.