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SUBJECT = MAXILLOFACIAL SURGORY

PROGRAMME = BS DENTAL TECHNOLOGY (6TH SEMESTER)

QNO 2:

ANSWER:

LOCAL ANESTHESIA:

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

CONSTITUENTS:

- 1) Local anesthetic agent
- 2) Vasoconstrictor
- 3) Reducing agent
- 4) Preservatives
- 5) Fungicides
- 6) Vehicle

LOCAL ANESTHETIC AGENT:

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

USES: conduction block.

VASOCONSTRICTORS:

Adrenaline is used for vasoconstriction in local anesthesia.

USES: delay 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 vasoconstrictor

PRESERVATIVES:

Methylparaben

It increase the shelf life of the anesthetic solution act is a bacteriostatic agent.

FUNGICIDE:

Thymol is used as fungicide.

VEHICLE:

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

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

QNO 5:

ANSWER:

TECHNIQUES OF ADMINISTRATION:

1) LOCAL INFILTRATION

Small terminal nerve ending in the area of surgery are flooded with LA solution 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 and even in molar.

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 injection 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 within close proximity to the main nerve trunk, thus preventing nerve impulses from travelling centrally beyond that point.

QNO 4):

ANSWER:

IMPACTED TOOTH:

An impacted tooth is a tooth that is positioned against another tooth, bone, or soft tissue. The positioning of the tooth makes it unlikely to fully erupt through the gums to reach its normal position in the mouth.

CAUSES OF TOOTH IMPACTION:

- Teeth may become impacted because of adjacent teeth
- Density of the overlying or surrounding bone
- Excessive soft tissue or genetic abnormality
- The cause may be overcrowding
- Other teeth may also become twisted, tilted, or displaced as the new teeth try to emerge
- Lack of space due to under developed jaws. Unduly over retention of the deciduous teeth
- Chronic inflammation with resultant fibrosis of the overlying mucosa

QNO 3)

ANSWEER:

EXTRACTION COMPLICATION:

- Soft tissue injuries
- Problem with the tooth being extracted
- Injuries to the adjacent tooth
- Un control bleeding
- Dry socket
- Injuries to the osseous structure
- Oroantral communication
- Post operative bleeding
- Delayed healing and infection
- Injuries of the mandible

SOFT TISSUE INJURIES:

CAUSES

Surgeon lack of adequate attention to the delicate nature of the mucosa

Attempts to do surgery with inadequate access.

Rushing during surgery.

Use of access and uncontrolled force.

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:

The most common soft tissue injuries 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 access tension on the flap
- 2) Using controlled amount of retraction forces on the flap.
- 3) Creating releasing incision when indicated

MANAGEMENT:

Carefully repositioned once the surgery is completed

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

B) PUNCTURE WOUNDS:

CAUSE

Due to uncontrolled forces during using the instrument such as straight elevator or a periosteal elevator which may slip from the surgical field and puncture or tear into adjacent soft tissues.

PREVENTION

- 1) Use of controlled forces
- 2) Using finger rests
- 3) Support from the opposite hand if slippage is anticipated

MANAGEMENT

Primary aim is prevention of infection and allowing healing to occur

C) STRETCH OR ABRASSION:**COMMON SITES**

Lips, corners of the mouth

CAUSES

Abrasion or burns from the rotating shank of the bur rubbing on soft tissue

Metal retractor coming into contact with the soft tissue

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 wounds heal in 4-7 days without scarring

QNO 1)

ANSWER:

INSTRUMENT USED DURING EXTRACTION

EXAMINATION INSTRUMENT

- Mouth mirror
- Dental explorer
- Cotton plier or tweezar

LOCAL ANESTHESIA INSTRUMENT

- Anesthetic syring
- Needle
- Cortrrage

EXTRACTION INSTRUMENT

- Saliva ejector tip
- Sterile guaze
- Elevator
- Straight elevator
- Cross bar
- Periosteal elevator
- Surgical curette
- Hemostate
- Extraction forceps
- Maxillary extraction forcep
- Maxillary anterior forcep.

