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Q(1)

⇒ Instruments used during extraction: -

 There are the following instruments used during extraction.

⇒ Examination instruments:

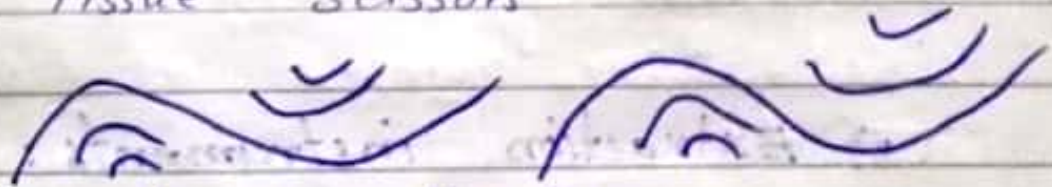
- mouth mirror
- probe
- cotton plier

⇒ Extraction instruments:

- Saliva ejector tip
- ~~suction~~ suction
- Local anesthesia syringe
- sterile gauze
- Needles
- cartridges
- periosteal elevators
- straight elevators
- Surgical ~~elevators~~ curette
- Hemostat
- Surgical forceps
- maxillary posterior forceps
- maxillary anterior forceps
- mandibular posterior forceps

(2)

- mandibular anterior forceps
- Deciduous forceps
- Needle Holders
- Sutures
- Scalpel
- Rongeurs
- Bone chisel
- Bone file
- Tissue scissors



Q(2) Local anesthesia:

Local anesthesia is defined as a loss of sensation in a circumscribed area of the body caused by depression of excitation in nerve endings or an inhibition of the conduction process in peripheral nerves. The local anesthetics are caused the reversible loss of sensation. Commonly used these anesthetic such as cocaine, Lidocaine, Tetracaine etc.

(3)

⇒ Six constituents of Local anesthesia :-

The six constituents of local anesthesia are the following.

(i) Local anesthetic agents :

The most commonly used local anesthetic agent are lignocaine hydrochloride 2%.

The 2% of lignocaine mean 2mg in 100 ml.

⇒ Procain, Butacaine, Lidocaine is also used local anesthetics

⇒ Uses :-

These anesthetics are block the nerves conduction.

(ii) Vasoconstrictors :

Adrenaline a agent that use for vasoconstriction.

Adrenaline in the concentration of 1:50000 to 1:20000 is commonly used.

1:20000 means 1 gm in 20000ml.

(4)

⇒ Uses:

⇒ It delays the absorption of local anesthesia from the site.

⇒ It provides blood less field.

⇒ It reduces the systemic toxicity.

⇒ It prolongs the action of local anesthesia.

(3) Reducing agents:

The sodium metabisulphite is used to prevent the oxidation of the vasoconstrictor.

(4) Preservatives:

⇒ The methylparaben is a agent that increases the shelf life of the anesthetic ~~agents~~ solutions. It acts as a bacteriostatic agent.

(5) Fungicide:

⇒ Thymol is used as fungicide.

(6) Vehicle:

⇒ The distilled water is used as vehicle. It procedures the volume of the solution and acts as diluent.

Q(3) ⇒ Extraction complications:-

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

⇒ Soft tissue injuries:-

⇒ Causes:

The surgeon's lack of adequate attention to the delicate nature of the mucosa. Attempts to do surgery with inadequate access. The surgeon's rushing during surgery. Uses of excess and uncontrolled forces.

The soft tissue injuries occur in the form of,

(6)

A. Tear of a mucosal flap

B. puncture wounds

C. Stretch or abrasion

(A) ⇒ Tear of a mucosal flap:

≡ The most common soft tissue injury during oral surgery

⇒ Cause:

The inadequately sized envelop flap. Forcibly retraction beyond the ability of the tissue to stretch and tearing.

⇒ Prevention:

≡ Creating adequately sized flap to prevent excess tension on the flap. The using controlled amounts of retraction forces on the flap. Creating releasing incisions when indicated.

⇒ Management:

≡ Carefully repositioned one the surgery is completed. The excise the edges of & torn flap to create a smooth flap margin.

(B) Puncture wound:-

(7)

⇒ causes:

= The uncontrolled forces during using the instruments such as straight elevator or a periosteal elevator which slip from the surgical field and puncture the adjacent soft tissues

⇒ Prevention:

= mostly use of controlled forces and using finger rests. The support from the opposite hand if slippage is anticipated

⇒ management:

= The primary aim is that is prevention of infection and allowing healing occur. of wound bleeds excessively hemostasis left open unsutured. healing by secondary intention

(c) Stretch or Abrasion:

⇒ Common sites:

= Lips, corners of the mouth

⇒ causes:

(8)

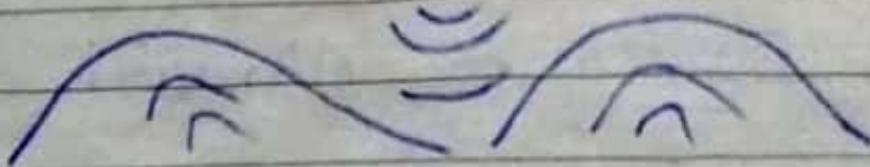
⇒ Abrasion from the rotating shank of the bur rubbing on soft tissue. metal retractor coming into contact with the soft tissue.

⇒ prevention:

≡ The surgeon should focus on the cutting end of bur as well as the location of shank and shaft in relation to the soft tissues.

⇒ management:

≡ Clean the area with oral rinsing. The usually wounds heal in 4-7 day with out scarring. If such abrasion or burn does develop on skin advised to keep it moist with antibiotic ointment.



(9)

Q(5) ⇒ Technique of local anesthesia:-

≡ Local anesthetics can block almost every nerve between the peripheral nerve endings and the central nervous system. The most peripheral technique is topical anesthesia to the skin or other body surface. Small and large peripheral nerves can be anesthetized individually peripheral nerve block or in anatomic nerve bundles.

⇒ Technique of administration of local anesthesia:-

≡ There are the following technique of administration of local anesthesia.

(1) Local infiltration:-

≡ The small terminal nerve endings in the area of surgery are flooded with local anesthesia 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 canine, incisors and even in molar.

(2) Field block :-

The local anaesthesia 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 aberrant impulse.

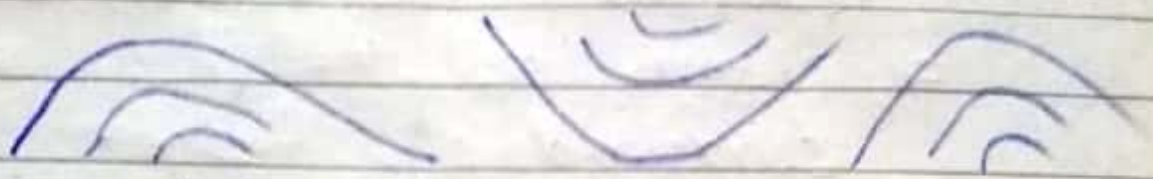
The maxillary injections administered above the apex of the tooth can be termed field block.

(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

(11)

nerve impulses from travelling centrally beyond that point.



Q(4) Impacted tooth:-

== It is the tooth that has failed to erupt completely or partially to its correct position in the dental arch and its eruption potential has been lost. They are retained for the patient's lifetime unless surgically removed.

== Causes:-

⇒ Irregular in the position and pressure of an adjacent tooth.

⇒ The density of the overlying or surrounding bone.

⇒ Chronic inflammation with resultant fibrosis of the overlying mucosa.

(121)

- ⇒ Lack of space due to under developed jaws. underly over retention of the deciduous teeth.
- ⇒ Diseases of the jaw and surrounding tissue.
- ⇒ Obstruction for eruption
- ⇒ Lack of space
- ⇒ Ankylosis of primary or permanent tooth
- ⇒ Nonabsorbing over retained tooth.
- ⇒ Nonabsorbing alveolar bone
- ⇒ Ectopic position of tooth bud
- ⇒ Dilaceration of roots
- ⇒ soft or bony lesions
fibrosis.
- ⇒ Habits
- ⇒ The third molar become impacted because they don't have enough room to come in erupt or develop normally.
- ⇒ Grow at an angle toward the next tooth.
- ⇒ Grow at angle toward

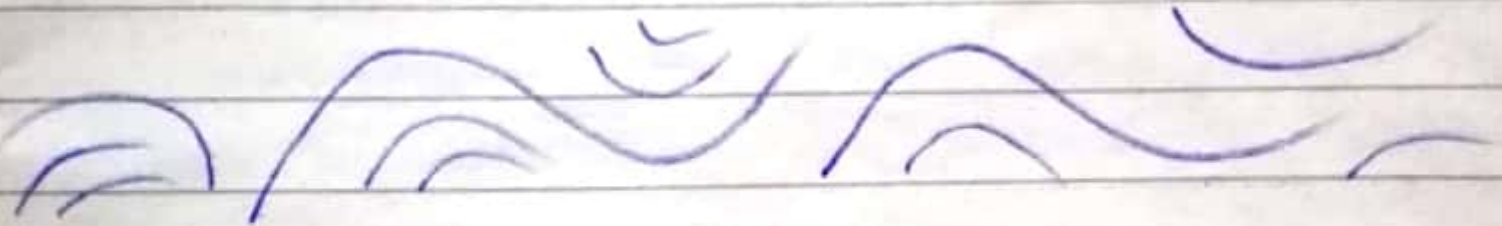
retention jaws

9

(13)

the back of the mouth.

⇒ Crow at a right angle to the other teeth as if the wisdom tooth is "lying" "down" within the jaw bone.



The End

