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⇒ Program : Bs (DT)

⇒ Subject : Maxillofacial  
Surgery

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(1)

Q1

Ans.: Instrument used during extraction:⇒

⇒ The following instrument used during extraction are ⇒

Examination Instrument:⇒

⇒ Mouth mirror.

⇒ Dental Explorer.

⇒ Cotton plier or tweezers.

⇒ Local Anesthesia Instruments:⇒

⇒ Anesthetic Syringe.

⇒ Needle.

⇒ Cartridge.

⇒ Extraction Instruments:⇒

⇒ Saliva ejector tip.

⇒ Sterile gauze.

⇒ ~~S~~ Elevators.

⇒ Straight elevators.

⇒ Cross bar.

⇒ Periosteal elevators.

⇒ Surgical curette.

⇒ Hemostate.

⇒ Extraction forceps.

⇒ Maxillary extraction forcep.

⇒ Maxillary anterior forcep.

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- ⇒ maxillary posterior forcep.
- ⇒ Mandibular extraction forcep.
- ⇒ Mandibular Anterior forcep.
- ⇒ Mandibular posterior forcep.
- ⇒ Broken down root (BDR)

Forceps.

⇒ Deciduous forceps.

⇒ Needle Holder.

⇒ Sutures.

⇒ Scalpel.

⇒ Blade.

⇒ Ron geurs.

⇒ Bone file.

⇒ Bone chisel chisel.

⇒ Mallet.

⇒ Tissue Scissors.

(3)

Q2

Ans:-

**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 is called local anesthesia.

→ Commonly drugs are used.

- Lidocaine
- Cocaine
- Procaine etc.

**Six Constituents of Local Anesthesia are :->**

① Local anesthetic agent :->

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

→ 2% lignocaine used 3mg in 100 ml.

**Uses :->**

Conduction block.

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## ② Vasoconstrictors: ⇒

⇒ Adrenaline in the concentration of 1:50000 to 1:200000 is commonly used.

(Adrenaline 1:80,000)

## ↑ Uses : ⇒

⇒ It increases the duration of local anesthesia and decreases the absorption of anesthesia.

⇒ provides blood less field.

⇒ Reduces the systemic toxicity.

## ③ Reducing Agent : ⇒

⇒ Sodium metabisulphite is the reducing agent.

⇒ It is used to prevent the oxidation of the vasoconstrictor.

## ④ Preservatives : ⇒

⇒ It increases the shelf life of the anesthetic solution.

⇒ It acts as a bacteriostatic agent as methylparaben.

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⑤ Fungicide :→

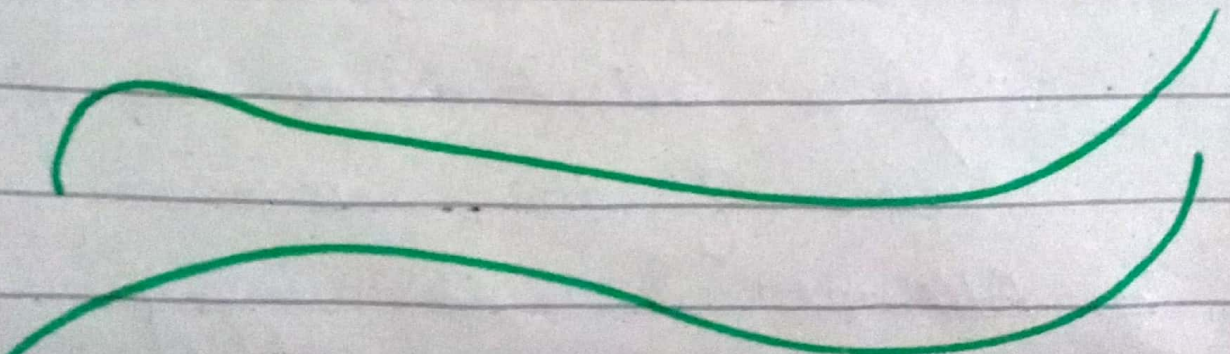
⇒ Thymol is used as Fungicide.

⑥ Vehicle :→

↳ Distilled water or modified Ringer's Solution is used as a vehicle.

⇒ volume and isotonicity of solution.

⇒ it produces the volume of the solution and act as a diluent.



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Q3

Ans: ⇒ Extraction complication ⇒

- Soft tissue injuries.
- Problem with the tooth being extracted.
- Injuries to the osseous structures.
- Injuries to the adjacent tooth.
- Oroantral communication.
- Post operative bleeding.
- Delayed healing and infection.
- Injuries of the mandible.

\* Soft tissue Injuries ⇒

\*\* 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 extra and uncontrolled forces.

\* Soft tissue injuries occur in the form of :->

① Tear of a Flap :->

↳ This is the most common type of soft tissue injury during oral surgery.

Cause :->

- ⇒ Inadequately sized envelop flap
- ⇒ forcibly retraction beyond ability of the tissue to stretch.
- ⇒ Tearing.

\* Prevention :->

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

\* Management :->

- ↳ Carefully repositioned once the surgery is completed.
- ⇒ Excise the edge of torn flap to create a smooth ~~flap~~ flap margin.



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## (2) Puncture wound: ⇒

### \* Causes: ⇒

↳ Due to uncontrolled forces 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 tissues.

### \* Prevention: ⇒

- ↳ use of controlled forces.
- ↳ using finger rests.
- ↳ Support from the opposite hand if slippage is anticipated.

### \* Management: ⇒

- ↳ Primary aim is prevention of infection and allowing healing to occur.
- ↳ if wound bleeds excessively.
- ↳ hemostasis left open wound — unsutured.
- ↳ healing by secondary intention.

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### ③ Stretch or Abrasion :->

\* Common site :->

↳ mostly occur  
on the lips and 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 soft tissues.

\* Prevention :->

Surgeon should focus on the  
cutting end of bur and the location  
of shank and shaft in relation to  
the soft tissues.

\* Management :->

↳ Regular clean the area  
with oral rinsing.

⇒ usually such wound heal in 4-7  
days with out scarring.

⇒ if such abrasion or burn does  
develop on skin advised to keep  
it moist with antibiotic ointment -

( 5 - 10 days )

Q4  
Ans :

Impacted tooth =>

Def: => 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.

OR

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

Causes of impacted tooth =>

- => Irregularity in the position and pressure of an adjacent tooth
- => Density of the overlying or surrounding bone.
- => Chronic inflammation with resultant fibrosis of the overlying mucosa.

\* Local Cause =>

- ↳ 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 tissue or bony lesion fibrosis.
- Habits.

⇒ Wisdom teeth become impacted because they don't have enough room to erupt.

⇒ An impacted wisdom tooth may partially emerge so that some of the crown is visible, or it may never break through the gums. Whether partially or fully impacted the tooth may:

- Grow at an angle toward the next tooth.
- Grow at an angle toward the back of the mouth.
- Grow at a right angle to the other teeth, as if the wisdom tooth is "lying down" with the jaw bone.

Q5

# Ans: \* Techniques of Local Anesthesia:

↳ Local anesthetics can block almost every nerve between the peripheral nerve endings and the central nervous system.

→ The most peripheral ~~to~~ 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 (plexus-anesthesia).

## \* Techniques of administration of local anesthesia ⇒

There are Three techniques of administration of local — Anesthesia

- ① Local infiltration.
- ② Field block
- ③ Nerve Block.

## ① Local infiltration: ⇒

⇒ 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 canines, incisors and molars.

## ② Field Block: ⇒

⇒ The local anesthesia 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 impulses.

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

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## \* 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.

