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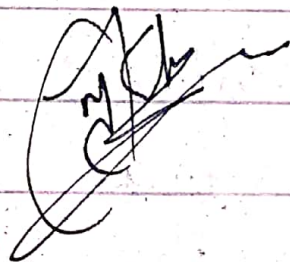
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Paper Maxillofacial Surgery

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Q.1

ANS Instruments Used during
Exaction:

⇒ The instruments used
during extraction are:

1) Examination Instrument:

- * Mouth Mirror
- * Dental Explorer
- * Cotton plier or tweezer

2) Local Anesthesia Instrument:

- * Anesthetic syringe
- * Needle
- * cartridge.

3) Extraction Instrument:

- * Saliva ejector sip
- * Sterile gauze
- * Elevator
- * Straight elevator
- * Cross Bar
- * Periosteal elevator.

* Surgical curette

* Hemostate

* Extraction forcep

* Maxillary extraction forcep

* Maxillary anterior forcep.

Q.2

ANS Local Anesthesia:

It is the technique to induce the absence of sensation in specific part of body
→ local anesthesia can be used for the minor surgeries.

Constituents of local Anesthesia:

There are six constituents of local Anesthesia

① Local Anesthetic agent:

(xylocaine, lignocaine 2%)

→ Blockade of nerve conduction.

② Vasoconstrictor:

(Adrenaline 1:80,000)

→ It increase the

duration of Anesthesia;
and decrease the
absorption of local
anesthetic.

③ Sodium Metabisulphite:

It is the reducing
agent.

→ It is used to
prevent the vasoconstrictor.

④ Preservatives:

→ It increase the shelf
life of anesthetic
solution. It acts as
a bacteriostatic agent
(methylparaben).

⑤ Thymol: Thymol is used
as fungicide.

⑥ Vehicle:

(Distilled water and NaCl)

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→ Volume and isotonicity
of solution.

→ It acts as a
diluent.

Q.3 =

Ans = Extraction complications:

→ Complication of teeth extraction are

- 1) Perioperative complications
- 2) Postoperative complications

① Perioperative:

- * Soft tissue injuries
- * Fracture of alveolar process
- * Broken instrument in tissue.
- * Dislocation of TMJ
- * Hemorrhage
- * Oroantral communication
- * Displacement of root
- * Displacement of an impacted tooth.

② Postoperative:

- * Trismus
- * Hematoma

- * Ecchymosis
- * Infection of wound
- * Postextraction granulation
- * Dry socket

(B) Soft tissue Injuries:

Causes:

Surgeon's lack of adequate attention to the delicate nature of mucosa.

→ Rushing during Surgery.

→ Use of more uncontrolled forces.

Soft tissue injuries occur in the form of:

- 1) Tear of mucosal flap
- 2) Puncture wounds
- 3) Stretch or abrasion.

(1) Tear of flap:

→ The most common 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)



Tearing

PREVENTION:

- 1) Creating adequately sized flap to prevent excess tension on the flap.
- 2) Creating releasing incisions when indicated

MANAGEMENT:

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

→ Carefully repositioned once the surgery is completed.

2) Puncture wound:

CAUSES:

→ It can occur due to uncontrolled forces during using the instruments such as elevator.

PREVENTION:

→ Use of forces which are undercontrol

→ Using controlled amounts of retraction forces on the flap.

→ Using finger rests.

MANAGEMENT:

→ Primary aim is prevention of infection and allowing healing to occur.

→ If wound bleeds more than secondary intension is needed.

3) Stretch of abrasion:
corner of the mouth and lips are the common sites.

CAUSES:

→ When metal retractor coming into contact with the soft tissues.

→ When shank of the bur rubbing on soft tissue.

PREVENTION:

→ Surgeon should focus on the cutting end of bur as well as the location of shank and shaft in relation

to protect the soft tissue.

MANAGEMENT:

→ We should clean the area with oral rinsing.

→ If such abrasion or burn does develop on skin advised to keep it moist (5-10 days).

Q.4=

ANS= Impacted Tooth:

Impacted tooth is the tooth that is positioned against another tooth, bone, or soft tissue.

→ Position of the tooth makes it unlikely to fully erupt through the gums to reach its normal position in the mouth.

CAUSES:

- * Obstruction for eruption.
- * Lack of space
- * Ankylosis
- * Non absorbing, over retained tooth.
- * Non-absorbing alveolar bone
- * Ectopic position of tooth bud.

- * Dilaceration of roots
- * Soft tissue or bony lesions.
- * Fibrosis
- * Habits.

Q.5

ANS = 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 LA solution rendering them insensetive 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 molars.

2) Field Block:

→ In this technique 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.

→ Above the apex of the tooth maxillary injection administered which tooth can termed field blocks.

Nerve Block :

→ It is the common procedure in dentistry, involves the insertion of a needle bar near the mandibular foramen in order to deposit a solution of LA near to the nerve before it enters the foramen, a region where the inferior alveolar vein artery are also present.