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- 2.1 : Maxillary Extraction Forceps
- * Maxillary anterior forceps
- * Maxillary premolar forceps
- * Maxillary Molars forceps
- * Maxillary Root forceps
- 2.2 : Mandibular Extraction Forceps
- * Mandibular anterior forceps

Q:1:- Enumerate the instruments used during extraction process?

Ans:- Instruments Used During Extraction

Process :-

* Following are the instruments which are used during extraction in dental clinic

① Local Anesthesia instruments

1.1: Syringe

1.2: Needles

1.3: Cartridges

② Dental or Extraction Forceps

2.1: Maxillary Extraction Forceps

* Maxillary anterior Forcep

* Maxillary premolars Forcep

* Maxillary Molars Forcep

* Maxillary Root Forcep

2.2: Maxillary

2.2: Mandibular Extraction Forceps

* Mandibular anterior Forcep

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- * Mandibular premolars Forcep.
- * Mandibular Molars Forcep.
- * Mandibular Root Forcep (BOR)

(3) Elevators :

3.1 : Straight Elevator.

3.2 : Curved Apex.

3.3 : ~~Eye~~ Cryer.

3.4 : Miller -

3.5 : Cross Bar.

3.6 : Coupland.

3.7 : Straight Apex.

3.8 : Periosteal Elevator.

(4) Scalpel blade.

(5) Tongue depressor.

(6) Retractors.

(7) Bone Rongeurs.

(8) Artery Forceps.

(9) Tissue Forceps.

(10) Bone Curette.

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(11) Bone File

(12) Staring Instruments

(13) Cotton Plier

(14) Mouth Mirror

(15) Probe

(16) Hemostat

(17) Saliva Ejector Tip

Q2:- Define Local anesthesia. Also write in detail the six constituents of local anesthesia.

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

Q2: P-T-0

⑤

OR

Local anesthesia are the anesthesia which can anesthetized a specific part of the body is called local anesthesia.

Six Constituents of Local Anesthesia

① Local Anesthetic Agent.

② Vasoconstrictors.

③ Reducing Agents.

④ Preservatives.

⑤ Fungicide.

⑥ Vehicle.

① Local Anesthetic Agent:

* Lignocaine hydrochloride 2% is

most commonly used local anesthetic agent.

USES

* Conduction block.

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⑥

② Vasoconstrictors

* Adrenaline is used for vasoconstriction in local anesthesia.

Uses :

* Delays absorption of local anesthesia from the site.

* Provides blood less field. Prolongs the actions.

* Reduces the systemic toxicity.

③ Reducing Agent :

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

④ Preservatives :

* Methylparaben.

* It increases the shelf of the anesthetic solution.

* Acts as a bacteriostatic agent.

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⑦

⑤. Fungicide

* Thymol is used as fungicide

⑥. Vehicle

* Modified Ringer's Solution or distilled water is used as vehicle

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

Q3:- Enumerate all extraction complications

write about soft tissue injuries in detail?

Ans:- Enumerate Extraction Complications

① Soft tissue Injuries

② Problem with the tooth being extracted

Q3: P-T-O

- 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 :

- * 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 occur in the following types :

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

(A) Tear of a Flap:

* The most common soft tissue injury during oral surgery.

* Creating adequately sized flaps.

Causes:

* Inadequately sized envelop flap.

* Forcibly retraction beyond the ability of the tissue to

stretch (to gain needed

surgical access)

* 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 edges of torn flap to create a smooth flap

margin

Ⓡ 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.

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* Support from the opposite hand if

Slippage is anticipated

Management

* Remove the object if you can. If

the object that caused the puncture

is small & you can easily

remove it, do so.

* Stop the bleeding, Apply firm,

direct pressure with sterile gauze

or clean cloth until bleeding

stops.

* Clean and protect the wound.

Rinse the wound under clean

water for several minutes.

* Treat pain.

© Stretch or Abrasion

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 tissues.

Prevention:

- * 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 regular oral rinsing.

Regular oral rinsing → heal in 4-7 days.

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

Q4:- Define an impacted tooth. What are the causes of tooth impaction?

Ans:- Impacted Tooth :-

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

OR

* The phenomenon in which a tooth fails to erupt in an improper position in the arch is called impacted tooth.

Causes :-

* ~~Irregular~~ A tooth can become impacted for a variety of different reasons.

* Irregularity in the position and pressure of an adjacent

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- * Density of the overlying or surrounding bone.
- * Chronic inflammation with resultant fibrosis of the overlying mucosa.
- * Lack of space due to under developed jaws.
- * Unduly over retention of the deciduous teeth.
- * Inflammatory changes in the bone due to diseases in children, like, chickenpox, parotitis.
- * Low ramus length
- * Tooth arch deficiency
- * Displacement of the tooth.
- * Heredity and overcrowding.
- * Malnutrition
- * Endocrine dysfunctions
- * Diseases of jaw & surrounding tissue

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Q5:- Write in detail 3 Techniques of administration of local anesthesia?

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 local anesthesia solution rendering them insensitive to pain. In this method, insertion is made through the same area in which the

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the solution has been deposited

* This technique is usually successful for treatment of mandibular deciduous canines, incisors and even in molars.

③ Field Block :

* Here 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 impulse.

Maxillary injections 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 proximity to the main nerve trunk, thus preventing nerve impulses from travelling centrally beyond that point.

Thank you.