

Anesthetics/Complications

Local complications of injection anesthesia

- **Nerve injury** - it is possible to injure: lingual nerve (paresthesia to anaesthesia), VII nerve - peripheral palsy, alveolar nerve inf. - long-term paresthesia in the area of the lower lip. ! neurodystrophic ulcer – pac. with numbness (face area, lips), possible infection (rinse with antiseptics, possibly use ATB). It is treated by administering vitamin B (Thiamine and B₁₂);
- **Facial nerve palsy** - during mandibular anesthesia;
- **Vessel injury** - formation of hematoma and subsequent contracture (can also be myogenic in case of injury to the pterygoideus med. muscle), first aid: ice pack, compression, antibiotics are administered in case of inflammation;
- **Anemic zones** - frequent, white spot at the injection site, mod. vasoconstrictors;
- **Post-injection necrosis** - caused by vasoconstriction, further toxic necrosis. In the area of the palate = Williger's necrosis. Pac. performs mouth rinses with chamomile decoction, analgesics, anesthetic and granulation-supporting paste;
- **Muscle injury** - no. m. pterygoideus med., the formation of a hematoma between the muscle bundles, this leads to a loss of elasticity, the so-called "myogenic contracture", the situation is solved by rehabilitation + warming up;
- **Infection**;
- **Swelling** - a symptom based on a hematoma. It can also be caused by an allergic reaction (diffuse swelling). No. injury to the pterygoid plexus (great risk during anesthesia on the tuber maxillae);
- **Visual disturbances** - reflex spasm of the retinae centralis + irritated sympathetic nerve. !KI for application of anesthetic – glaucoma. Solution - mainly calm the patient (diazepam), give papaverine 2 ml s.c.;
- **Needle kink** - today it doesn't happen much anymore, before because of repeated sterilization. The bent needle must be removed either with pean forceps or surgically (if it does not protrude);

General complications after injection anesthesia

- **Collapse** - not directly related to the anesthetic, rather a stress reaction (a sudden event), syncope.
- **Allergic reaction** - antihistamines and corticoids are used for treatment. First aid: adrenaline – 2 ml + 8 ml of physical solution, i.v. application, I can repeat in short intervals, or epinephrine.;
- **Anaphylactic reaction** - treatment uses adrenaline 1 mg i.v., hydrocortisone 400-600 mg i.v., antihistamines i.v., [[noradrenaline]] 1-2 mg by infusion, the patient should be placed in the Trendelenburg position;
- **Sudden collapses to death** - the patient is placed in a horizontal position, we undress him, the next procedure is different;
- **Toxic reaction** - overdose of pac. pharmacem - absolute (extremely large amount at once) / relative (adequate amount, but incorrectly, e.g. intravasally), depends on the concentration, dose and technique of anesthetic administration! Evaluate: age, general health. condition (!!! he. liver and kidneys), weight. First aid – anxiolytic – 5–10 mg of diazepam i.v., i.m., Apaurin, Seduxen. Next, oxygen. Zdroj (https://books.google.cz/books?id=Wd76i-2zT6cC&pg=PA72&lpg=PA72&dq=Apaurin+a+toxick%C3%A1+reakce&source=bl&ots=1hIX_vJlL4&sig=8Jy8GWU2Qi0vVSfWj5e5p-EVQil&hl=cs&sa=X&ei=I-qKUNftEo7lsgbgpoH4CA).
- **Spasms**;

Links

Related Articles

- Local and Seductive Anesthesia
- Anesthetics (Dentistry)

References

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