

Complications of Exodontia

Postoperative pain

Discomfort is normal. Analgesia (paracetamol or ibuprofen). Severe pain is unusual and may indicate other complication.

Postoperative swelling

Mild swelling normal, esp. if difficult procedure/trauma. Significant swelling = postop infection/hematoma. Management required like systemic antibiotics, drainage. Less likely is surgical emphysema.

Trismus

Limited mouth opening is unusual and most likely infectious origin.

Fracture of teeth

Crown may fracture if large restoration present. If fractured subgingival then transalveolar approach necessary to remove root. If there is small root fragment retained (3 mm) it may remain in situ. If there is an apical infection, inform patient and prescribe antibiotics.

Excessive bleeding

Measure blood pressure and pulse to establish if patient is in shock, this while patient bites firmly on gauze to encourage hemostasis. If in shock, must replace volume with plasma infusion (hospital). History gives you important info to realise reason (previous history, medications, liver disease, family history, previous complications, alcohol etc.).

To achieve hemostasis: socket capillaries (pack with resorbable cellulose: surgicel), gingival capillaries (suture socket with material that has adequate tension like silk, vicryl), large blood vessels: ligate vessel with suture.

Dry socket (alveolar osteitis)

A blood clot may inadequately form or break down. Exposed bone is painful and sensitive to touch.

Predisposing factors: smoking, surgical trauma, vasoconstriction in anesthetic, oral contraceptives and history of radiotherapy.

Therapy: Reassure patient, irrigate socket with warm saline/chlorhexidine (remove debris), dress socket to protect it from painful stimuli. BIPP (bismuth iodoform paraffin paste), lidocaine gel on ribbon gauze.

Postoperative infection

Pus, local swelling, lymphadenopathy. Manage same way as dry socket and maybe antibiotics. Take X-ray to exclude retained root or sequestered bone. If material present, curettage.

Damage to soft tissue

When lower lip is anesthetized and extracting upper tooth, bein elevator to tongue!

Damage to nerves

Paresthesia/anesthesia = damage in inferior alveolar canal during extraction of lower wisdom teeth!

Opening of maxillary sinus

Oro-antral fistula during extraction of upper molars or damage to the lamina creating an oroantral communication with tooth.

Loss of tooth

Displace into maxillary sinus, infratemporal fossa or tissue spaces about the jaw. Loss of tooth fragments to sinus or inferior alveolar canal etc. Aspiration can also happen.

Fracture of maxillary tuberosity

Fracture of jaw

'Dislocation of mandible

Surgical emphysema (air in soft tissues producing crackling on palpation).

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