

Preclinical dentistry III.

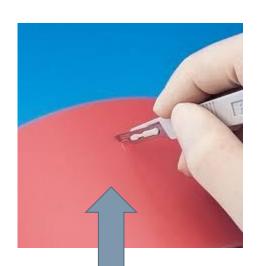
Lectures 1. - 2.



Dental speciality that deals with diagnosis and surgical treatment of diseases, injuries and deformities of teeth and surroundung structures (oral surgery). Maxilofacial surgery is focused also on jaws and face.

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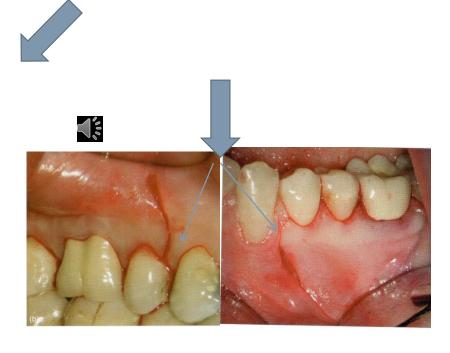


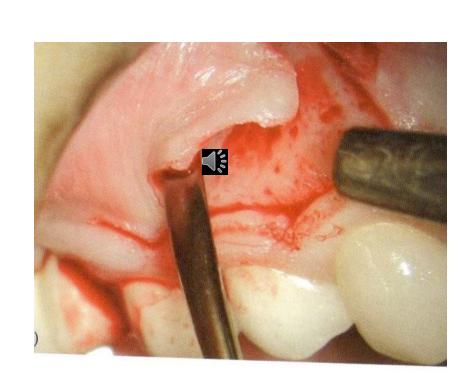
















SPECIAL TERMS IN RELATION TO CONTROL OF INFECTION



SPECIAL TERMS IN RELATION TO CONTROL OF INFECTION



Greek

substances

putrefaction

antimicrobial

tissue skin

infection sepsis

SPECIAL TERMS IN RELATION TO CONTROL OF INFECTION



microorganisms

bacterial spores

sterilisation

antimicrobial agents

tissue

<u>biocides</u>

antibiotics
antiseptics

SPECIAL TERMS IN RELATION TO CONTROL OF INFECTION



fungi bacteria viruses

fungi

bacteria viruses



<u>heat chemicals irradiation high</u> <u>filtration</u>

pressure

DRY HEAT STERILISATION

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HOT STEAM STERILISATION



COLD STERILISATION

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SCRUBBING







Microorganisms on skin

- Transient :-Introduced by soil, dirt, contamination
- Resident:- under finger nails, deeper layers of skin i.e. sweat gland, hair follicles
 8 sweat glands

Scrubbing removes

- -most of transient bacteria
- -resident bacteria from surface & just beneath skin

Preparation for scrubbing

- Personal Hygiene
- Shower
- Healthy skin on hands, fingers, nails & arms.
- No boil, abrasion or vound on hands
- Free from cold or URTI

Finger Nails

- Short
- Not over tips of fingers
- Short nails
- Easy to clean
- Will not puncture gloves

Free from nail polish

Chipped nail polish can harbor bacteria

No artificial nails

Jewelry

- Remove all jewelry i.e. rings, watches, bracelets from hands & arms
- Keep them at a sage place or in pocket

Dead skin & accumulate beneath them

Theatre Attire

- Scrub Suit
- Surgical Cap & face mask
- Eye Wear/Wiser
- Shoes
- Protective wearing
- Plastic apron
- Lead apron

Scrub Suit

- Street clothes not allowed
- Short sleeved cotton scrub suit.
- Sleeves 4 inches above elbow
- Shirt tucked in trouser
- to avoid shirt tail flapping on sterile field
- Trouser legs not touching floor
- to avoid transport of bacteria

Shoes

- Street shoes not allowed
- Close ended shoes
- Chappals or open ended shoes not allowed
- Shoe cover for single use only

Surgical Cap & Face mask

- Surgical cap cover hair completely
- Including pierced ear rings
- Face mask cover nose & mouth completely

FOOD/ DRINK NO food or drinks in Patient Care Areas Food/ Drinks must be consumed in Staff Lounges

www

Scrubbing Agents

- Soap 5 minutes

- Povidone iodine solution 2minutes (8ml fequired)
- Chlor-hexidine Solution (Hibiclens) 2 minutes (8ml needed)

Desirable properties of scrubbing agent

- Non irritating to skin
- Leaves minimum bacteria on skin
- Prolonged antibacterial effect on skin
- Should leather in hot, cold, or hard water

Scrubbing Procedure

Nail brush for nails
Water Steady flow
Comfortable temperature.
Hands above the level of the elbows

Clothing should remain dry Movements steady.

Scrub technique

- Scrubbing do not include rinsing time
- Set water temperature
- Wet hands & forearms
- Hold soap in hands till scrubbing complete
- Keep hands elevated above elbow through out

Scrubbing Procedure

- Turn off taps with elbows
- keep hands elevated.
- skin should be blotted dry
- Use 2 towels
- Towel should be folded
- Discard towel immediately

Gowning Procedure

- Pick up gown from opened pack
- gown is folded with the inside uppermost.
- Slide both arms into gown
- Not to touch outside the gown.
- All gowns must be in a good state

PARAMETERS OF A STERILE GOWN

 GOWNS ARE CONSIDERED STERILE FROM WAIST LEVEL TO CHEST LEVEL INCLUDING SLEEVES TO 2' ABOVE ELBOW

 STOCKINETTE CUFFS MUST BE COVERED BY STERILE GLOVES

 STERILE PERSONS MUST HAVE HANDS IN SIGHT AT ALL TIMES

Gloving Procedure

- The Open Method
- Closed Method

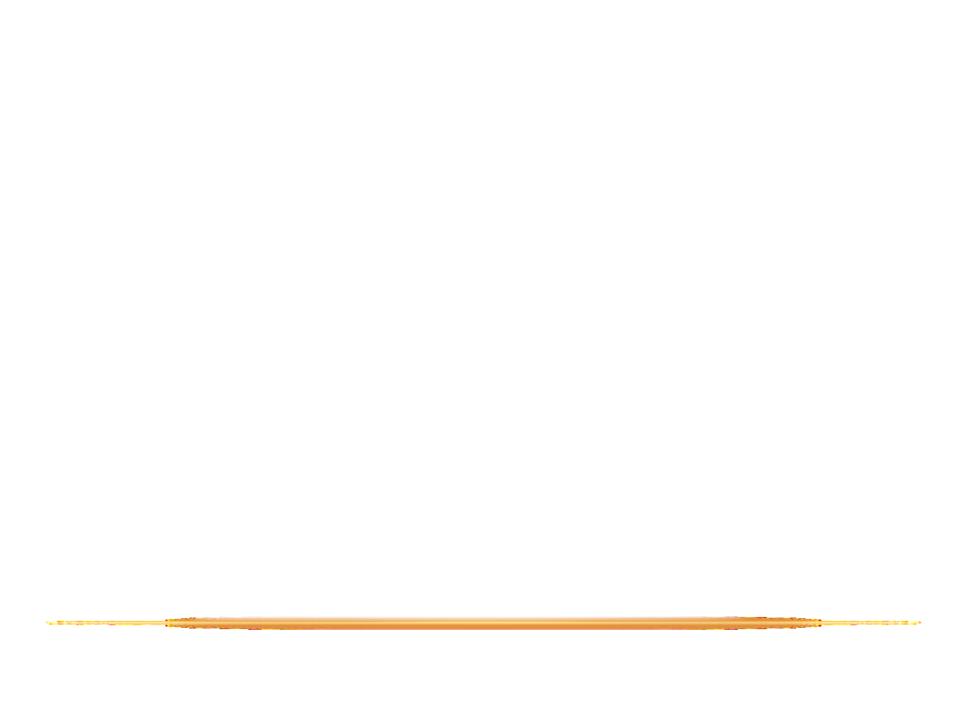
- Once gowned and gloved
- stand with hand palms together
- Above the waist
- Away from the gown

At the end of the sterile procedure

- First remove the gown over the gloved hands
- Then the gloves.
- Hands should then be washed and dried.
- Gloves disposed of according to policy



This is the endo of the first lecture.



ANAESTHESIA



PAIN



PAIN AND ANAESTHESIA



ANAESTHESIA



PAIN CONTROL - INDICATIONS OF ANAESTHESIA

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- •
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CLASSIFICATION

- General anaesthesia
- Analgesia (inhalation, sedation)
- Hypnosis
- Local anaesthesia



LOCAL ANAESTHESIA

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PAIN CONTROL - INDICATIONS OF ANAESTHESIA

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- •
- •
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LOCAL ANAESTHESIA CONTRAINDICATIONS



DRUGS



BENEFITS OF LOCAL ANAESTHESIA



TOPICAL ANAESTHESIA (ON MUCOSA OR SKIN)

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INFILTRATION ANAESTHESIA



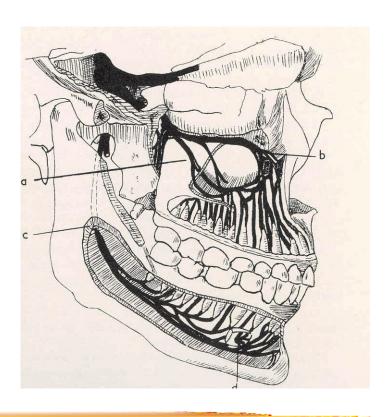
INFILTRATION ANAESTHESIA



INFILTRATION









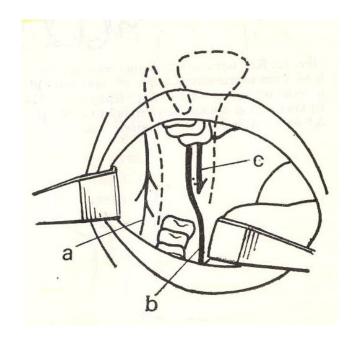
N. alveolaris inferior

Foramen mandibulare

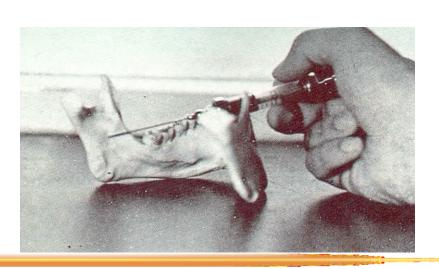


N. Alveolaris inferior

N. lingualis





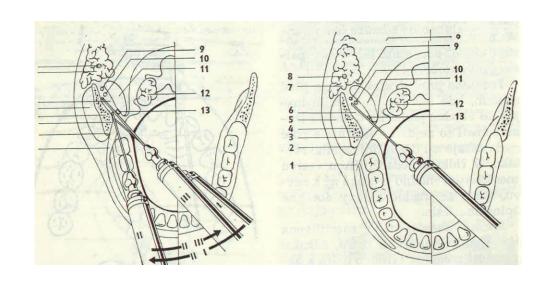




N. alveolaris inferior

Indirect

Direct

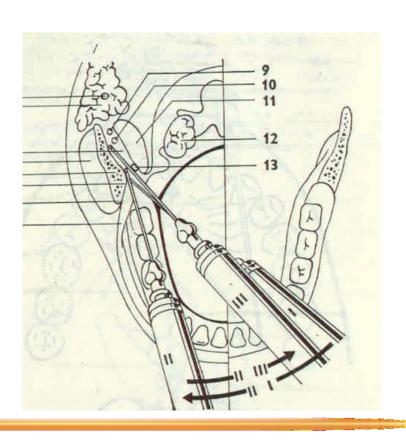




N. alveolaris inferior

<u>Indirect</u>

Put the forefinger
on the occlusal surface
Rotate inside (nail inside)
1 cm up occlusal surface
the puncture is situated

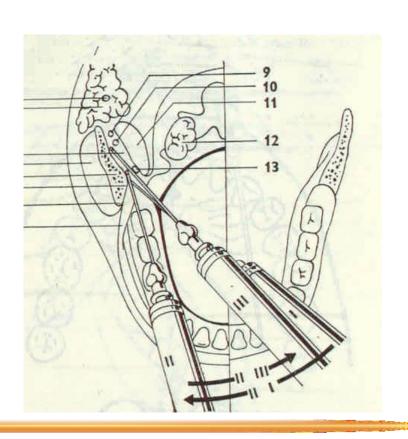




N. alveolaris inferior

<u>Indirect</u>

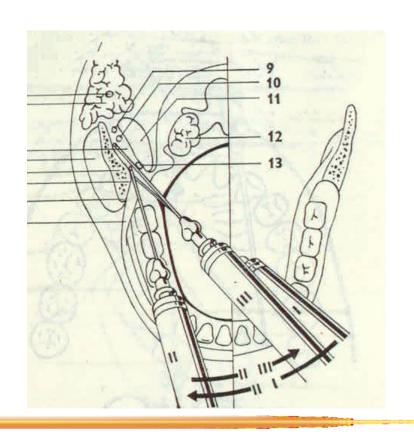
The syringe
 on the opposite canine
 The needle goes behind
 the crista temporalis,





Indirect

2. The needle goes deeperin the contact with the boneThe syringe goes mesial

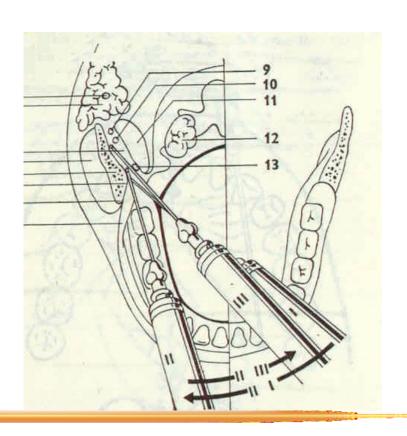




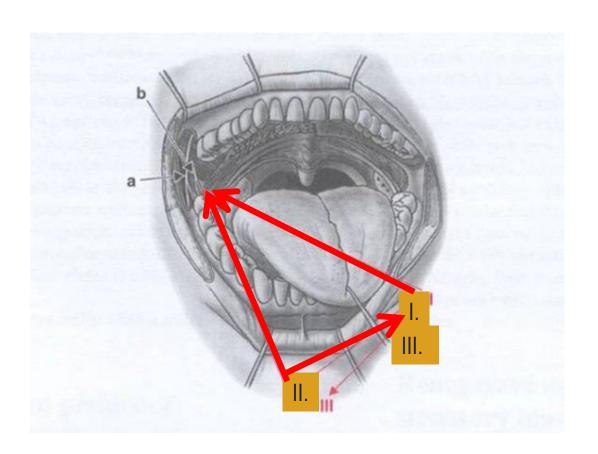
N. alveolaris inferior

<u>Indirect</u>

3. The contact with bone is lost, the syringe goes back Aspiration and a injection of the drug.









The beginning is the same

Put the forefinger
on the occlusal surface
Rotate inside (nail inside)
1 cm up occlusal surface
the puncture is situated



N. alveolaris inferior

Direct

The puncture see previous slide

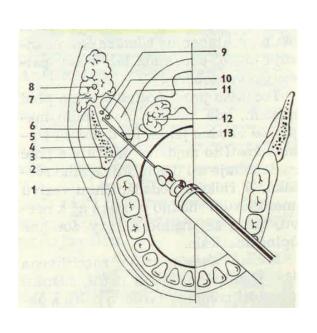
The syringe on opposite premolars

The puncture is situated

medially from crista temporalis

and laterally from plica prerygomandibularis (into a small depression in mucosa)

1,5 cm deep





N. alveolaris inferior

Molars, premolars, mucosa, skin, bone, tongue



The puncture is situated behind
the distal surface of 2nd premolar
The needle goes between
roots of premolars from up to down,
Forward and mesially

Premolars and canine,

mucosa, skin.





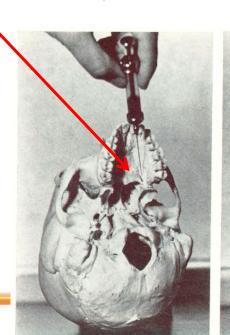
Distal surface of second molar.

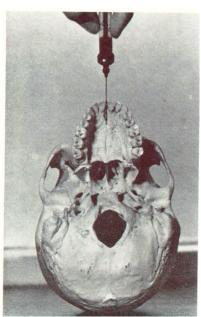
The puncture is

0.5 - 1 cm before

from behind forward

Half of palate

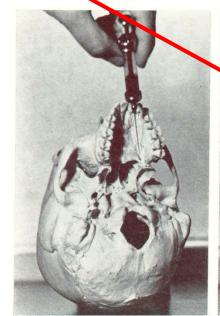


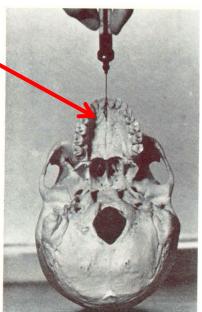




Foramen incisivum – n. nasopalatinus







Triangular area behind incisors



ANAESTHESIA ON F. INFRAORBITALE

- Find the margo infraorbitalis
- Raise the lip
- The puncture is situated between canine and 1st premolar
- The needle goes to the region (appr 1 cm below margo infraorbitalis)

Anaesthetic zone: Canine and premolars



ANAESTHESIA ON TUBER MAXILLAE

The durg si delivered on tuber maxillae

 The puncture is situated behind 2nd molar (distal surface), goes behind and upper around tuber maxillae.

Anaesthetic zone: Upper molars



PDL ANAESTHESIA

- Intraligamentary
- Special syringe (pen or gun) The needle is inserted into periodontal space – few drops on anaesthetic
- Indication: single extraction, preparation, pulp exstirpation











The puncture is between gingiva and tooth and goes into gingival sulcus MB, ML, DB, DL



INTRAPULPAL ANAESTHESIA

 Exstirpation of the pulp – additional step.

Directly into the pulp chamber



ANAESTHESIA - COMPLICATIONS

- Bleeding
- Breakage of needle
- Heamatoma
- Allergy (swelling, collaps)

Patient's history is necessary!!!!



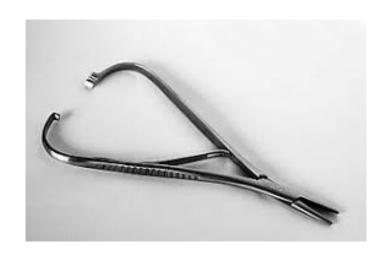




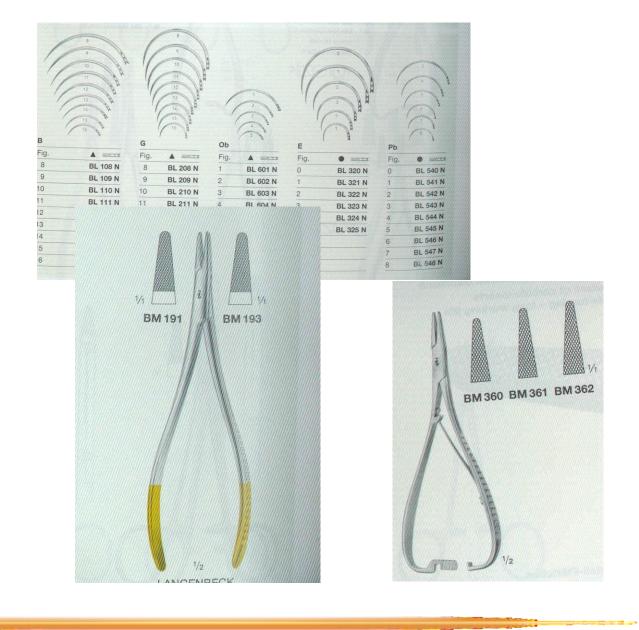




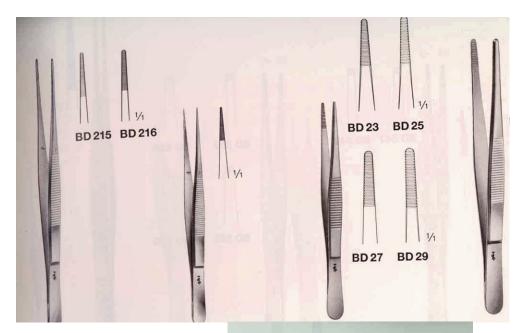


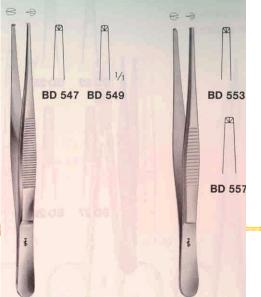










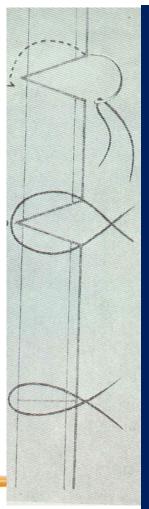




SUTURE



SINGLE SUTURE



The puncture is situated appr. 2 mm from the border of the wound The same on the opposite site.

The knot is out of the wound



