

Perspective on Local Anesthesia Complications

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Failure most probably due to wrong technique (Please practice) complications:

- Pale
- Unseen fear
- Dizziness headache
- Muscle twitching
- Nausea
- Nervousness
- Weak heart rate
- Weak pulse
- Tongue pain or swelling
- Drooling
- unpleasant taste in your mouth
- Drowsiness
- Confusion
- Restless
- Tremors
- Anxiety
- Mouth sore
- Bleeding
- Cheek biting
- Idiosyncrasy

- Syncope
- Anaphylaxis dentist should be very careful about this condition and must have good command on diagnosis and management of anaphylaxis when they faced this situation while using local anesthesia at their daily practice
- Swelling and pain, pain after intramuscular injection is due to fibrosis or inflammation inside the muscle trismus and blurred vision
- Needle fracture
- Cardiac arrest
- Paresthesia
- Neuralgia and other neural complications.

Researcher believe that the Inferior alveolar nerve block is most common or they have given number 2 post-operative complication that cause of permanent damage sensation of trigeminal nerve (it happened mostly while third molar removal in the arch) they also mentioned that this kind of injury is rare rate is rare; about 4:100 000.

If chorda tympani involved there may be alteration in taste and sensation. While insertion of the needle the lingual nerve found to be most injured.

Bell's palsy injection into the parotid gland in most cases, precaution proper LA technique several preventive measures can be followed to avoid complication, apply topical anesthetic. Chair position, administration of the anesthetic agent slowly.

Toxicity due to over dosage of local anesthesia patient may develop toxic effects so, dentist must know the accurate and maximum usage of anesthetics agents. Here we recommend, a maximum safe and sound dose of lidocaine hydrochloride 20 mg/ml with adrenaline 12.5 g/ml for non-pathologic and healthy adults is 10 ml which means 5.5 cartridges only, don't exceed the dose, if not succeed attempt on next appointment rather than more cartridges injections. Same in the case of children we recommend the maximum dose for kids is 4.4 mg/kg, that means in a kid of 20 kg less than 2.5 cartridges of anesthetic agent. After local anesthesia you must inform parents that it's fine if the tissue turns white after some period of injection within week it recovers, and accurate quantity of lubricating the area with petroleum jelly or antibiotic ointment to prevent drying, cracking and pain in couple of days. Most accurate and correct approach to reach inferior alveolar nerve block is the direct technique, in this technique, needle should be inserted immediately medially to the pterygomandibular raphe in ah a way that it reaches from the opposite side of the bicuspid region and bisects your thumbnail, must be placed at the maximum deepest part of the coronoid notch carefully. Needle must be inserted to a depth of 15 to 25 mm at least. You can repeat the block if it seems to be failed. Very effective and useful technique is Gow Gates' technique where the needle penetrates higher than with conventional block very easily after practice.

Points to keep in mind are you must know the proper and detailed medical history of the patient who is undergoing the procedure and very important is mut have enough knowledge of anatomy. Right technique and instruments. Bone contact. Please don't inject against hard pressure use slow and gentle pressure. Use the minimum and required doses of anesthetic and wait until it works, which you will be found different indifferent candidates use sedatives if necessary.

Points to know

1. Sometimes there are accessory nerve supply, different location of foramen, and of course abnormal course of the nerve supply, thickness of the cortical plate, or there may be additional nerve supply that region.
2. Pathological. Infection, inflammation and previous surgery or trauma, limited mouth opening.
3. Psychological. Fear and anxiety (Some dentists use sedative, may be helpful).
4. Poor injection technique.

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