

Clinical Tips

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For more accurate location of inferior alveolar nerve block injection, we can estimate it from a good quality panoramic x-Ray (OPG) by observing the tram lines traces of the inferior alveolar canal till it starts from the mandibular foramen and relate this to the level of the lower posterior dentition or the upper posterior dentitions. In case it was higher up the ramus, that needs giving the injection little higher than usual the technique is quiet easy, fast but giving surprising results. We all know that the signs and symptoms of total failure of IAN block is the complete absence of any numbness from both the lip and the tongue is the injection side confirmed by objective tests i.e., by the dentist and partial failure will be presented by numbness only in the tongue side Figure: 1,2 shows how this could be

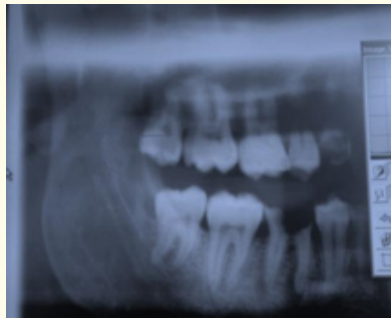


Figure 1: OPG x-ray showing estimated level of nerve.



Figure 2: OPG x-ray showing the level of nerve.

1. For sclerosed root canals, using a “hot” saline (cautiously under rubber dam isolation and good suction tip) together with RC prep paste will facilitate your job! The canals will soon open but NEVER use any rotary instrument. I repeat NEVER use any rotary instruments as this will call for instrument breakage inside the canals.
2. The use of ultrasonic scaler helps much with pulp stones and also sclerosed canals without the fear of perforation!
3. Efficient dryness of the root canals by paper points will be safe for your face and your patient will feel better next day!
4. Preoperative antiseptic mouth wash will improve your surgical results after impaction surgery.
5. Providing your patient with your mobile phone number or a hot line access after surgical procedure will support him psychologically even if it will be annoying for you!
6. Searching for the remaining root tips after surgical extraction or impacted tooth surgery can be simplified by X-Ray after surgery as it would be already gone and you are searching for NOTHING!
7. Post-operative analgesic prescription dilemma can be summarized in this statement “postoperative analgesic should be tailored and should be made for each case that depends on many factors such as: his drug history, his procedure, his medical background and his financial status”. Some patients will be satisfied with just paracetamol while still others need pethidine even!
8. The old famous statement that we always say to our patients that the numbness in your lip will go after an hour or so is NOT accurate at least with me. Personally it lasts for FOUR hours to go and I did bite my lower lip!! So, your patient takes at least three to four hours to go and the more important thing is DO NOT make any chewing before this so as not to bite your lip and traumatize it!
9. The new era of dental marketing has arrived with the introduction of social media dental marketing by instigram, twitter and face book but beware this may be double sided weapons acting against you!
10. Doing an impaction surgery under general anaesthesia in the theatre while your patient is in supine position is NOT as easy as you imagine especially regarding instrumentation! So do not rush to GA as long as you can do it under LA.

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