

Syllabus	
Topic	Perioperative dental damage

a)
What is the incidence of dental damage as quoted by the Royal College of Anaesthetists (RCOA)? (1 mark)

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b)
List 4 anaesthetic and surgical risk factors predisposing to perioperative dental damage? (4 marks)

1)

2)

3)

4)

c)
List 4 patient related factors predisposing to perioperative dental damage? (4 marks)

1)

2)

3)

4)

d)
Which teeth are more likely to be damaged during anaesthesia? (1 mark)

.....

You have anaesthetized a 29 year old female for an emergency appendicectomy. Intra-op you notice a missing right upper incisor.

e)
List 5 steps you would take in your initial management of this incident? (5 marks)

- 1)
- 2)
- 3)
- 4)
- 5)

f)
When is reimplantation of an avulsed tooth contraindicated? (1 mark)

.....

g)
How can risk of dental damage be minimised? (4 marks)

- 1)
- 2)
- 3)
- 4)

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	Answer	Marks	Guidance
a)	<ul style="list-style-type: none"> • 1:4500 	1	Accept 1:4000 – 1:5000
b)	<ul style="list-style-type: none"> • Predictors of difficult airway (prominent incisors (buck teeth), mallampati $\frac{3}{4}$, inter-incisor gap <5cm, limited head and neck movement, limited mandibular subluxation, receding mandible, obesity BMI>35) • Direct laryngoscopy, tracheal intubation • Placement of double-lumen tubes • Biting during emergence • Forceful removal of tracheal tubes/supraglottic airways • Vigorous oropharyngeal suctioning 	1 mark for each point (Max. 4 marks)	Accept up to 2 predictors of difficult airway for 2 marks
c)	<ul style="list-style-type: none"> • Mixed dentition (children aged 5-12) • Caries • Isolated teeth • Periodontitis • Pre-existing dental pathology, previous root canal treatment • Restorative dental work (crowns, veneers, prostheses) 	1 mark for each point (Max. 4 marks)	
d)	<ul style="list-style-type: none"> • Maxillary incisors 	1	Accept upper incisors
e)	<ul style="list-style-type: none"> • Ensure airway patency and able to ventilate patient • Look for tooth in oropharynx using Magill's forceps • If not found, get CXR and involve ENT surgeon in retrieval from tracheobronchial tree • If found gently insert back into the socket, trying not to touch the root and hold in place for few minutes • Explain to patient & apologise • Arrange dental follow up 	1 mark for each point (Max. 5 marks)	
f)	<ul style="list-style-type: none"> • In immunocompromised patients and in severe periodontal disease due to risk of bacterial seeding 	1	Accept either reason for the mark

g)	<ul style="list-style-type: none"> • Stabilise the loose tooth (suture) • Blind nasal intubation • Use of intubating SADs • Nasal fiberoptic intubation • Minimize tooth-to-blade contact by using McCoy blade or Macintosh with short flange, plastic blades, videolaryngoscopy) • Use of soft bite block of rolled gauze swabs between the molar teeth 	1 mark for each point (Max. 4 marks)	
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References

1) Abeyesundara L, Creedon A, Soltanifar D. Dental knowledge for anaesthetists. BJA Education (2016) 16(11)362-368

<https://academic.oup.com/bjaed/article/16/11/362/2445841>