

MANAGEMENT OF ACCIDENTAL DENTAL TRAUMA DURING ANAESTHESIA

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

All patients undergoing anaesthesia are potentially at risk of accidental dental damage. This guideline is in accordance with RCOA (Royal College of Anaesthetists) and SALG (Safe Anaesthesia Liaison Group) guidance and it outlines the management should damage occur.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

Consultant Anaesthetists, Staff and Associate Specialist Anaesthetists, Trainee Anaesthetists and Locum Anaesthetists.

Lead Clinician(s)

Dr Sally Millett Consultant Anaesthetist

Approved by Anaesthetics Governance Committee on: 23rd November 2022

Approved by SCSD Governance meeting on: 25th January 2023

Review Date 25th January 2026

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

Date	Amendment	Approved by: (name of committee or accountable director)
7 April 2015	Update including Safe Anaesthesia Liaison Group recommendations	Anaesthesia directorate clinical governance
24 th March 2017	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
January 2023	Document approved with no changes	Anaesthetics Governance/ SCSD Governance meeting

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INTRODUCTION

Damage to the teeth during general anaesthesia is a common complication and a source of litigation against anaesthetists¹.

All oral instrumentation runs the risk of causing damage. All patients should be warned of the possibility of dental damage.

Careful technique and awareness of the high risk groups of patients will help reduce the risk of accidental dental damage.

DETAILS OF GUIDELINE

Managing the risk

Patient Factors: *Poor dental health, Baby teeth, Crowns, fillings and bridge, Limited mouth opening*

Anaesthetic Procedure: *LMA insertion, Difficult intubation, Laryngoscopy & Tracheal intubation*

Pre-op assessment: *Ask patients about loose teeth, Feel teeth for looseness Warn patients of the risks, Record dialogue in patient notes*

Referral and Action: *Refer high risk patients to a dentist pre-procedure, Use a bite block on solid back teeth or for patients with poor mouth access*

Managing dentures:

It is a matter of individual choice as to whether the dentures are removed for bag-valve-mask ventilation; clearly it is often easier to gain an effective seal in the edentulous patient with the dentures in situ. For insertion of a laryngeal mask airway or endotracheal intubation it is recommended that the dentures are removed. It is essential that the whereabouts of the denture is carefully documented on the anaesthetic chart and the care plan

Managing avulsion (Tooth out of socket):

Only replace an adult tooth from a healthy mouth in a patient who is not immune-compromised.

Do not touch root surfaces. Push tooth into socket and hold for several minutes. If you do not feel comfortable replacing the tooth store in saline or milk.

Refer for splinting using locally agreed form.

Managing damage:

When a tooth is chipped or broken, locate loose fragments and return them to the patient. Refer using locally agreed form. See below.

Patient Referral Form

Date:

To: *[HOSPITAL DENTAL SERVICE, LOCAL DENTIST, OR PATIENTS OWN DENTIST]*

Re:

Name
ID
DOB
Address

This patient has sustained a dental injury during a general anaesthetic procedure.

Reason for referral:

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Replantation:

Splinting:

Immediate action taken:

Analgesia prescribed:

Name of referring doctor:

Grade:

Contact information:

Further management should include:

- Document an accurate report of the incident and the damage in the patient's case notes.
- Complete a Datix clinical incident form.
- If you are a trainee you should inform your supervising consultant.
- Explain to the patient how the damage occurred, and offer an apology.
- Explain to the patient that he/she should arrange to see a dentist for the repair work. Offer a referral to the maxillo-facial team within the Trust. (In the event of dental injury bleep the on call SHO on 116.) A patient referral form should be completed.
- The patient needs to send the receipt for the repair work to the Anaesthetic Department.
- Inform the Anaesthetic Directorate Support Manager to expect the receipt.
- Once this is received it needs to be forwarded with a completed Trust Losses Report form (appendix1) to the Anaesthetic Directorate Manager to be signed off. The Finance Department will organise any payment to the patient.

Post-operative Care

This is useful *immediate* advice to the patient prior to them seeing a dentist

If there are small lacerations in the mouth:

It is important to avoid agitating the affected site. Avoid spicy and hot food which might cause more discomfort or start bleeding.

Bleeding:

Bleeding can be controlled by applying pressure with some gauze or a clean handkerchief over the bleeding area for at least five to ten minutes.

If a tooth has been lost:

The area will heal naturally. However, it is important to avoid disturbing the blood clot that is forming at the site. If there is excessive bleeding from the area, this can be controlled by biting on some gauze or a clean handkerchief against the area for at least 20 minutes.

If your tooth has been moved or dislodged or replanted:

You need to see a dentist as soon as possible. In the mean time, keep the area clean by use of a soft brush. Use a chlorhexidine mouthwash two to three times per day and warm salty water rinses four to five times per day.

APPENDIX 1

LOSSES REPORT NUMBER (FOR FINANCE USE)

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Please Return send to the Ward where the loss occurred for attention of the Matron

LOSSES & COMPENSATION REPORT FORM

1. HOSPITAL _____
2. DEPARTMENT _____
3. DATE OF LOSS _____
4. EXTENT OF LOSS / DAMAGE _____
5. ACTUAL / ESTIMATED VALUE OF LOSS _____
6. **NAME AND ADDRESS OF PATIENT WHO SUFFERED LOSS / DAMAGE**

7. **PERSON(S) WHO DISCOVERED LOSS**
NAME _____ DESIGNATION (STAFF) / OR RELATIONSHIP TO PATIENT _____
8. **BRIEF DETAILS OF LOSS / DAMAGE** (Including a description of item(s) lost and circumstances)

9. **ACTION TAKEN ON DISCOVERY OF LOSS**(please continue on the back of sheet if necessary)

10. **DATE POLICE INFORMED** (please give Crime Reference number if received)

11. **Signature** _____ **Name:** _____ **Date** _____

12. MATRON -

Do you support this Claim **YES / NO**

If not supported please state reason _____

I am satisfied that the above incident / claim has been suitably investigated and that authorisation for payment of £ _____ is granted.

APPROVED BY: _____ **DATE:** _____

MATRON

13. Deputy Chief Nursing Officer

Do you support this Claim **YES / NO**

AUTHORISED BY: _____ **DATE:** _____

Deputy Chief Nursing Officer **Lisa Miruszenko**

NB: This form must be completed and returned to Finance Department .

<u>Finance use</u>	<u>Examined by</u>
<u>Date received</u>	
<u>Comments</u>	
.....
.....

REVISED AUGUST 2001

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