

FRACTURE OF TEETH DURING GENERAL ANESTHESIA:

Some things every Parent, Patient, and Dental Care Giver needs to know about

“GENERAL ANESTHESIA AND THE TEETH”

Or my opinions after three decades of experience, practice, research, and teaching

A Brief History of a Scientific Odyssey Through Life

“One definition of insanity is to keep on doing the same thing expecting different results.”

This is an interesting problem we have to deal with several times a year. I hate to add to the pressure on our beleaguered medical community, but perhaps this article will increase awareness and caution.

Several years ago we had patients who were under the care of an Anesthesiologist in Victoria who routinely had damage to their teeth until we intervened. The damage was consistent with an incautious removal of the endotracheal tube used in general anesthesia. For whatever reason, some Anesthesiologists will remove the endotracheal tube very rapidly, and the resulting “whip” can and does damage teeth. **This can be avoided entirely if the retrieval is slowed down, and the person removing the tube protects the mouth and teeth with fingers properly placed to protect the teeth.**

The picture in this article is of a front tooth with damage typical of rapid endotracheal tube removal. Unfortunately, as is often the case, the patient had no idea when the edge was damaged or fell off, but she knew it was recent damage and she had undergone a procedure under general anesthesia. It is impossible to positively relate this damage to any specific event due to lack of records.

What can be done to minimize the risk to YOUR teeth? Unfortunately, the teeth can be damaged and the edges cracked, but the damage may not show up for months when the damaged edge finally falls off. If you or a loved one is going to undergo general anesthesia, it is an almost sure bet that if you ask “what can be done to avoid damage to my teeth?” The risk of damage is minimal.

Short of the time consuming and expensive trip to your dentist for photographs and impressions prior to surgery, a simple record can easily be made by the patient prior to general anesthesia by simply biting into “canning paraffin” or bees wax. Set the resulting wax impression into hot water until it is soft enough to easily bite into, then immediately put it in cold water. Scribe the date on the wax and put in the refrigerator. If there is a question about damage to the teeth immediately after the procedure, then a dentist can pour plaster into the mould and compare the plaster mould to the current state of the teeth.



Damage to a front tooth of unknown origin

A longer, more complete version of this article will soon be available on the www.jtimrainey.com website soon.

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