

Oral and Maxillofacial Surgery

Ø Oral surgery:

It is a division of dentistry involve in the diagnosis and surgical treatment of diseases, injuries, and defects.

1. The Oral Surgeon (OMFS):

Is a dentist who has received 4 to 6 additional years of postgraduate training in hospital based residency.

2. The Surgical Assistant:

Is one of the most important member of the surgical team, and had advanced knowledge and skill in:

- a) patient assessment and monitoring.
- b) specialized instruments.
- c) surgical asepsis.
- d) surgical procedures.
- e) pain control techniques.
- f) advanced cardiac life support.

Ø Surgical Setting :

1. Private Practice:

Consist of treatment areas similar to those in general practice add to it a surgical scale.

2. Operating Room (OR):

OR of the hospital with its special settings & equipments.

Ø Specialized Instruments and Accessories :

1. Elevators:

Many designs available, used to reflect periosteum from bone.
Straight elevators - root tip picks.

2. Forceps:

Available in many different shape and designs, used to remove the tooth from the socket in one piece.

3. Surgical Curettes:

Used after extraction to scrape the interior of the socket to remove diseased tissue or abscesses.

4. Rongeurs:

Used to trim alveolar bone.

5. Bone File:

Used with pull – push motion to smooth the surface of the bone after the rongeur has been used.

6. Scalpels:

Is a surgical knife used to make a precise incision into soft tissue with the least amount of trauma to the tissues.

7. Hemostats:

Used to grasp and hold things.

8. Needle Holders:

Looks and operates similar to a hemostat, to allow the surgeon to grasp a suture needle firmly.

9. Surgical and Suture Scissors:

Available with straight or curved blades, used to trim soft tissues, used to cut only the suture material.

10. Retractors:

Tissue retractors: used during surgical procedures to handle soft tissue as carefully as possible to prevent trauma.

Tongue and cheek retractors: designed to hold and retract the cheeks and tongue during surgical procedures.

11. Moth props:

Also known as a bite block, allows the patient to rest and relax the jaw muscles, and used in GA to prevent involuntary closure of the patient's mouth.

12. Chisel and Mallet:

Used to remove tooth and to remove or reshape bone.

13. Surgical Burs:

Used to remove bone and to cut or split the crown or roots of teeth.

Ø Surgical Asepsis:

1. Sterile Field:

Is prepared to hold surgical instruments and accessories that will be used during a surgery.

2. Surgical Scrub:

Is used to lessen the chance of infection.

3. Proper Gloving:

Use sterile prepackaged gloves that come in different size.

Ø Surgical Preparation:

- Preparing sterile field for instrument and supplies.
- Performing a surgical scrub.
- Performing sterile gloving.

Ø Surgical Assistant's Role in Oral Surgery:

1. Advanced preparation.
2. Treatment room preparation.
3. Patient preparation.
4. During the surgery.
5. After surgery.

Ø Surgical Procedures:

1. Forceps Extractions:

Described as routine or simple extractions, it's performed on a fully erupted tooth and has a solid intact crown and do not require placement of sutures.

2. Multiple Extraction and Alveoloplasty:

It is indicated when a patient is receiving a partial or full denture.

3. Removal of Impacted Teeth:

It is a complex extraction and need additional skill, knowledge, and instrumentation to remove a tooth.

4. Biopsy:

It is a process in which tissues are removed and examined to distinguish malignancies from nonmalignant lesion in the oral cavity.

Incisional biopsy - excisional biopsy - Exfoliative Biopsy.

Ø Post operative care:

1. Control of bleeding:

A folded gauze 2x2 inch placed over the socket for 30 minutes, If the bleeding continues call the dental office.

2. Control of swelling:

Can be controlled by using cold packs in a cycle of 20 minutes on and 20 minutes off, in the first 24 hours. After that heat

applied to the external area and rinsing the oral cavity with warm saline.

3. Performing suture removal:

Dental assistant should show competence in removing non absorbable suture.

Ø Post surgical Complications:

Alveolitis:

Caused by inadequate blood supply to the socket, trauma, infection, and dislodgment of the blood clot.