

Accidental Dental Damage During Anaesthesia - Full Clinical Guideline

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1. INTRODUCTION

The aim of this guideline is to provide guidance surrounding those cases where there is a likelihood of damage to the patient's teeth during anaesthesia. This covers all patients undergoing anaesthesia at University Hospitals of Derby and Burton NHS Trust.

2. THE TRUSTS POSITION ON HANDLING CLAIMS FOR COSTS INCURRED AS A RESULT OF DENTAL DAMAGE DURING ANAESTHESIA

In those cases whereby the likelihood of damage to the teeth is explained by the anaesthetist and it is recorded on the consent form, or that the patient is verbally advised of risk of dental damage and a note is made that this discussion has occurred, the Trust will not accept liability. If following anaesthesia, there is damage to teeth and a claim is filed with the Trust, then the Trust's legal team will revert to the anaesthetist who carried out the procedure for comment.

3. ASSESMENT OF RISK AND INFORMATION REGARDING DENTAL DAMAGE

The reported rate of dental damage during anaesthesia is approximately 1 in 4500, with most occurring during attempts to intubate patients, over 50yrs of age, with limited mouth opening. Patient factors that may increase likelihood of dental damage are poor dental hygiene or loose teeth, baby teeth and presence of crowns, fillings, caps or bridges. Patients who are difficult to intubate, have limited mouth opening and require a tracheal intubation involving laryngoscopy are at increased risk. However dental trauma can occur with supraglottic airway (SGA) and also at extubation or removal of SGD.

Assessment is critical and should be clearly documented within the anaesthetic record. Patients should be asked about loose teeth, and these should be examined. It is often advisable to inspect teeth with any bridges or dentures removed. It is important to warn patients of the risk of dental damage and to make an entry in the patient's medical or anaesthetic record what risks were discussed. There are prompts within the Anaesthetic Sheet, to fully document airway assessment, including mouth opening, dentition, range of movement of neck and Mallampati Grade. In addition, there is a prompt to discuss the potential for dental damage.

The Anaesthetic record should be used as the primary record for detailing clinical assessment and risks associated with anaesthesia. For those patients with an increased risk of dental trauma, it would be beneficial to make a further entry either within the medical record or the electronic patient information system, fully outlining what increased risks were discussed with the patient in greater detail than can be recorded on the anaesthetic sheet itself.

4. ANAESTHETIC OPTIONS IN PATIENTS AT HIGH RISK OF DENTAL INJURY

In patients who are identified as being at an increased risk of dental damage, the anaesthetist should consider whether any of the following options might be appropriate to help mitigate this risk.

- Use of a regional anaesthetic technique to avoid the necessity of airway interventions.
- Fiberoptic nasal intubation (either awake or asleep)
- Videolaryngoscopy
- Use of dental guards (although these may themselves result in loose teeth being dislodged)

If oral laryngoscopy is necessary particular care should be taken to avoid dental injury. Additionally, recovery staff should be warned of the increased risk to minimize the risk of injury occurring with removal of supraglottic airways or post-operative suctioning.

For patients that have a very high risk of damage it may be possible to do remedial dental work, and this should be considered prior to elective surgery that can be delayed on clinical grounds.

5. WHAT TO DO IN THE EVENT OF DENTAL INJURY

If a tooth is knocked out of the socket (avulsion), act immediately. If the adult tooth is from a healthy mouth and the patient is not immunocompromised, it may be possible to replace it. This is done by pushing the tooth into the socket and holding for several minutes. The tooth may be stored in saline or milk otherwise. It is important not to handle or touch the root surfaces. See Appendix 1 for further

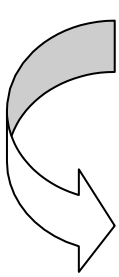
If a tooth is chipped or broken, it is important to locate the loose fragments and give these to the patient.

The patient should then be referred to their own dentist using the referral form included in appendix 2. A copy of this form should be filed with the patient's medical notes.

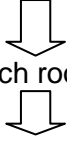
Appendix 1: Dental Trauma during Intra-Oral Procedure

Immediate actions:

Avulsion (Tooth out of socket)



DO NOT touch root surfaces

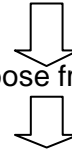


Store tooth in saline/milk

OR Push into socket and hold for several minutes (If tooth is healthy)

Damage (Tooth chipped or broken)

Locate loose fragments



Return loose fragments to patients (in a pot)

Post-operatively:

- Explain incident to patient
- Prescribe analgesia
- Dental Referral: Complete Dental Injury Patient Referral Form (as per appendix 2). 1 copy should go to the patient, and 1 copy should go in the patients notes.
- Fill in Datix form

If Day Case, prior to discharge, please give to patient:

- Analgesia, if appropriate
- Dental Injury Patient Referral Form
- Patient information letter

Appendix 2: Referral form for patient to take to own dentist.

Please insert hospital address (RDH or QHB)

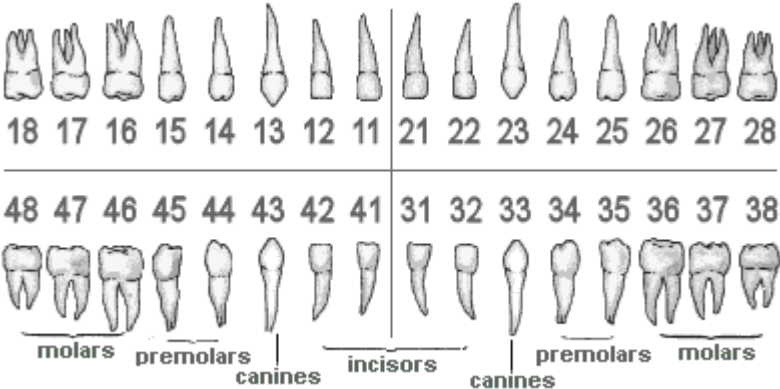
Tel: 01332 340131 (RDH)
01283 566333 (QHB)
www.uhdb.nhs.uk

Dental Injury Patient Referral Form:

Re: Patient Sticker

Dear Dr.

This patient has sustained dental injury during an intra-oral procedure on (date)_____



Tooth/teeth injured are shaded as shown.

Nature of dental Injury:

Immediate actions taken:

Analgesia prescribed:

Many thanks.

Consultant Anaesthetist
University Hospitals of Derby and Burton NHS Trust

Appendix 3: Patient Information Sheet

We are sorry that you suffered dental damage during the course of your operation. Unfortunately, damage to teeth is a recognised complication of anaesthesia and it happens in about 1 in 4500 general anaesthetics. Further information is available on: <https://www.rcoa.ac.uk/sites/default/files/documents/2022-06/04-DamageTeeth2019web.pdf>

We would advise you to make an appointment with your dentist at the earliest opportunity as they are best placed to deal with this.

The Royal Derby Hospital does not employ any dentists who would repair or replace a [crown/filling/dental bridge/other]. This type of treatment is carried out by dentists working in the community (General Dental Practitioners).

In the meantime:

If small lacerations in the mouth, avoid agitating affected site, spicy food, and hot food.

If bleeding, apply pressure with some gauze or clean handkerchief. If it persists, please contact your dentist for an emergency appointment.

If a tooth has been lost, the area will heal naturally. It is important to avoid disturbing the blood clot. If there is excessive bleeding, this can be controlled by biting on some gauze or clean handkerchief against the area for at least 20 min. If it persists, please contact your dentist for an emergency appointment.

If a tooth is loose/dislodged/replanted, you will need to see a dentist as soon as possible. In the meantime, keep area clean by use of soft brush, chlorhexidine mouthwash two to three times a day, and warm salty water rinses four to five times a day.

Documentation Controls

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