

# Dental Emergencies Associated With Anesthesia Practice

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*Editor's Note: The following is a summary of recommendations regarding the management of dental injuries during the perioperative period.*

## Preoperative Evaluation, Consent, and Consultation

Inform patient of potential trauma to natural and/or prosthetic teeth during anesthesia practice before providing anesthesia services. Obtain dentist consult whenever appropriate and possible prior to anesthesia to address dental disease and potential risk for patients with special dental issues (such as loose teeth due to periodontal disease, prosthetic teeth, active dental caries).

Have the patient remove all removable appliances from the mouth prior to anesthesia.

### Tooth enamel chipped

1. Locate enamel fragment(s).
2. Place fragments in available isotonic solution (saline, milk, or patient's own saliva).
3. Contact dentist for evaluation and indicated treatment once patient is medically stable.

### Tooth enamel-dentin fracture

1. Locate enamel-dentin fragment(s)
2. Place fragments in available isotonic solution (saline, milk, or patient's own saliva)
3. Contact dentist for evaluation and indicated treatment once patient is medically stable

### Tooth enamel-dentin fracture with pulp exposure

1. Locate enamel-dentin fragment(s).
2. Place in available isotonic solution (saline, milk, or patient's own saliva).
3. Apply digital pressure with saline-moistened gauze until bleeding stops.
4. Contact dentist for evaluation and indicated treatment once patient is medically stable.

### Tooth crown-root fracture with pulp exposure

1. Locate crown-root fragment(s)
2. Place in available isotonic solution (saline, milk, or patient's own saliva)
3. If bleeding, apply digital pressure with saline-moistened gauze at the site until bleeding stops
4. Contact dentist for evaluation and indicated treatment once patient is medically stable

### Tooth avulsion (tooth out of socket)

1. Time is of the essence
2. Locate tooth



Top Panel, avulsed teeth from trauma and Bottom Panel, chipped tooth indicated inside red circle.

3. If the patient's condition is such that the anesthesia provider concludes that replanting an avulsed tooth during or immediately after surgery creates a significant aspiration risk, do not replant the tooth. INSTEAD, place it in an available isotonic solution, and have patient seen by a qualified dentist as soon as the patient is medically stable. If the tooth cannot be replanted within 45 minutes (of the avulsion), the prognosis is quite poor.
4. Grasp the crown (white) portion using saline-moistened gauze. Do not touch the root portion. If visibly soiled, first rinse the root with saline, then replant the tooth in its socket immediately, pressing it into place with light digital pressure. If bleeding is present, address it by applying digital pressure with saline moistened gauze over the bleeding area after replanting the tooth.
5. Once active bleeding stops, contact dentist for evaluation and indicated treatment once patient is medically stable.

### Tooth position change due to trauma from an instrument with or without fracture(s)

1. Grasp the crown (white) portion of the tooth using a saline-moistened gauze and attempt to reposition the tooth back to its original position.
2. Contact dentist for evaluation and indicated treatment once patient is medically stable.

**NOTE:** If there is no dental service available to you at the time of a dental trauma event, place any teeth or tooth fragments in an isotonic solution (saline, milk, or the patient's own saliva) and send them with the patient to their private dentist or clinic as soon as the patient is medically stable.

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