

ANESTHESIOLOGISTS EXERCISE SOUND JUDGMENT WHEN REQUESTING A PREOPERATIVE DENTAL CONSULTATION



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INTRODUCTION

A feared complication of endotracheal intubation and oral manipulation during airway management is aspiration of a tooth. Therefore, it has become standard practice to determine whether patients have a loose tooth during the pre-anesthesia interview. In the event that a loose tooth is discovered, it has become common practice to refer the patient to a dentist to decide whether the loose tooth should be extracted prior to undergoing anesthesia for surgery. However, often, when a patient doesn't follow through and go to the dentist or doesn't consent to having the loose tooth extracted, despite dental recommendations, the surgery and anesthesia (both general anesthesia and MAC) proceed precisely according to the original plan with the possible addition of securing or protecting the loose tooth with a thread or a bite guard. This prompts us to question whether routine dental consultations, requested by anesthesiologists, is an appropriate use of increasingly scarce medical resources.

METHODS

We followed 57 patients, with a loose tooth, from the time they presented to the ambulatory pre-surgical testing suite, at one of our affiliated hospitals through completion of their surgery and anesthesia. We noted whether the patient went to a dentist, if the dentist suggested extraction of the loose tooth and whether the patient consented to allow extraction. Finally, we looked to see if the anesthetic plan was changed or if there was a negative outcome, associated with the loose tooth, in the patients who declined to follow the dental recommendation to extract their loose tooth.

7 Patients* who Presented for Surgery & Anesthesia without "dental clearance"

Pt.#	Type of Anesthesia		Modification of Anesth. plan/Comment	Negative Outcome
	Booked	Administered		
1	General	General	None	No
2	General	Spinal	Hysteroscopy/D&C. Anes. changed 2° to loose tooth. No complications.	No
3	General	Spinal	TURP. Spinal is anes. of choice even without loose tooth. General booked by surgeon to "cover all bases."	No
4	General	General	Loose tooth tied with suture.	No
5	General	General	This pt. didn't go to dentist	No
6	General	General	None	No
7	MAC	MAC	None	No

* 6 patients + 1 who didn't go to the dentist at all.

Patient Summary

- 57 patients were recommended to go for a dental consult
- 56 patients went to a dentist (1 didn't go to a dentist)
- 40 patients were told by the dentist to have the tooth extracted (16 were told by the dentist that they didn't need extraction)
- 6 patients didn't allow the dentist to extract their loose tooth (34 patients agreed to have the tooth extracted)

RESULTS

57 patients were recommended to go for a dental consult. 56 patients actually went to a dentist prior to surgery. 71% (n=40) of patients were told by the dentist to have their loose tooth extracted prior to surgery. 12% (n=7) of patients presented for surgery and anesthesia with a loose tooth that the dentist recommended be extracted or they didn't go to the dentist at all. The anesthetic plan (including general anesthesia) didn't change for almost all (86% n=6) of these patients and there were no anesthetic complications for any of these cases. Only 1 (14%) patient who had a loose tooth substituted the originally planned general anesthesia for regional anesthesia and this didn't affect the surgeon's ability to complete the intended procedure.

CONCLUSION

Anesthesiologists have a fairly high (71%) concordance with dentists regarding whether a tooth should be extracted prior to surgery. Nevertheless, it is interesting to note that all patients in this pilot study who presented for surgery and anesthesia with a loose tooth, had their intended procedure without any dental injury. However, a larger study would be needed to draw significant conclusions.