

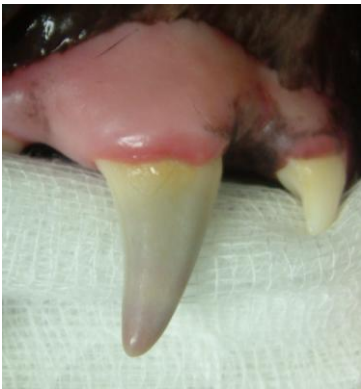
In-Theatre Information Guide to Common Oral Conditions

Print this guide out in colour and laminate for daily use in surgery

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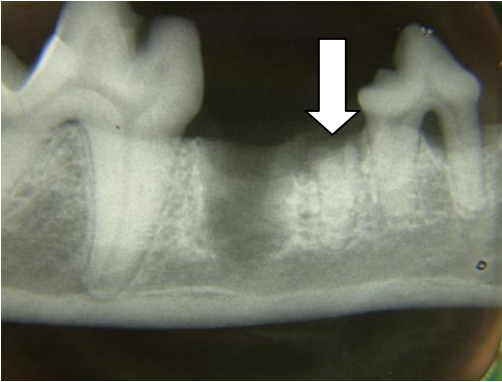
Discoloured tooth: pulpitis & necrosis very common.
Xray, RCT or extract



Caries ('dental decay'): xray & restore or extract



Fractured, worn, abscessed teeth: xray & restore
(usually root canal treatment 'RCT') or extract



Root remnant : radiograph & remove.

Do **not** – atomise or attempt ‘blind removal’ (**Warning!** Root migration)

If further trauma likely then radiograph, irrigate with saline, close site & ask for an opinion.

Root remnants >20% of root length and roots of infected teeth **MUST** be removed.



Retained deciduous teeth: intervene (xray & extract) if deciduous teeth not mobile.

Warning! Developing adult roots **VERY** delicate – do not place instruments between teeth.



Malocclusion: jaw/ teeth misaligned & likely trauma

(soft & hard tissues) and pain.

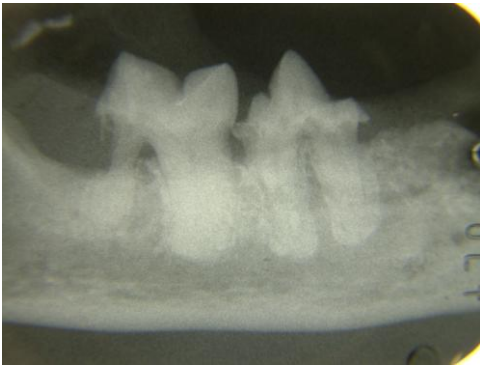
Xray & treat - shorten, move, extract or recontour.

NEVER ‘grind down’/ cut. Request opinion from referral colleague.

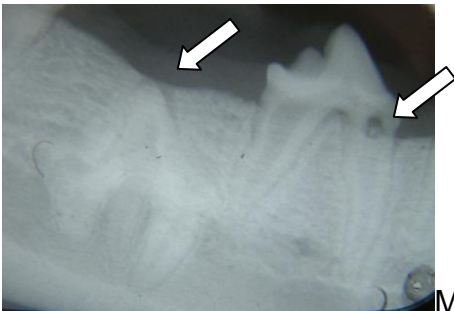
Resorptive Lesions- XRAYS REQUIRED. Identify lesion type and stage:
Ghosted---coronal amputation. Warning! This is NOT atomisation.
Root anatomy present, no ankylosis ----- extract
Root anatomy present, ankylosis ----- extract (likely v difficult, surgical technique)



Gingivostomatitis & resorptive lesions: perfect extractions under radiographic control. Adjunctive antibiotics & NSAIDs if safe.



Resorptive lesions: Xrays essential – lesions start on roots. Ascertain diagnosis (resorption type) & grade of lesions to guide surgery.



Missing tooth: radiograph (unerupted after jaw fracture fixation; note hole through tooth – tooth now necrotic). Avoid traditional orthopaedic techniques for oro-facial fractures.



Missing tooth: dentigerous cyst - investigate (radiograph + FNA, biopsy). Treatment usually cyst enucleation.
Caution - recurrence, jaw fracture, nerve damage, malignancy.

Periodontitis – can only treat effectively if owner will perform good homecare.
Mobility Class M2, M3 ----- extract OR treat
Pocket depth >5mm----extract OR treat (pocket reduction via root instrumentation)
Furcational bone loss Class F2, F3----extract OR treat
Gingival recession (root exposure)---if alone can treat IF area accessible to brushing



Gingival recession: brushing daily can save teeth.



Furcational bone loss: meticulous daily brushing essential to save – otherwise extract.



Oral mass: xray & wedge biopsy (minimum 5mm³).



Oronasal fistula: Avoid by preventing oro-nasal communications during extraction. **Warning!** closure options - 1st =best.

Lip trauma: prevent trauma by the lower canine (bone preservation, recontour)

Case treatment options include:

- restorations – fillings (tooth decay, enamel defects)
 - 'RCT' root canals (broken, pulp exposure, discoloured teeth)
- feline oral & dental medicine & surgery - stomatitis, 'neck' lesions etc
- orthodontics – treating problematic alignment of jaws/ teeth
- extractions – surgical techniques for difficult teeth
- periodontal therapy – saving teeth, preventing gum inflammation & osteitis
- jaw and maxillofacial surgery – jaw fracture, trauma, cysts
- oncology – investigation & treatment of tumours & masses

DENTAL CHECKS

Puppy & Kitten vaccinations:

- Mouth/ teeth fitting normally ('occlusion')
- Initiate homecare regime

Adolescent 5month check:

- Occlusion
- Teeth exfoliating & erupting/ emerging normally
- Consolidate homecare regime

1st Booster

- Mouth/ teeth fitting normally
- Consolidate homecare regime

Annual dental checks & vaccinations (ie checked orally at least every 6months)

- Consolidate homecare regime
- Assess for other initiating disease – early intervention!

Other

- Pre-acceptance onto 'internal insurance' schemes
- Checks every 3months for 'at risk' individuals eg resorptive lesion & periodontitis cases. Every 6months if oral hygiene & homecare good.
- Animals under GA for other operations (e.g. VN between GA checks)

What to look for:

- Halitosis
- Red or irregular gums
- Root exposure & gingival recession
- Broken, damaged or discoloured teeth
- Missing or worn teeth
- Holes in teeth, resorptive lesions
- Swellings or sinus tracts around face/ inside the mouth(e.g. at mucogingival line)
- Teeth not fitting properly ('malocclusion'), discharge from nose/ URT signs
- Changes in habits: eating, drinking, sleeping, play, behaviour ('grumpy', clingy etc)