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On the front of strike 1. Anesthesia of the dental nerve (royal family) and means 1. Technique 2. Territory anesthesia 2. Anesthesia of the palate nerve after 1. Technique 2. Territory anesthesia 3. At mandible level 1. Anesthesia of the lower palate nerve (lower oral nerve) 1. Technique 2. Signs of anesthesia 3. Causes of the defeat of trunk anesthesia in mandible 1. Too high 2. Too low 3. Too far back 4. Too far ahead 2. Anesthesia of ming nerf 1. Technique 3. Linguistic nerve anesthesia 1. Technique 2. Anesthesia V. Conclusion I Introduction anesthesia is a mandatory preliminary time for a surgical procedure. In dentistry, local anesthesia can eliminate painful sensations during surgery, this can be an extraction, an action of oral surgery, a broad, caring ... The technique of anesthesia is dependent: - With the proposed condition to be treated - at the headquarters of to its degree, to its severity - In the general condition of patients In odontostomatology, anesthesia techniques are limited - Local anesthesia or contact anesthesia - Anesthesia by penetration (injection) -> terminal or local -> Troncular or locoregional solutions Anesthesia was previously warned and the surgical field was disinfected. Infected or idle areas will never be injected with a direct anesthetic solution but away from infectious outbreaks. II Local surface anesthesia It is mainly used in odontostomatology for surface insensitization of the lining and skin. II.A. Indications - Before injection of anesthetic products in children - To complete the fingerprint of the upper jaw (significant nausea reflex) - To perform post-alveolar radio (nausea reflex) - Drainage of collections beyond surface size - Milk extraction or milk teeth (rhizalysed) - Crown prosthetic limbs, ortho orthothomeric ring - Scaling II.B. Its action Insensitizes the mucous membrane or skin by direct contact in a short and short-lived way and limited II.C. Technique II.C.a. Anesthesia or Anesthetics II.C. Technique II.C.a. Anesthesia or Anesthetics Cryoanesthetics Anesthetic products are projected directly onto the skin or mucous membranes, a volatile liquid that causes a sudden drop in local temperature, thus preventing the mucous membrane skin receptors from becoming white frost 1 Chelene Inhalation - Eye burns (mucous membranes) 2 Frijet (tetrafluoro-dichloro-ethane) Is currently in use but this use is still limited ii.C.b. Brushing Anesthetic products in the form of anesthesia products gelatin solution or gel 1 Technique - The surgical area is pre-dried, and a cotton swab soaked in anesthetic is combed on the mucosa The anesthetic effect appears only after a minute (Xylocaine at 5%) 2 Use - To prepare the site for intrusive anesthesia (especially at the level of cervical fibrosis) - To prevent nausea reflexes - Scaling 3 Warning - Injections of anesthetic products can occur after some application without immediate washing of the mouth - burning the lining of the lining - biting the lips in children - Wrong line (after anesthesia of the bar muscles management) II.C.c. Narinaire cushion anesthesia 1 Technique A Xylocaine wick is soaked at 5% and will be packed in the anearlier part of the nasal fos hole 2 Effect on the nerve trunk through the membrane - Result: anesthesia of the upper oral nerves before 3 Indicated - Cystic formation of the narinar threshold (action reserved in O.R.L) - To lift the inflammatory trismus muscle (regional anesthesia pterygo-maxillary) - Highly inclusive extract For contraception - Pulp anesthesia should be avoided in children under 6 years of age - Avoid concentrated anesthesia products at the pharynx level -> Accidental anesthesia of luetete or pharynx can cause paralysis even transient, still very dangerous because of the risk of false sugar : asphyxiation III Invasive anesthesia - Terminal principle (local) : It is to carry a syringe , anesthetic product when in contact with the deep nerve endings, so we talk about terminal anesthesia Material: - Carpula door - A one-time needle - Carpel anesthesia III.A.a. Para-apical anesthesia 1 Technique We touch peri-apical ingots to emotionless candy rubber, pneumococcal, ligaments and ligaments 1 The needle is inserted into the suspension reflex line next to the top of the extracted tooth (oblique angle of the needle towards the apex, against the bone) the product is injected as soon as the needle gradually penetrates into 2/3 of the contents of the carpula 2 times 2 times: the palate area Towards the palate, between the collar and the top of the extracted tooth, the anesthetic product (the other 1/3) is injected slowly to avoid diseases (see complications associated with anesthesia) Thick nasopharynx fibrosis and very sticky to the bone and the diffusion of the anesthetic product remains difficult: -> pain and the risk of necrosis at the injection site (because of the terminal blood vessels). 2 Effects Of para-apical anesthesia is immediately after injection and lasts between 30 and 60 minutes 3 Indicated - For the extraction of all upper molars - Incisivo-canine-premolar block - Oral Surgery ACT III.A.b. Anesthesia in ligaments 1 Principle The anesthetic product is carried out to the point of desmodontal space using a smooth and rigid needle 2 Technique 1 1 the first time the needle is inserted perpendicular to the axis of the tooth, pressed into the inter-toothed bulge, penetrates and anesthetes the round ligament, mesial face and then the far side of the tooth 2nd time Then , the needle is oriented in parallel with the tooth that almost sinks vertically in the desmodontal space in the alveoli towards Apex 3 Indicated - For extraction of joint teeth - For patients with hemolytic disorders (congenital disease), hemophilia-Willebrand) III.A.c. Endogenous infiltration Includes direct penetration into the oral mucosa; Therefore, it is a limited anesthesia for epithallic coating 1 Indicated It is indicated - for oral surgical action for biosynthesis, - In addition to trunk anesthesia - Or exeresis of a tumor 2 Simple technique, it consists in direct injection of anesthetic products at the level of the active area; it lasts 20 to 40 minutes III.A.d. Anesthesia in the bone It is a matter of directly putting the anesthetic product in contact with the nerves for a faster, more important and less dangerous anesthetic effect 1 Specify This technique can be used for all oral procedures, it is especially indicated in cases: - Tooth extraction in patients with a leading or or severe heast attack disorder (patients with severe hematopoiesis) - Preparation for a set of implants 2 This technique described by NOGUE in 1907, including crossing the cor to inject the anesthetic product directly into the spongy bone in the vicinity of the cortical treated tooth is not distributed , its puncture is absolutely painless A special device is used that allows external cortex and direct injection of anesthetics into the alveopaus bone 3 Benefits of this technique - Immediate anesthetic effect, depth of 15 to 20 minutes - Low risk of overdose (limited number of products) 4 Disadvantages - Short duration of effect - Risk of bone necrosis (do not use vascular drugs) - Need expensive materials, And especially special needle III.A.e. Septal anesthesia It requires a carp syringe with a piston notch to allow penetration under high pressure - The needle head technique is directed towards the central axis of the inter-dental septum, it tilts from 30 to 45 degrees. The principle is similar to the previous technique, it involves chiseling the cortex at the inter-regional septum level IV Trunk or lobe anesthesia This technique includes injection of anesthetic products (anesthetic solution) in the vicinity of the nerve trunk, to disinfect the entire area or territory under the dependence of this nerve trunk In odontostomatology, this technique allows: - Extraction of teeth in an infected environment - The extraction of some teeth - Convulsions of the lower molars - In oral surgery: surgical extraction of the included teeth, land or not excluded. Treatment of lower jaw fractures - Enucleation of the upper jaw cyst IV.A. Materials and products used - Either a carpule with a suction system, plus a once-used needle. Or use intrauterine syringes, disposable at least 2cc The anesthetic product used is usually Xylocaine at 2 to 3% without contraction (best) IV.B. At the upper jaw Indicated regional or trunk anesthesia in the upper jaw is still limited to oral surgery (long-term intervention, Area of infection) For example, 'Upper jaw cyst' - Tumor - Including tooth extraction - Reduction and rivarly fractures In general the extraction of the upper molars will be limited to local anesthesia (by penetration) knowing that the upper jaw bone is porous and the blood vessels are good This involves anesthesia in various terminal branches of the upper jaw nerve V2 , we cite - On the part of palatin - Naso-palatin nerve.B - Anesthetic of the anesthetic of the anesthetic of the anesthetic of the naso-palatin nerve The nerve appears from the naso-palatin channel at the level of the retro-incisive papillae 4 to 8mm from the collar of the upper incisive tooth. 1 Syringe technique is kept parallel to the middle axis of the upper incisiving teeth, the needle penetrates quickly at the back papillae level, the contents of the wrist (1.7 to 1.8ml) are injected 2 Anesthetic zones This technique allows desensitization before 1/3 of the palate, which is especially interesting in intervention long and deep (enucleation of a narinar threshold cyst, dental disincclusion ... etc.) 2 Post-palatin nerve anesthesia The opening of the palate tube after its oral appearance is between the period of the 2nd and 3rd molars greater than 1 to 1.5cm of the trap at the degree of depression. 1 Technique of anesthesia deposited at the entrance of the canal leads to the inapathy of the following 2/3 of the corresponding paiate hemi-vault (until pre-positive 1) 2 Surgical benefits of the later part of the bone palace IV.B.b. On the front of the suspension 1 Anesthesia of the dental nerve (mesotheatal) and average anesthesia of the orbital nerve The patient's head is straight and the gaze is fixed forward; orbital holes located on a downward line of the papillae at 5 to 8mm from the orbital edge below This is where the extra orbital nerve, the last branch of V2 gives: - Anestrative oral nerve (tooth and dog) - Median dental nerve (pre-vagina) - Palpebra nerve - Labial nerve - The nerve is then injected at the bottom of the frontal between the apex of the incisor and the canines Fingers control through the teguments, the progression of the needle into the hole under the orbit 2 Incisive territorial anesthesia, dog and premolar, forefasis, nasal area, upper lip, lower palpebral (on the same side) The catheter of the hole under the eye socket is a source of hematoma and the penetration of the needle is at risk of more than 2cm of eyeball 2 Anesthesia of the following palate nerves Here is anesthesia Twigs of the back teeth from the orbital branch of the technique V2 1 It is performed in retro-tuberositary , hard needles about 6cm are inserted on the side of the apex of the 2nd upper molars and then along the outer table that it must skip the needle to the back dental hole (2cm) Smoking before injection because the area is very vascular (alveolar spleen and pterygoidian ovary and alveolar branch of the inner upper jaw artery) 2 Territory anesthesia 3 upper molars and pre-suspension gum IV.B.c. At the lower jaw 1 Anesthesia of the lower palate nerve (lower oral nerve) Anesthesia of the most common area is performed in the Spix spine , when the nerve enters the lower dental tube - This canal is located in the center of the animation of the increased branch of the lower jaw on a parallel line of 1cm on the plane of the lower molars 1 Technique detected by the index finger of the left hand, the front edge of the upswing while the right hand holds the syringe (I.M, the disposable long needle) - The first syringe and needle are directed parallel to the crushed face of the molars - the mucous membrane is pierced at 1cm , above the jawed surfaces (face with the right hand 1 - at first, the penetration of the needle is made at the level of the pterygomaxillary ligament 2 - In the second, the needle is changed direction and the syringe is expelled to the opposite dog jaw area - the needle is pushed 2 to 3cm until bone contact is found near the spine Spix Kim is then removed with 1mm and the left hand then holds the body of the syringe , while the right hand checks the absence of a vascular break-in by inhalation in advance. If this aspiration does not bring blood, the entire anesthetic product is injected slowly 2 Signs of anesthesia After a few minutes, signs of anesthesia of the bronchial nerve appear that are: - Numbness of the lower lip and hemi-menton - Tingling at the lateral level of the tongue and commissure on the same side: Lingual nerve anesthesia is performed at the same time) Unlike the area where the forefatic gums are distributed by the oral nerve, regional anesthesia in the Spix spine should therefore be supplemented with additional pre-suspension infiltration (para-apical) Note: Inadequate para-apes anesthesia See the thickness of the frontal bone table and the language of the molars, para-apical anesthesia alone is still insufficient therefore the need for anesthesia of the trunk or spine due to the convulsions of the lower molars 3 The cause of the failure of trunk anesthesia in the lower jaw Failure is due to a bad technique Injection can be performed 1 Excessive anesthesia can affect the skin of the area of the 2 Too low under the spine Spix, anesthesia may only be interested in the language nerve 3 Too far back Due to insufficient angulation of the syringe; sun peripheral paralysis of the facial nerve 4 Too forward Due to a very pre-penetrating point 2 Chin nerve anesthesia It allows anesthesia of all incisivo-dog and premolar blocks, the chin hole is located classically underneath and between the apex of the 2 jaws - Technique including groping and chin catheterizing It is a technique that remains useless as long as peri-ap , this technique can harm the arteries and chin nerves (hematoma, desensitizing) 3 Lingual nerve anesthesia Language nerves can be simultaneously anestoly anestrated during anesthesia in the spine due to its anatomical location (the path parallel to the lower alveolytic nerve) But for interventions on the edges of the tongue (tumors ...) or the floor mouth, cysts, stones of the lower glands aesthetically removed 1 Technique of anesthesia consists of a simple penetration into the back floor in wisdom teeth (3rd molars) about 1cm from the inner table Anesthesia - Hemi language - floor and gum on the language side V Conclusion The purpose of anesthesia in practice odontostomatology is to be able to work without pain but all by knowing and mastering the techniques of anesthesia as well: 1 . Anesthesia of the upper jaw. 1 . Nasopalatin's anesthetic technique. 2 . Anesthesia of sub-orbital masses. 3 . Anesthesia technique of supermoon pre-jaws. 4 . Anesthesia technique of super molars. II. Lower jaw anesthesia. 1 . Techniques of anesthesia of incisis and fangs. 2 . Lower pre-production anesthesia techniques. 3 . Technique of lower jaw anesthesia. 4 . Anesthesia technique of the lower jaw block: Trunk anesthesia, indercte method. 5 . Lower jaw block anesthesia technique: trunk anesthesia, Gow-Gates Gow-Gates technique

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