# Aspiration before local anesthetic deposition: Its importance in dental practice

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#### **ABSTRACT**

Aspiration is an important and highly recommended step before giving a local anesthetic solution In this regard, a survey involving (50) dentists were requested to fill in a special form specifically designed for this purpose. The results showed that the majority of dentists (90%) do not routinely perform aspiration before giving a local anesthetic solution for one or more reasons.

Key word: Aspiration, local anesthetic solution.

الخلاصية

عملية السحب (Aspiration) هي خطوة مهمة ومفضلة قبل حقن المادة المخدرة الموضعية. في هذا الخصوص تم إجراء دراسة شملت خمسين طبيب أسنان طلب منهم إملاء استمارة خاصة صممت لهذا الغرض. أظهرت النتائج أن ما يقارب (٩٠%) من أطباء الأسنان لا يقومون بعملية السحب قبل إعطاء المادة المخدرة الموضعية لسبب أو لآخر.

## INTRODUCTION

It is well recognized that aspiration is a very important step in an injection technique before a local anesthetic solution or drug is to be deposited into the tissue or into a blood vessel near the vicinity of the needle inserted (1,2,3,4). In regard to dentistry, achieving negative aspiration in a dental cartridge will aid in the success of anesthesia as well as will avoid the intravascular injection of solution, which is a potential hazard in oral and maxillofacial procedures with its possible side effects and complications (3,5,6,7,8). Aspiration, which is designed to minimize such outcomes, is a common but far from universal practice (3). Even when aspiration is attempted, the incidence of intravascular injection is not eliminated entirely (9,10,11). In infiltration techniques, aspiration may not be important as the needle is not inserted deeply into the tissue and only minor blood vessels are present around the needle where its lumen is greater than the blood vessel itself (3,4).

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Not so in nerve block techniques of either the maxilla nor mandible where achieving negative aspiration is a must before giving a local anesthetic solution (12.13.14). The presence of major blood vessels in the area surrounding the dental needle in an Inferior dental block, Posterior superior alveolar nerve block and Infra orbital nerve block technique obligates the administrator to perform aspiration before giving a local anesthetic solution (3).

Several cases in the literature have been reported whereby the local anesthetic solution was deposited into a blood vessel resulting in adverse side effects and complications as for e.g. ocular disturbances, tachycardia, fainting ... etc. (15.16.17). For this purpose, a survey was conducted in an attempt to reveal the facts behind why most dentists ignore such a simple but most important step.

## **METHODS**

The survey involved (50) dentists who were requested kindly to fill down a data form designed for this study. The form included the following questions:

Do you perform aspiration before giving a local anesthetic solution?

	Yes	No.	
If	No Why	?	
- '	Time consumi	ng?	
- ]	No aspiration	syringe availa	able?

#### RESULTS

- Other reasons if any?

The results showed the following:

1/(10%) of dentists stated Yes they do routinely perform aspiration especially in block techniques.

2/(90%) of the dental colleagues stated No, (75%) of them said that they do not possess an aspirating syringe, (11%) stated that it was time consuming, while (4%) stated that it was too difficult to perform aspiration before giving a local anesthetic solution. The above results are summarized in the following table:

% of Dentists Performing Aspiration	% of Dentists not Performing Aspiration
10%	90% 75% No syringe available 11% Time consuming 4% Too difficult

## **DISCUSSION**

It is well recognized that achieving negative aspiration before giving a local anesthetic solution and especially in nerve block techniques is a very important step for its success as well as avoiding any possible adverse reactions when the solution is injected into a blood vessel (16). Several reports in the literature are available where the local anesthetic solution was deposited into a blood vessel resulting in serious complications (12.13,14,18). It is also known that these reactions and complications are either due to the local anesthetic agent itself or the vasoconstrictor contained within the solution (17,19). Whatever the agent responsible for the reaction it is the duty of the dentist solely to provide the patient with a secure and safe atmosphere where dental treatment can be performed with success. Although, local anesthesia has been proven to be safe throughout its decades of use, ignoring a simple but basic step, which is achieving negative aspiration, may unfortunately result in serious consequences such as tachycardia, sweating and fainting.

#### REFERENCES

- Bennett R. Monheim's Local Anesthesia and Pain Control in Dental Practice. 5<sup>th</sup> Edn. CV Mosby Co.1974.
- 2. Geoffrey LH, Whitehead FIH. Local Anesthesia in Dentistry. 2<sup>nd</sup> Edn. Bristol: John Wright and Sons Ltd.1981.
- 3. Malamed S. Handbook of Local Anesthesia. 4th Edn. CV Mosby Co. 1997.
- Jastak JT, Yagiela JA, Donaldson D. Local Anesthesia of the Oral Cavity. WB Saunders Co. 1995.
- 5. Cole JK. Ocular complications resulting from intrarterial injection during inferior alveolar nerve anesthesia. *Anesthesia Prog.* 1982; XXIX (1), Jan-Feb: 9-10.
- 6. Fish LR, McIntire DN, Johnson L. Temporary paralysis of cranial nerves III, IV, and VI after Gow-Gates injection, *J Am Dent Assoc*. 1989; 119 July: 127-130.
- 7. Levy SM, Baker, KA. Considerations in differential diagnosis of adverse reactions to local anesthetic: Report of case. J Am Dent Assoc. 1982; 113 August: 271-273.
- 8. Pateromichelakis S. Cardiorespiratory effects of intravascular injections of lidocaine in the anesthetized rat. *Oral Surg Oral Med Oral Pathology*. 1995; 79(1): 36-40.
- 9. Meechan JG, Blair GS, McCabe JF. Local anesthesia in dental practice: II a laboratory investigation of a self aspirating system. *Br Dent J.* 1985; 159: 109-113.
- 10. Bartlett SZ. Clinical observations on the effects of injections of local anesthetics proceeded by aspiration. *Oral Surg Oral Med Oral Pathol*. 1972; 33: 520-522.
- 11. Rood JP. Inferior dental nerve block: routine aspiration and a modified technique. Br Dent J. 1972; 132: 103-106.
- 12. Replogle L, et al. Cardiovascular effects of intraosseous injections. J Am Dent Assoc. 1999; (130)May: 649-657.
- 13. Knoll-Kohler E, Frie A, Becker J, Ohlendorf D. Changes in plasma epinephrine concentrations after dental infiltration anesthesia with different doses of epinephrine. *J Dent Res.* 1989; 68: 1098-101.
- Kiyomitsu Y, Sugiyama K, Joh S. The effects of catecholamines added to lidocaine on cardiac function. Anesthesia Prog. 1989; 36: 198-200.

- Blaxter PL, Britten MJ. Transient amaurosis after mandibular nerve block. Br Med J. 1967; 1: 681.
- 16. Laskin DM. Diagnosis and treatment of complications associated with local anesthesia. *Int Dent J.* 1984; 34: 232-237.
- 17. Huang KC. Effect of intravenous epinephrine on heart rate as monitored with a computerized tachometer. *Anesthesiology*. 1990; 73: 762-764.
- Perusse R, Goulet JP, Turcotle JY. Contraindications to vasoconstrictors in dentistry: Part II. Oral Surg Oral Med Oral Pathol. 1992; 74: 687-691.
- Cooper JC. Deviation of eye and transient blurring of vision after mandibular nerve anesthesia. J Oral Surg Anesth Hosp Dent Serv. 1962; 20: 151.