Patient Information Leaflet

RISKS ASSOCIATED WITH YOUR ANAESTHETIC

Damage to Teeth, Lips and Tongue

Department of Anaesthesia

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Damage to the teeth during a general anaesthetic is about 1 in 4500 general anaesthetics. Serious damage to the tongue is rare but minor damage to lips or tongue is very common.

Why does damage happen?

When you are anaesthetised, you lose control of your airway and cannot breathe adequately for yourself. Your anaesthetist will choose an appropriate airway device to ensure you can breathe properly. Even in the most skilled hands, there may be some difficulty and a certain amount of force may be needed which can damage teeth and the soft tissues of the mouth or nose. The surgeon can also damage your teeth, lips and tongue during operations in the mouth or throat.

What type of damage may occur?

- Lacerations (minor cuts) or bruising to the lips and tongue are very common, probably 1 in 20 general anaesthetics. These injuries can be treated with simple ointments and they generally heal quickly.
- Teeth or dental works such as crowns, bridges or veneers may be broken, chipped, loosened or completely removed by accident. The upper front teeth are the most frequently damaged. Damage to a tooth needing subsequent removal or repair occurs in 1 in 4500 general anaesthetics.
- Rarely, pressure from an airway device causes damage to nerves of the tongue that lead to numbness and loss of tongue movement. These changes are almost always temporary and recover fully in a few weeks.

What about false teeth?

You will be asked to remove false teeth before a general anaesthetic as they may be dislodged or damaged during airway device insertion and removal. If you have partial dentures or plates you may be asked to leave them in place if the anaesthetist thinks they would protect your own teeth. In this case there is a risk of damage to the false teeth.
Who is at increased risk of damage to teeth?

Anyone undergoing a general anaesthetic is at some risk, certain factors increase this possibility. These include

- Any person with teeth in poor condition (decay or failing dental work). Two thirds of teeth injuries happen in this group.
- Anyone with artificial dental work ( veneers, caps, crowns)
- Anyone having an examination or operation on their neck, mouth, jaw or gullet
- Anyone with prominent upper teeth, a small jaw, reduced mouth opening & neck movement
- Certain conditions like rheumatoid arthritis and burns to the neck and face
- Pregnant women requiring emergency general anaesthetic and very overweight patients.

What steps are taken to prevent damage to my teeth?

If your teeth or gums are in poor condition, it is advisable to see your dentist before your surgery. You must alert the anaesthetist of any loose teeth or dental work and of any damage to your teeth during a previous anaesthetic.

What happens if my teeth are damaged during an operation?

Your operation should proceed as planned. If a tooth has been completely dislodged, it will be removed or secured before you wake up. If a tooth has chipped or cracked, the anaesthetist will make a note of it and inform you when you recover.

Immediate treatment includes pain relief and an explanation of the event. Depending on the injury, your tooth may need repair, re-implantation or extraction. Damaged veneers, crowns or bridges may also need repair. The dental team at St Helens and Knowsley NHS Trust can assess the damage and provide recommendations free of cost but you will need to visit your own dentist for any treatment required. You will be able to claim assistance with the cost of such repairs. However, if you were informed before your operation that there was a risk of damage to your teeth then you will need to accept that this was an unavoidable risk and meet the costs yourself.

This leaflet can be made available in alternative languages/formats on request.
For further advice please telephone

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