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The incidence of post-operative paraesthesia following orthognathic surgery

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During orthognathic surgery, there is risk of damage to maxillary and/or mandibular branches of the trigeminal nerve (CNV) which supplies the sensation to the face. These branches may be inadvertently compressed, retracted or transected during sub-periosteal dissection causing potential disturbance in signal transmission, with resulting paraesthesia. At Cumberland Infirmary an audit was used to assess paraesthesia immediately post-surgery, paraesthesia following a recovery period and to assess the most common areas affected by paraesthesia in post-orthognathic surgery patients. Average time of sensation recovery and the effect of paraesthesia on the quality of life were also investigated. Using a specifically designed questionnaire to assess paraesthesia via self-report, retrospective data was collected from a number of post-orthognathic surgery patients. Patients ranged from having surgery 6 months to 8 years previously, 19 to 45 years of age. Comparison of the collected data and that found in the literature was executed, to see whether the level of paraesthesia following orthognathic surgery in Cumbria was high, low or average. Following analysis, several changes were implemented to instigate reduction in permanent nerve damage. Results were also utilized for the consenting process, to provide patient information regarding paraesthesia subsequent to orthognathic surgery.

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Oral manifestations of adverse drug reactions

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Adverse Drug Reactions (ADRs) to prescribed medications are quite common and may have a variety of clinical presentations in the oral cavity. An estimated 10-20% of hospital admissions are related to adverse drug reactions and in approximately 7% of those in the ambulatory setting. Mucocutaneous eruptions are often central to these untoward reactions. As newer therapeutic agents are approved, it is likely that more ADRs will be encountered. These ADRs have a broad spectrum of clinical manifestations that can mimic those of other disease states including both local and systemic conditions. ADRs mechanisms are not always known and ADRs are not always predictable since aspects other than drug pharmacodynamics and or pharmacokinetics as well as various interacting variables contribute to the final outcome. The benefits of using any particular medication must of course always be weighed against the side effects and some considerations include the necessity for the medication and availability of substitute agents, how severe the side effects are the frequency of occurrence of such ADRs, whether can be eliminated by lowering the dose and whether the ADRs may be easily treated.

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