

CROOKES & JENKINS

DENTAL

# Dental Trauma

Information Pack

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[crookesandjenkinsdental.com.au](http://crookesandjenkinsdental.com.au)

# Dental Trauma

Many contact sports can unfortunately cause unwanted injuries and accidents. The mouth and teeth are very prone to bumps and bruises from sporting related activities. Accidents can happen anytime and not just on the sporting field, but dental injury risk can be mitigated when playing sport.

Depending on the type of sport you are involved in, your association, club, team mates, parents or dental professional may recommend a mouthguard be worn during training and matches.

Dental trauma can present in many forms - loss of teeth (avulsion), teeth pushed into the gum, enamel and/or root fractures, teeth piercing through lips, tongue trauma, blows to the face etc. It is always best to contact your dental professional should an accident occur or seek emergency medical treatment at a hospital.

A great resource to view is the Dental Trauma guide: <http://dentaltraumaguide.org/>

## What to do in the case of a dental emergency?

Avulsed Teeth (tooth is lost from the mouth):

- Try to locate the tooth
- If a 'baby' tooth is avulsed, DO NOT put the tooth back in the socket, this may cause damage to the permanent tooth.
- If an 'adult' or permanent tooth is lost, hold the tooth by the crown only, and briefly rinse any dirt or grass off with water, do not rub the root of the tooth
- If you are able to, place the permanent tooth back into the socket, ensure it is facing the right way around, it is important to do this within 10-15 minutes of the tooth being knocked out
- Ask the patient to hold the tooth in place by biting on a soft cloth or alternatively if they have a mouthguard with them this can be used to hold the tooth in place
- If it is difficult to reinsert the tooth, keep the tooth moist by having the patient hold the tooth on the inside of their lip.
- Alternatively keep clean in some milk, wrap in cling wrap, or ask the patient to spit into a container and transport the tooth in this. Never store the tooth in water.
- To control bleeding, apply pressure directly to the site with a clean cloth; to minimize swelling an ice pack or compress can be applied
- Reassure the patient, call your dentist and advise them of the accident
- Make your way to the dentist or emergency department of your nearest hospital
- If the adult tooth can be re-implanted, the dentist will reposition the tooth into the socket and bond it to the other teeth temporarily with a wire and dental bonding agent.



# Treatment Possibilities

## **Mild injuries, involving little or no mobility and minimal bleeding from the soft tissues:**

- No treatment required
- Observe
- Soft food for 1 week
- Maintain good oral hygiene with a soft toothbrush
- Clinically review at 1 and 6 weeks

## **Severe injuries involving mobility and displacement or fracture:**

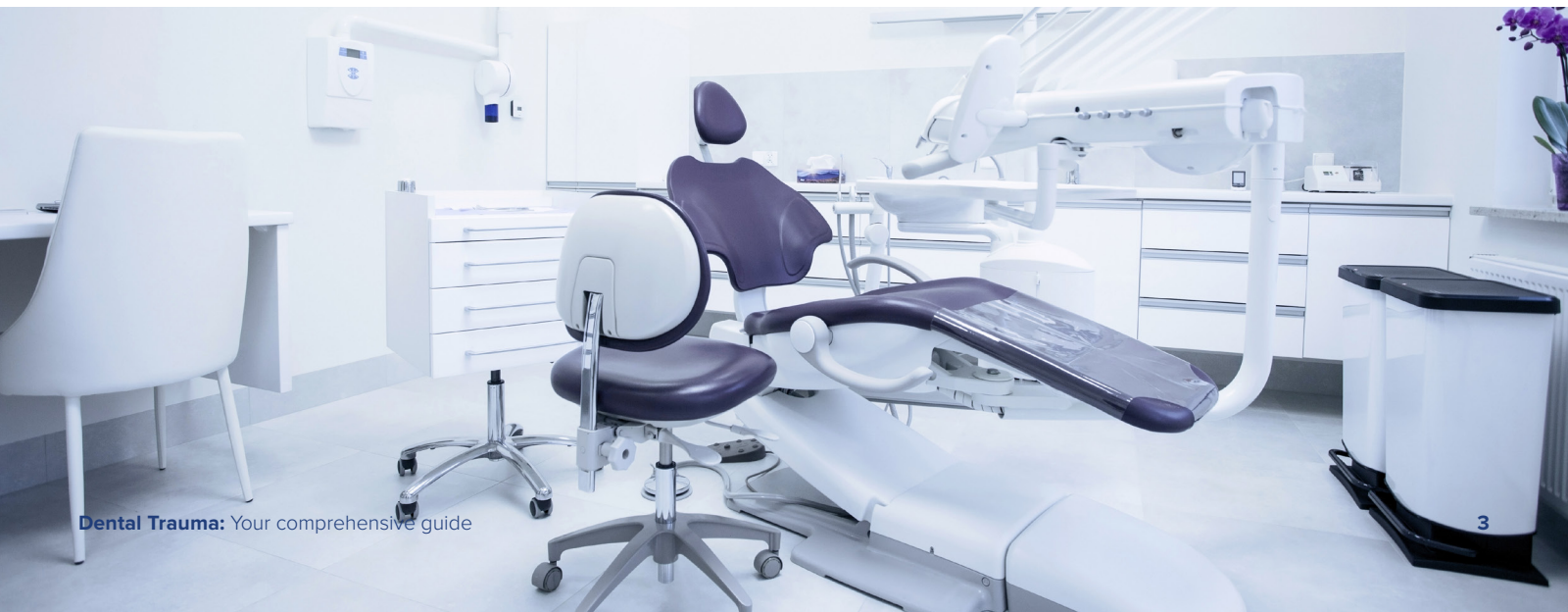
- Careful repositioning by a dental professional
- Replacement of enamel or dentine fracture with filling material
- Extraction of primary tooth for severe extrusion or intrusion
- Clinical and x-ray review in 3, 6 weeks, 6 months and 1 year

## **What to do if your child sustains a dental injury or trauma:**

1. Calm the child and gather information as to how the injury occurred (if unknown).
2. If the injury is severe (loss of tooth, broken tooth, bleeding from the site or face) call your local dental practice.
3. Apply a cold compress to reduce swelling.

## **At the Dentist:**

1. Give as much detail about the incident as you can, complete a thorough medical history and advise of any allergies the child may have.
2. A clinical examination will be performed, the dentist will examine the face, mouth and head for any fractures or further injury
3. Radiographs (X-rays) may be taken
4. Photographs of the injury may be taken
5. Depending on the type of injury sustained treatment will vary.
6. If the tooth has been displaced and is mobile it will be irrigated with a saline spray to disinfect, repositioned by the dentist, splinted temporarily with a wire, and x-rays taken in approximately 6-8 weeks time, 6 months time and in 1 years time to assess healing.



# Follow Up Care

## What to expect and look out for after trauma:

Possible complications that may occur include swelling, dark discoloration of the crown of the tooth, increased mobility, or development of an abscess.

Children may not complain about pain; however, infection may be present and parents should watch for signs of swelling of the gums and bring the child in for treatment.

Further clinical examination and xrays may be performed in the weeks and months following a dental trauma. It is important to watch for any changes to the surrounding bone and soft tissue attachments.

Pain relief maybe required in the short term following an injury; cold compresses for swelling and a soft diet are often recommended.

Primary teeth maintain space in the dental arch for permanent teeth to erupt into, therefore it is important to seek dental advice after an injury.





## Contact Us

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