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2007 IADT Guidelines for Management of Traumatic Dental Injuries

Enclosed you'll find a handy guide developed by the International Association for Dental Traumatology, an **organization which includes among its directors Dr. Leif Bakland and Dr. Jens Andreasen, world leading experts in dental trauma**. The guide will help categorize fractures and luxations of natural teeth. "Crown fractures and luxations occur most frequently of all dental injuries. An appropriate treatment plan after an injury is important for a good prognosis. Guidelines are useful for delivering the best care possible in an efficient manner. **The International Association of Dental Traumatology (IADT)** has developed a consensus statement after a review of the dental literature and group discussions. Experienced researchers and clinicians from various specialties were included in the group. In cases where the data did not appear conclusive, recommendations were based on the consensus opinion of the IADT board members. **The guidelines represent the current best evidence, based on literature research and professional opinion.**"

Endodontic Implications of Bisphosphonate-Associated Osteonecrosis of the Jaws

AAE Recommendations:

The following is recommended when considering the endodontic implications of treating patients taking bisphosphonates:

- **Recognize the risk factors** of bisphosphonate-associated ONJ.
- Patients at higher risk for bisphosphonate-associated ONJ include **those patients taking I.V.** bisphosphonates. Preventive procedures for high risk patients are important to reduce the risk of developing ONJ because **treatment of ONJ is not predictable at this time. Preventive care** might include **caries control, conservative periodontal and restorative treatments**, and, if necessary, appropriate **endodontic treatment**. Similar to the management of the patient with osteoradionecrosis, this might include nonsurgical endodontic treatment of teeth that otherwise would be extracted. Teeth with extensive carious lesions might be treated by nonsurgical endodontic therapy possibly followed by crown resection and restoration similar to preparing an overdenture abutment. **For patients at higher risk** of developing bisphosphonate-associated ONJ, **surgical procedures such as tooth extractions, endodontic surgical procedures or placement of dental implants should be avoided if possible.**
- Patients at low risk for bisphosphonate-associated ONJ include those patients taking oral bisphosphonates. Appropriate clinical procedures might include intraoral examination, indicated dental procedures (e.g., regular checkups, caries control, appropriate periodontal and restorative treatments), and patient education about the symptoms of bisphosphonate-associated osteonecrosis of the jaws and their low risk for developing ONJ from surgical or soft tissue procedures.
- As usual, informed consent for endodontic procedures should involve a discussion of risks, benefits and alternative treatments with the patient.

- **Consider bisphosphonate-associated ONJ when developing a differential diagnosis of nonodontogenic pain.**
- **Utilize the entire health care team**, including the patient's general dentist, oncologist and oral surgeon, when developing treatment plans for these patients.
- **Cases of bisphosphonate-associated osteonecrosis of the jaws should be reported to the U.S. FDA MedWatch Online** at: <https://www.accessdata.fda.gov/scripts/medwatch/>. Additional background information on how to report adverse effects of drugs can be found at: www.fda.gov/opacom/backgrounders/problem.html.
- Be aware that **the knowledge base for bisphosphonate-associated ONJ is rapidly increasing**, and it is likely that these recommendations may change over time. Thus, the **practitioner is encouraged to monitor developments in this area.**

Confused by Louisiana State Board of Dentistry Conscious Sedation Regulations?

Some types of oral conscious sedation require a permit and others do not as demonstrated by the following statutes from the State Board:

“It has been determined that the perioperative titration of enteral medications with the intent to achieve a level of conscious sedation poses a potential overdosing threat due to the unpredictability of enteral absorption and may result in an alteration of the state of consciousness of a patient beyond the intent of the practitioner. Such potentially adverse consequences may require immediate intervention and appropriate training and equipment.”

“**Permits shall not be required for the induction of anxiolysis** on a patient in a dental practice. This shall include the administration of an enteral sedative, narcotic analgesic medication, or both, administered in doses appropriate for the unsupervised treatment of anxiety. Except in extremely unusual circumstances, the cumulative dose shall not exceed the m.r.d. as per the manufacturer's recommendation. It is understood that even at appropriate doses, a patient may occasionally drift into a state that is deeper than anxiolysis. As long as the intent was anxiolysis and all of the above guidelines were observed, this shall not automatically constitute a violation. A permit shall not be required for the perioperative use of medication for the purpose of providing anxiolysis. **For a patient under the age of thirteen, the administration of more than one agent of any type, including nitrous oxide, shall be considered conscious sedation, not anxiolysis, and shall require a conscious sedation permit.**”

In order to completely understand the regulations, we recommend taking the DOCS course titled, “Oral Sedation Dentistry”. Our team will be attending this course in Nashville in August. For more information, please visit the DOCS website at www.sedationdocs.com.

On a “Lighter” Note...

Please find the enclosed entry form to enter to **win a cordless, compact curing light**. Since it's got no strings attached, so does our offer! We want to help “cure” you of those winter blues! Good luck!

We appreciate your continued support and we consider the opportunity to work with you, your patients and your team a privilege. Best wishes to all of you for a wonderful spring!

With a grateful heart,

Catherine