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## Nerve block anesthesia in dentistry

the ability to anesthetize areas of the mouth is of great advantage for patients who otherwise experience unpleasant sensations during many types of dental treatment. The original local anesthetic (LAS) in 1800 was cocaine, 1 followed by Procaine (which goes from the commercial name of Novocaine), and at the end of the Lidocaine, which is still the main Los Angeles in use today. Today there are five highly effective and secure LAS in common use. Sign up in alphabetical order, these are Articaine, Bupivacaine, Lidocaine, Mepivacaine and Prilocaine. LAS reversibly blocks the generation and propagation of the binding action potential sites on nerve membrane sodium channels. Therefore, their administration eliminates sensations from an area of the mouth. Overview of the work technique in the jaw, the LAS can usually be administered adjacent to the teeth to which to work, by means of a block or infiltration of the paraperiosteal field. This is due to the relatively porous alveolar bone so that the can penetrate more easily and reach its action sites on the nerves that provide sensations to the teeth pulp and the gingiva in that area. The mandible is very different. The outer layer of the Cortical bone is often and non-porous, which normally requires the use of a nervous block. There are 3 main approaches to achieve anesthesia in the mandible: the lower alveolar nerve block, also known as the inferior alveolar nerve block (IANB), the Gow-Gates technique, and the Vazirani-Akinosi technique. The IANB is the most common and is performed by depositing anesthetic into the inferior alveolar foramen. The Gow-Gates technique is performed by depositing anesthetic into the mental foramen. The Vazirani-Akinosi technique is performed by depositing anesthetic into the mental foramen. The anxiety of the patient concerning intraoral injection is common, and an anxious patient who is sitting vertical will be prepared to faint. The topical anesthetic can be positioned before any injection. It should remove the initial feeling of the needle penetration, and therefore can be value. If used, you should allow a few minutes for the onset of action. The needle of needle penetration is also reduced by the retraction of the soft fabric such that the mucosa is tense. With all mandibular techniques it is preferable to use a 25-caliber long needle. The 25 gauge is preferable to smaller calibers for two reasons. First, we must always aspire before a mandibular block to avoid injecting in a blood vessel and the suction results are more reliable with this caliber. Secondly, there is less deflection, an important feature for a deep block. Studies have shown that patients cannot differentiate between 25, 27 or 30 gauge, so there is no advantage in the use of smaller gauges. The main objective of each of the mandibular blocks is the anesthesia of the lower alveolar nerve, which innervates the mandibular teeth pulp on that part, as well as the buccal periodontal front at the first molar. For each of the three techniques, this objective is accomplished by depositing anesthetic within the PterigoScape Space. This anatomical space contains the lower alveolar nerve and the lingual nerve, which is usually anesthetized by these techniques. It also contains the high alveolar artery and vein and the fading ligament. This space is limited sideways from the branch of the jaw, medially and inferior from the medial muscle pterygoid, superiorly by the lateral muscle of Pterigoid, after the parotid gland, and before the sublingual gland and the sublingual gland. With all the mandibular techniques it is best to start fearing the intraoral points of reference, which to the same extent are similar. Lower alveolar nerve block The most commonly used technique The mandibular anesthesia is the block of the lower alveolar nerve. This is also known as the standard mandibular block or the Halstead technique. It is performed by depositing anesthetic into the inferior alveolar foramen. The Gow-Gates technique is performed by depositing anesthetic into the mental foramen. The Vazirani-Akinosi technique is performed by depositing anesthetic into the mental foramen. The lower alveolar nerve block is the lower alveolar nerve, which innervates the pulp of the mandibular teeth in that quadrant, from the third molar to the central incisor. Furthermore, the buccal periodontal front to the first molar is anesthetized through its innervation of the mental nerve. Moreover, often anesthetizes the lingual nerve and therefore the front 2/3 of the tongue and soft tissues. The goal of this technique is to place the needle tip over the mandibular foramen, in the sulcus just behind the lingula. Here is where the lower alveolar nerve is inserted in the mandibular channel. The lingual nerve lies only before and medially, and is therefore often anesthetized together with the lower alveolar nerve. Bony reference points: Standard block The bony reference point is noticed by palpating the external oblique crest, until it is in the highest depth, which is the coronoid notch. It does not move the thumb or finger medially until the internal oblique crest is faded. This point should be mentally noticed where the needle must be inserted only medial for this reference point. At this point it is possible to move the finger again laterally to the external oblique crest, thus making the tissue tense and exposing the reference points of soft tissues. The last point of insertion is the mandibular groove, just behind the lingula. It is in this site that the lower alveolar nerve inserts in the mandibular foramen. Soft tissue reference points: Standard block The finger or thumb on the hand retracting hand The outer oblique ridge is in the highest depth, which is the coronoid notch. Move the lingual finger until the internal oblique crest is faded. This point should be mentally noticed where the needle must be inserted only medial for this reference point. Now, move the finger again laterally to the external oblique crest, thus making the tissue tense and exposing the reference points of soft tissues. The last point of insertion is the mandibular groove, just behind the lingula. It is in this site that the lower alveolar nerve inserts in the mandibular foramen. Soft tissue reference points: Standard block The finger or thumb on the hand retracting hand The outer oblique ridge is in the highest depth, which is the coronoid notch. Move the lingual finger until the internal oblique crest is faded. 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