

Pain Management

StKildadentist
Quality Contemporary Dentistry



Pain Management

Most dental pain is caused by inflammation rather than infection. As such pain killers and anti-inflammatory drugs usually will help more than antibiotics. For example, the 'classic' toothache is pain from an inflamed nerve in a tooth rather than an infection. The causes of the inflammation of the nerve can be varied and include Caries (dental decay); deep fillings; internal cracks in teeth to name but a few.

If/when a nerve dies completely then the pain (toothache) may actually disappear initially. However, bacteria soon invade the root canal space which contains the dead nerve and multiply often causing a localised or spreading infection. Localised infections are commonly known as abscesses and are usually very tender to pressure. Spreading infections are known as cellulitis and, whilst sometimes not that painful, can result in large facial swelling and can be dangerous.

Obviously the best treatment for dental pain is to get to see a dentist as soon as possible so a diagnosis of the problem can be made and the appropriate treatment carried out. The fastest and most effective pain relief is achieved with the use of the appropriate local intervention and topical medicaments delivered directly to the problem area.

However, if you are in a situation where direct help from a dentist isn't immediately available, then this advice may be of some help.

If the pain you are experiencing is of a dull throbbing nature which comes of its own accord or is there constantly, the source of which is hard to locate exactly, and it is exacerbated by hot or cold, then the source of the pain is probably inflammatory rather than infective. The best drug management for this type of pain is outlined in the tables overleaf.

If the pain you are experiencing is a background ache but with a particular tooth that is very tender to touch, with possibly a visible swelling on the gum next to the tooth, then you may have an abscess. Although this is basically now an infective problem the fact that the infection is 'contained' within the sealed abscess away from the body's blood supply means antibiotics will probably not help. The abscess needs to be drained, either directly or through the tooth, for definitive pain relief. Until this can be done the pain management strategies outlined at the end of this page will help control the general pain (though not the tenderness to pressure).

If you have a generalised swelling of any part of the head or neck, and possibly a fever (probably, though not always, having previously had some of the other symptoms mentioned above) then this is indicative of an infection that has begun spreading generally through the local area and possibly the wider body.

StKildadentist

Quality Contemporary Dentistry

This is potentially a very serious situation. In rare cases infections in upper teeth can spread to the cranial area causing potentially very serious issues with the brain and infections in the lower jaw can cause swelling in the neck region serious enough to compromise the airway and impede breathing. These conditions need to be aggressively treated with antibiotics and you should seek medical or dental help immediately.

If it is not practicable to attend your dentist or GP, or you are already taking oral antibiotics and the swelling appears to be still worsening, then you should attend the Emergency dept of your nearest hospital for IV antibiotics.

We hope this information has been of some help to you. StKildadentist keeps aside several emergency appointments each working day to help people experiencing problems so please call if you are in pain.

Pain Management Protocols (if NOT sensitive to NSAIDs)

Note: Non-steroidal anti-inflammatory drugs (NSAIDs) i.e. Aspirin and Ibuprofen are **not to be used** by some sensitive asthmatics; people with stomach ulcers; liver or kidney disease; just about to have, or just have had, cardiac by-pass surgery. Alcohol should be avoided whilst taking NSAIDs. If you believe you fit one of these categories please use the alternate option listed below. If you are unsure please consult your Doctor before taking any medication.

Mild to Moderate acute pain:

Ibuprofen 400mg orally every 6-8 hours, for the shortest duration possible, for Max 5 days

PLUS

Paracetamol 1000mg orally every 4-6 hours (Max 4g per day), for the shortest duration possible.

IF Ibuprofen is **NOT** suitable for you (e.g. for gut sensitivity issues; NSAIDs induced bronchospasm; Cardiovascular issues) then use Paracetamol only or an **alternative** COX-2 selective NSAID as listed below. Please check with your GP if you are unsure if you can take Ibuprofen or NSAIDs in general.

Celecoxib 100mg twice a day, for the shortest duration possible, for a Max 5 days

PLUS

Paracetamol 1000mg orally every 4-6 hours (Max 4g per day), for the shortest duration possible.

Moderate to Severe acute pain:

Use the above Protocol

PLUS

Oxycodone immediate-release 5mg orally every 4-6 hours, for the shortest duration possible, for Max 3 days.