

Risks associated with your anaesthetic: Damage to teeth, lips and tongue

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Damage to teeth, lips and tongue

Damage to the teeth during a general anaesthetic, requiring subsequent repair or extraction, happens in about 1 in 4,500 general anaesthetics.

Minor injuries to lips or tongue are very common and are usually unreported which means accurate figures do not exist.

A small study suggests that minor injuries occur in about 1 in 20 patients.

Nerve damage to the tongue is reportedly very rare but accurate figures do not exist.

Why does damage happen?

When you are anaesthetised, you lose control of your airway and cannot breathe adequately for yourself.

Your anaesthetist will choose an appropriate airway device to ensure you can breathe properly.

Even in the most skilled hands, the placement and removal of these devices can sometimes cause damage to the teeth and the soft tissues of the mouth.

The surgeon can also damage your teeth, lips and tongue during operations in the mouth or throat.

Notes

What happens if my teeth are damaged during an operation?

Your operation should proceed as planned.

If a tooth has been completely dislodged, it will be removed or secured before you wake up.

If a tooth has been chipped or cracked, the anaesthetist will make a note of it and inform you when you recover.

Immediate treatment includes pain relief and an explanation of the event.

The tooth may require repair, re-implantation or extraction depending on the nature of the injury and the pre-existing health of the tooth.

Damaged veneers, crowns or bridges may also need repair.

The dental team at the Trust can assess the damage and provide recommendations on further management.

If dental restoration/intervention are required, a referral note will be provided for your dentist.

Your dentist will need to provide the Trust with a statement of the proposed treatment and its cost before it is started.

You will then need to send this statement to the Directorate Manager for Theatres and Anaesthesia at Whiston Hospital in order to consider any cost settlements.

What type of damage may occur?

- Lacerations (minor cuts) or bruising to the lips and tongue are very common, probably 1 in 20 general anaesthetics. These injuries can be treated with simple ointments and they generally heal quickly.
- Teeth or dental works such as crowns, bridges or veneers may be broken, chipped, loosened or completely removed by accident. The upper front teeth are the most frequently damaged. Damage to a tooth needing subsequent removal or repair occurs in 1 in 4,500 general anaesthetics.
- Rarely, pressure from an airway device causes damage to nerves of the tongue that lead to numbness and loss of tongue movement. These changes are almost always temporary and recover fully in a few weeks.

What about false teeth?

You will be asked to remove false teeth before a general anaesthetic as they may be dislodged or damaged during airway device insertion and removal.

Sometimes, your anaesthetist may ask you to leave your false teeth in place.

This is most likely if you have teeth of your own amongst the false teeth and the anaesthetist thinks that the false teeth will help protect your own teeth.

What about orthodontic devices?

If you have any removable type braces, your anaesthetist will probably ask you to remove them.

Fixed orthodontic devices would be left in place, but are vulnerable to damage.

Even in skilled hands, it is possible that insertion and removal of airway devices, or the removal of secretions from the mouth, may result in dislodgement of brackets, wires or bands.

You must talk to your anaesthetist about any orthodontic appliances that you have.

Who is at increased risk of damage to teeth?

Anyone undergoing a general anaesthetic is at some risk, certain factors increase this possibility. These include:

- Any person with teeth in poor condition (decay or failing dental work). Two thirds of teeth injuries happen in this group.
- Anyone with artificial dental work (veneers, caps, crowns).
- Anyone having an examination or operation on their neck, mouth, jaw or gullet.

- Anyone with prominent upper teeth, a small jaw, reduced mouth opening and neck movement
- Certain conditions like rheumatoid arthritis and burns to the neck and face
- Pregnant women requiring emergency general anaesthetic and very overweight patients.

What steps are taken to prevent damage to my teeth?

All anaesthetists are trained to be aware of potential damage to teeth.

Your anaesthetist will assess your teeth and select appropriate airway devices that will keep you safe and avoid damage to your dentition.

Is there anything I can do to prevent damage to my teeth?

If your teeth or gums are in poor condition or any teeth are loose, it is advisable to visit your dentist before your operation for a check-up.

You must alert the anaesthetist of any loose teeth or dental work and of any damage to your teeth during a previous anaesthetic.