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had slid into the sinus during work with Bein's elevator. The patients were hospitalised and after the necessary analyses extirpation of the teeth was performed under general anaesthesia by an approach through the facial wall. After removal of the teeth tamponade of the floor of the sinus was done with Jodoform gauze, which was carried out in the mouth in the frontal part of the cut and removed on the third day after the operation. After removal of the sutures the patients were monitored until objective and subjective problems ceased. The examples are presented in order to warn that complications which are commonly thought of as only occurring in books, can happen to each of us. With this in mind we recommend the careful use of forceps only in cases when it is possible to grasp the tooth through the equator of its crown, and with some reservation instead of Bein's lever we recommend any of the elevators which are normally used in the mandible for extracting the roots of multi-rooted teeth.

### Anestezija u stomatologiji

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#### Sažetak

Uvod. Većina stomatoloških zahvata radi se u lokalnoj anesteziji (90%). Razlozi za to su jednostavna priprema bolesnika, ambulantno liječenje i rijetke komplikacije. No postoje bolesnici i stanja kod kojih zahvat nije moguće učiniti u lokalnoj anesteziji.

Svrha je ovoga rada utvrditi indikacije i komplikacije opće anestezije u stomatoloških bolesnika.

Materijali i metode. Analizirano je 864 bolesnika u razdoblju od godine 2001. - 2004. u KB "Dubrava" u kojih je učinjen stomatološki zahvat. U preoperativnoj pripremi bolesnicima su potrebeni laboratorijski nalazi, EKG, anamneza te pedijatrijski ili internistički pregled. Premedicirani su atropinom i midazolom intramuskularno, a vrsta anestezije je određena prema vrsti zahvata, dobi i općem bolesnikovu stanju.

Rezultati. Analizirano je 864 bolesnika u razdoblju od godine 2001.-2004. u KB "Dubrava" u kojih je učinjen operativni zahvat. Indikacije za opću an-

steziju bila su djeca, duševno zaostale osobe i osobe s upalom mekih tkiva usne šupljine. Ekstrakcije zuba rađene su u inhalacijskoj anesteziji na masku (692), a bolesnici s višestrukim popravcima zuba bili su intubirani (172). Tijekom anestezije mjerena je krvni tlak, EKG, periferna saturacija kisikom i koncentracija CO<sub>2</sub>. Bolesnici su postoperativno praćeni 6 sati i nakon toga otpušteni kući ako nisu imali komplikacija.

Komplikacije su bile rijetke: laringo i bronhospazam u 3 bolesnika, aritmije u 5, mučnina i povraćanje u 6, a postoperacijske ekscitacije pojavile su se u 3 bolesnika.

Zaključak. Djeca i duševno zaostale osobe bile su najčešće indikacije za opću anesteziju u stomatologiji. Komplikacije su se pojavile u 17 bolesnika (1,8 %), što je prihvatljiv rizik za tu vrstu zahvata.

### Anaesthesia in Dental Medicine

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#### Summary

Introduction. The majority of dental procedures are carried out under local anaesthesia (90%). Reasons for this are the simple preparation of the patient, out-patient treatment and rare complications. However, there are patients and conditions for which such procedures are impossible to perform under local anaesthesia.

Aim. The aim of this study was to determine the indications and complications of general anaesthesia in dental patients.

Materials and methods. We analysed 864 patients during a period from 2001 to 2004 in the University Hospital Dubrava, in whom dental operations were performed. In preoperative preparation patients require laboratory findings, ECG, case history and paediatric or internist examination. They are pre-medicated with atropine and midazola intramuscularly, and the type of anaesthesia determined according to the type of operation, age and general condition of the patient.

Results. During the period from 2001 to 2004 864 patients were analysed in the University Hos-