
of the patient as well as the postoperative treatment. Therefore special emphasis will be put onto the orthognathic treatment, as well as on the technical prerequisites for the surgical procedure.

Pregled pristupu boli u stomatologiji

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Eliminacija boli kod stomatoloških pacijenata veoma je važna. Učinkovito ukloniti bol zahtijeva da se razumiju temeljni mehanizmi boli. Promijenjeno je tradicionalno shvaćanje kako je bol rezultat aktivnosti određenog niza događaja koji počinju u perifernim nociceptorima. Kompleksniji pogled razmatra i plastičnost prijenosnoga puta te opisuje kako proces počinje stimulusom i dovodi do pojave osjetilnog i emocionalnog odgovora. Ova suvremena koncepcija pomaže kliničarima da bolje rješavaju bol. Na primjer, mehanizmi u podlozi primarne hiperalgije upućuju na bolje uklanjanje boli uporabom više lijekova. Slično tomu, fenomen pojačavanja boli, u kojem periferni stimulus može biti pojačan i do 20 puta, doveo je do razvoja nove koncepcije analgezije i razumijevanja važnosti vremenskoga rasporeda doza analgetika, ali i potrage za novim sredstvima koja mogu središnje blokirati senzibilizaciju. Broj analgetika na raspolaganju stomatolozima je velik, ali jednostavni protokoli, temeljeni na najboljim kliničkim dokazima, mogu osigurati jednostavne smjernice. Izbor analgetika uvelike će ovisiti o jakosti boli koji opisuje ili očekuje pacijent, uzimajući u obzir pacijentovo opće zdravlje. Paracetamol, nesteroidni antiinflamatorni lijekovi i kodein korisni su za većinu stomatoloških pacijenata. Doziranje i vremenski raspored uzimanja lijekova također su važni, ali važne su i informacije dostupne pacijentu. Na primjer, znanje o tome kako pacijentova prijeoperativna anksioznost može pojačati poslijeoperativnu bol naglašava važnost prijeoperativnog uklanjanja anksioznosti jednostavnim sredstvima, kao što su priladne informacije.

Perspectives on Management of Dental Pain

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Management of pain in dental patients is important. Effective management of pain requires an understanding of basic pain mechanisms. The traditional view that pain could be adequately described as resulting from the activity in a dedicated pathway originating in peripheral nociceptors has changed. Now a more complex view takes into account the plasticity of the conduction pathways and describes a process that starts with a stimulus and leads to both a sensory and emotional response. This contemporary understanding of pain systems helps clinicians manage pain better. For example, the mechanisms underlying primary hyperalgesia suggest ways to provide optimum pain relief by using a multi-drug approach. Similarly, the phenomenon of wind-up, whereby peripheral input may be amplified as much as twenty times, has led to the concept of preemptive analgesia and an understanding of the importance of timing analgesic dosing, and the search of novel agents that may block central sensitisation.

The choice of analgesics available to dentists to prescribe or recommend is vast but simple protocols based on best clinical evidence can provide straightforward guidance. Analgesic choice will depend largely on the pain intensity reported or anticipated but will also take into account the patient's general health. Paracetamol, NSAIDs and codeine are useful for ambulatory dental patients. The dosage and timing of drug administration are important but so too is the information made available to the patient. For example, an understanding of how a patient's preoperative anxiety may also exaggerate their postoperative pain emphasises the importance of preoperative management of anxiety by simple means as providing appropriate information.