



ACHIEVING LOW PERCENTAGE OF ALVEOLAR OSTEITIS INCIDENCE AMONG PATIENTS IN PRIMARY DENTAL CLINICS IN PERLIS

Bahagian Kesihatan Pergigian
Jabatan Kesihatan Negeri Perlis



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PROBLEM IDENTIFICATION

High default rate among Minor Oral Surgery (MOS) patients

Long waiting time for outpatients

Inefficient in oral healthcare data reporting in primary dental clinics in Perlis

High incidence of Alveolar Osteitis (AO) among patients in primary dental clinics in Perlis

PROBLEM PRIORITIZATION

Problems	S	M	A	R	T	Total
1. High default rate among MOS patients in primary dental clinics in Perlis.	18	24	20	19	22	103
2. Long waiting time for outpatients	22	24	20	16	20	102
3. Inefficient in oral healthcare data reporting in primary dental clinics in Perlis.	12	16	16	13	14	71
4. High incidence of Alveolar Osteitis among patients in primary dental clinics in Perlis.	24	24	24	24	24	120

1 = Low

2 = Medium

3 = High

8 members

4

PROBLEM TO BE STUDIED:

“

**High incidence of Alveolar Osteitis among patients
in primary dental clinics in Perlis**

”

TERMS AND DEFINITION

TERMS	DEFINITION
Alveolar Osteitis (AO)	Post-extraction socket which exhibits exposed bone that is not covered by a blood clot or healing epithelium and exists inside or around the perimeter of the socket for 3 days after the extraction procedure
Osteomyelitis	An inflammation or swelling of bone tissues that is usually the result of infection.
Exodontia	The removal of tooth from its socket in the alveolar bone.
Paresthesia	The feeling of tingling, numbness or pins and needles.

REASON FOR SELECTION

S

The prevalence of Alveolar Osteitis which required further treatment was reported between 0.3% - 35%.
"Clinical Practice Guidelines MOH (2nd edition) November 2021.
From Oct to Dec 2022 the incidence has reached 19.2% in Perlis. Untreated Alveolar Osteitis may lead to acute osteomyelitis, subperiosteal infection or bony sequestra formation. *C Rohe, M Schlam, 2023*

M

Data can be obtained from patient's dental record (LP8) and oral examination.

A

The proper tooth extraction procedures as well as post-operative instructions are important to reduce the extraction complications and thus improving the quality of life of the patients

R

Remedial actions could be implemented to improve the procedure of extractions and post-procedure education.

T

Study duration could be done in an acceptable time-range in order to obtain improved results following actions and interventions.



LITERATURE REVIEW



The most common complication of tooth extraction is alveolar osteitis and is characterized by a severe type of pain usually starting due to extraction of tooth after two or three days.

- Almutairi BM , 2019

Several factor have been reported to be responsible for the occurrence of alveolar osteitis ; this include traumatic, difficult and prolonged extraction, pre-and post operative extraction at the site, smoking, oral contraceptive, bone disorders, and underlying pathologies, irradiation, systemic illness such as diabetes mellitus, clotting problems, and failure to comply with post extraction instructions.

-Akinbami BO, Godspower T, 2014

Prevention methods include, one should avoid smoking, proper use of surgical instruments, less trauma to the soft tissue as well as to the bone, proper medication before and as well as after extraction reduces the chances of alveolar osteitis.

-Nikita Suri, 2020

INTRODUCTION

- Alveolar Osteitis is an acute inflammation of the alveolar bone around the extracted tooth.
- 3-7 days post extraction.
- characterized by severe pain, dislodgement of blood clot, and often filled with food debris.
- High risk group : Diabetic patients, smokers, immunocompromised patients, poor oral hygiene and patients taking oral contraceptive pills.

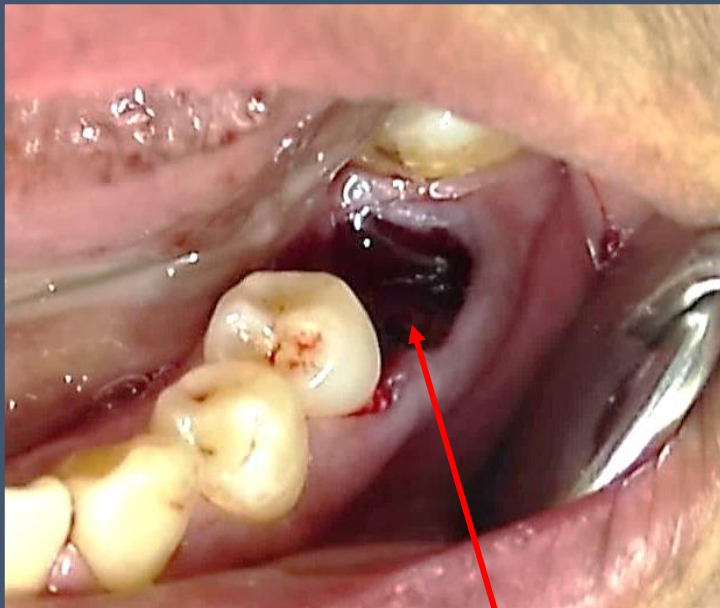


Total number of teeth extracted from
Oct- Dec 2022 was 849.



Total number of Alveolar Osteitis
cases was 163 (19.2%)

SOCKET AFTER EXTRACTION



Blood clot

ALVEOLAR OSTEITIS SOCKET



Exposed bone

NORMAL SOCKET



Healing socket

AFTER 3 DAYS

PROBLEM STATEMENT

PROBLEM	Verification study conducted in the period of October – December 2022 shows 19.2% occurrence of AO in primary dental clinics in Perlis.
EFFECT	Result in patient having severe pain and untreated AO can lead to severe complication e.g. Osteomyelitis which may affect the quality of life and increase the cost of healthcare.
POSSIBLE CAUSE	Multiple risk factors may lead to AO including improper practice among staff, improper case selection, patient's incompliance to post-operative instructions and poor post-procedure care.
AIM OF THE STUDY	To achieve low percentage of AO incidence among patients in primary dental clinics in Perlis.

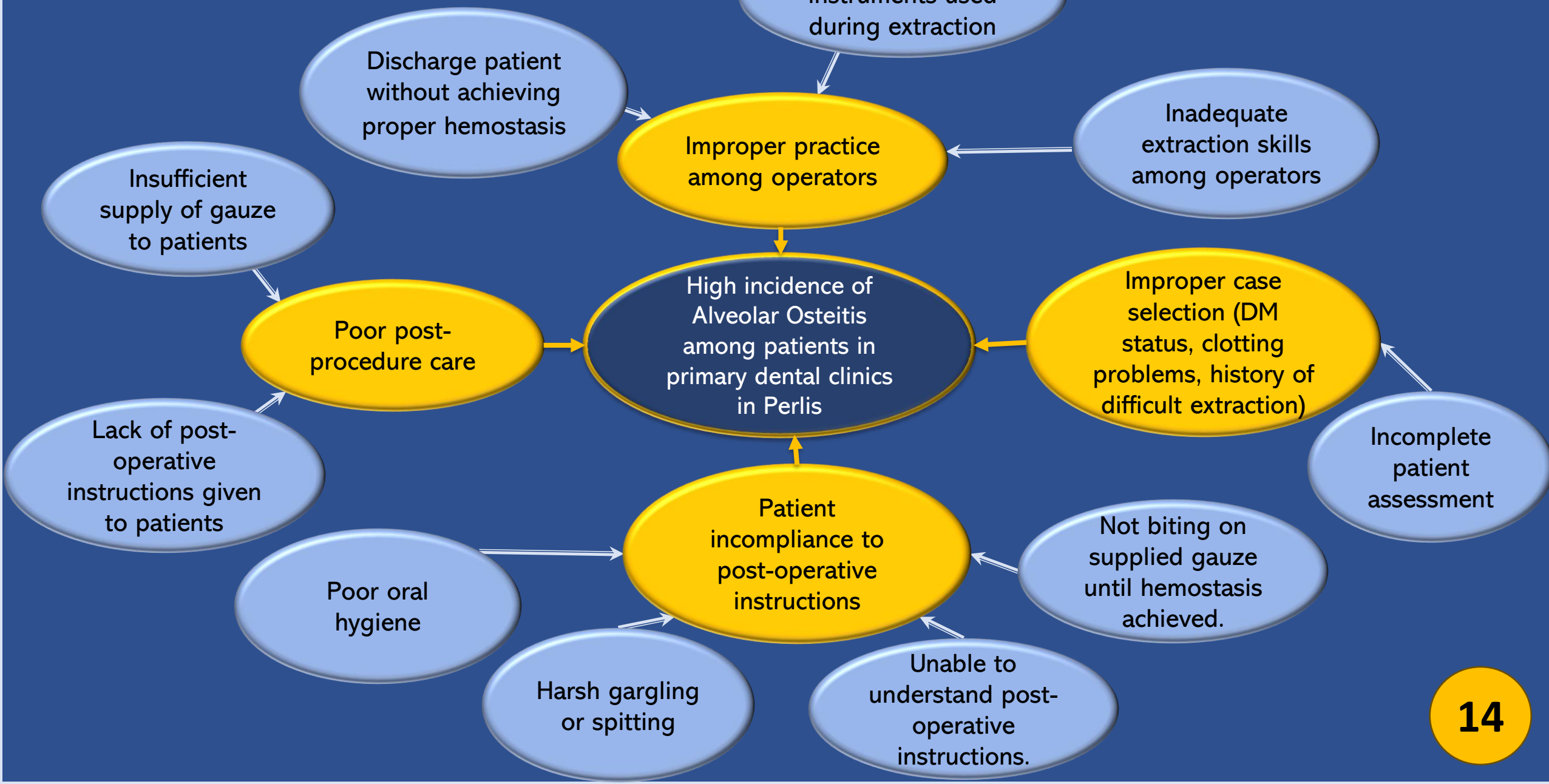
OUTCOME OF ALVEOLAR OSTEITIS

EFFECT	NORMAL HEALING	ALVEOLAR OSTEITIS	POSSIBLE COMPLICATION Eg. OSTEOMYELITIS
QUALITY OF LIFE	SLIGHTLY AFFECTED	HIGHLY AFFECTED <ul style="list-style-type: none"> Severe pain Low dietary intake 	HIGHLY AFFECTED <ul style="list-style-type: none"> Severe pain Low dietary intake Permanent paresthesia Bone swelling
ADDITIONAL COST	RM0	RM21.00	>RM1300
NUMBER OF VISIT TO DENTAL CLINIC	2	≥3	≥5
PATIENT PERCEPTION TOWARDS DENTAL TREATMENT	GOOD	POOR	VERY POOR

PROBLEM ANALYSIS

PROBLEM	High incidence of AO among patients in primary dental clinics in Perlis.
WHAT	High incidence of AO post extraction procedure in primary dental clinics in Perlis.
WHERE	Primary dental clinics
WHEN	1 to 3 days post extraction
WHO	Personnel involved in the process : dental officer, dental surgery assistant, healthcare assistant, patients
WHY	Improper work practice among staff, patients incompliance to post-operative instructions, improper case selection, poor post-procedure care
HOW	High incidence of AO remains due to multiple causes which involves operators and patients.

CAUSE EFFECT ANALYSIS



GENERAL OBJECTIVE

To achieve low percentage of AO incidence among patients
in primary dental clinics in Perlis

SPECIFIC OBJECTIVE

1. To verify the incidence of Alveolar Osteitis in primary dental clinics in Perlis.
2. To identify the contributing factors that leads to AO.
3. To formulate and institute remedial action on how to reduce AO incidence.
4. To evaluate the effectiveness of the remedial measures and monitor it.

- All the non-surgical and surgical extractions in primary dental clinics Perlis.



- Extraction for primary teeth

INDICATOR AND STANDARD

Indicator

Percentage of AO in patients with tooth extraction procedure in primary dental clinics

Formula

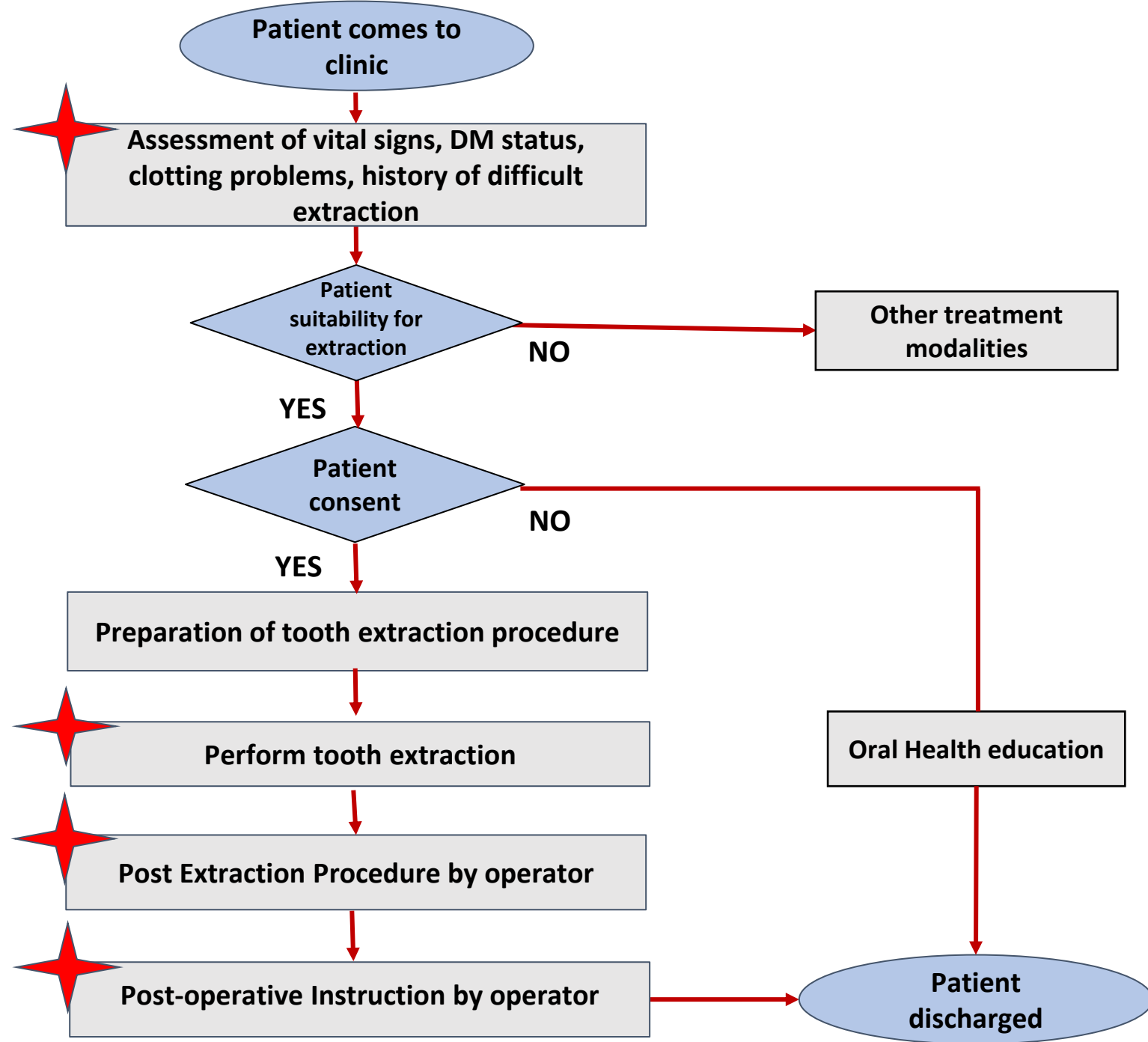
$$\frac{\text{Number of Alveolar Osteitis in tooth extraction}}{\text{Total number of tooth extraction cases}} \times 100 \%$$

Standard

Standard $\leq 0.3\%$

(Clinical Practice Guidelines MOH (2nd edition) November 2021)

PROCESS OF CARE



MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD
1	Patient assessment	1. Vital sign, History taking (eg.DM status, Clotting problems, History of difficult extraction)	<ul style="list-style-type: none"> • 100%
2	Extraction procedure	1. Ensure correct tooth and correct instrumentations 2. Local anesthesia administration with right dosage 3. Tooth loosened from socket using elevator with finger support. 4. Tooth is extracted with correct technique as mentioned in Standard Operative Procedure. 5. Socket checked to ensure no retained tooth fragments and sharp bony edges.	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD
3.	Post-Extraction procedure by operator	<ol style="list-style-type: none"> 1. Apply bucco-lingual pressure to extraction socket with fingers for few seconds. 2. Sterile gauze with pressure placed at extraction site until no active bleeding. 3. For surgical extraction: <ul style="list-style-type: none"> -Hemostatic agent is inserted into extraction socket -Sutures placed. 4. Change sterile gauze with pressure placed at extraction site until no active bleeding. 5. Provide enough gauze to patients 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD
4.	Post-operative instruction by operator	<ol style="list-style-type: none"> 1. Patient bite the sterile gauze for minimum 30 minutes or until bleeding stop. 2. Avoid harsh gargle or spitting 3. Avoid smoking or vaping for three days after extraction 4. Maintain good oral hygiene 5. Patient to come back again if bleeding persist and pain increasing. 6. Appointment for review given after 3 days 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% • 100%

METHODOLOGY

STUDY DESIGN	Cross Sectional Study	
STUDY PERIOD	Verification Study	Oct- Dec 2022
	Post- intervention 1	Apr- Jul 2023
	Post-intervention 2	Dec 2023 - Feb 2024
SAMPLE POPULATION	All patients undergoing tooth extraction in primary dental clinics in Perlis	
SAMPLE SELECTION	<p>Universal sampling (Oct 2022- Feb 2024)</p> <ul style="list-style-type: none">• Inclusion Criteria : All the non-surgical and surgical extractions in primary dental clinics Perlis.• Exclusion Criteria : Extraction for primary teeth	
TOTAL SAMPLE	<p>849 (verification study)</p> <p>1580 (post-intervention 1)</p> <p>1420 (post-intervention 2)</p>	
STUDY TOOLS	Questionnaire, Clinical Audit Form, Patient's Dental Record	

ACHIEVABLE BENEFIT NOT ACHIEVED (ABNA)

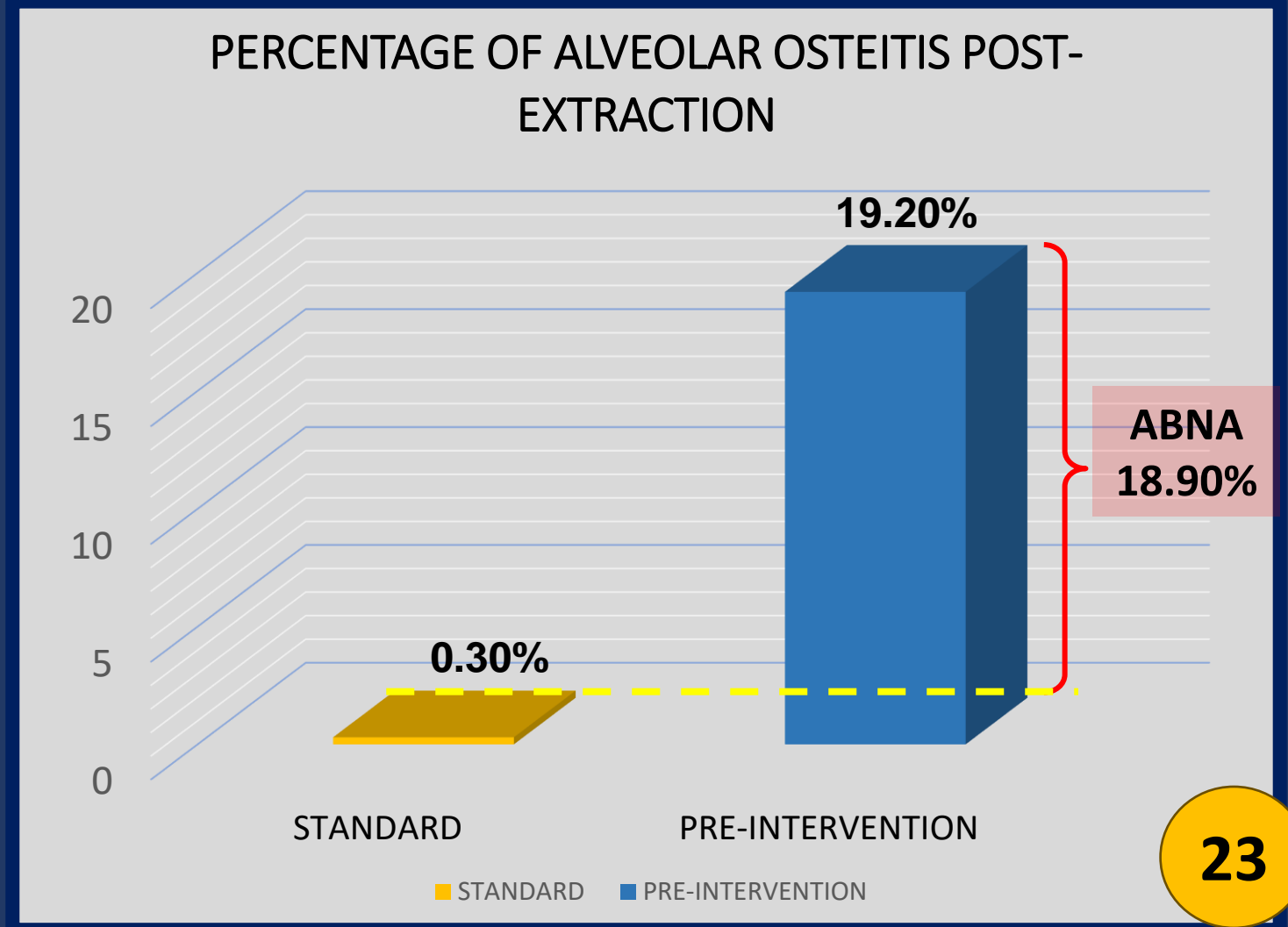


Number of AO
after non-
surgical and
surgical
extractions

n=163

Total number
of extraction
cases done

N=849



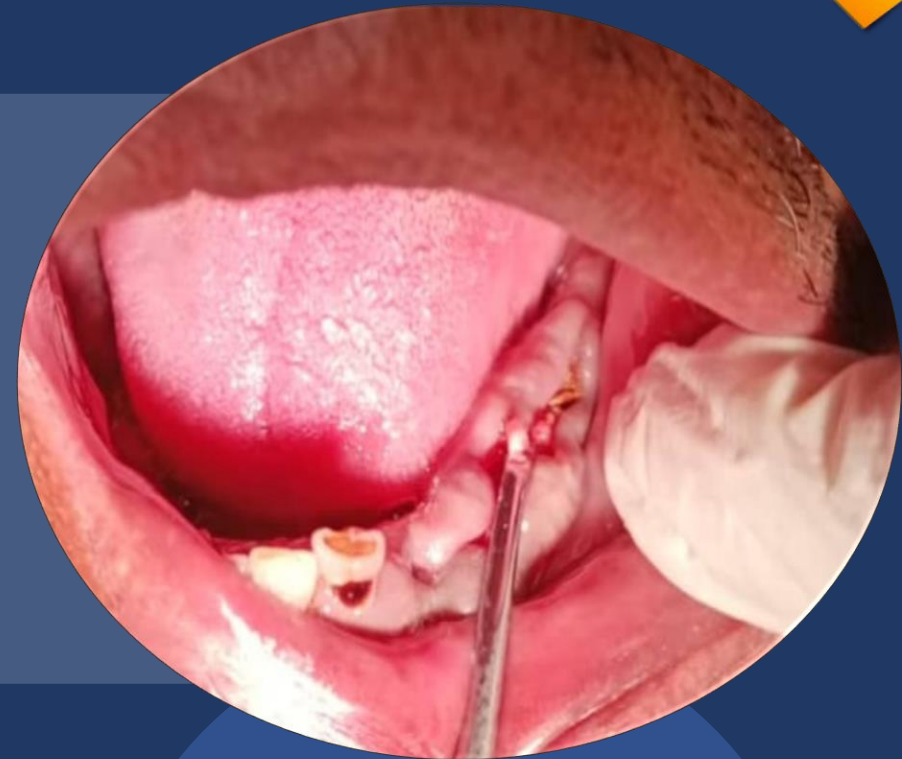
FINDINGS FOUND DURING CLINICAL AUDIT



No finger support

1

WRONG
EXTRACTION
TECHNIQUE



Root loosened without
finger support

FINDINGS FOUND DURING CLINICAL AUDIT



2

INCOMPLETE INSTRUMENT SETUP



No elevator provided

FINDINGS FOUND DURING CLINICAL AUDIT



3

ONLY 1 PACK OF
GAUZE GIVEN TO
PATIENTS

FINDINGS FOUND DURING CLINICAL AUDIT

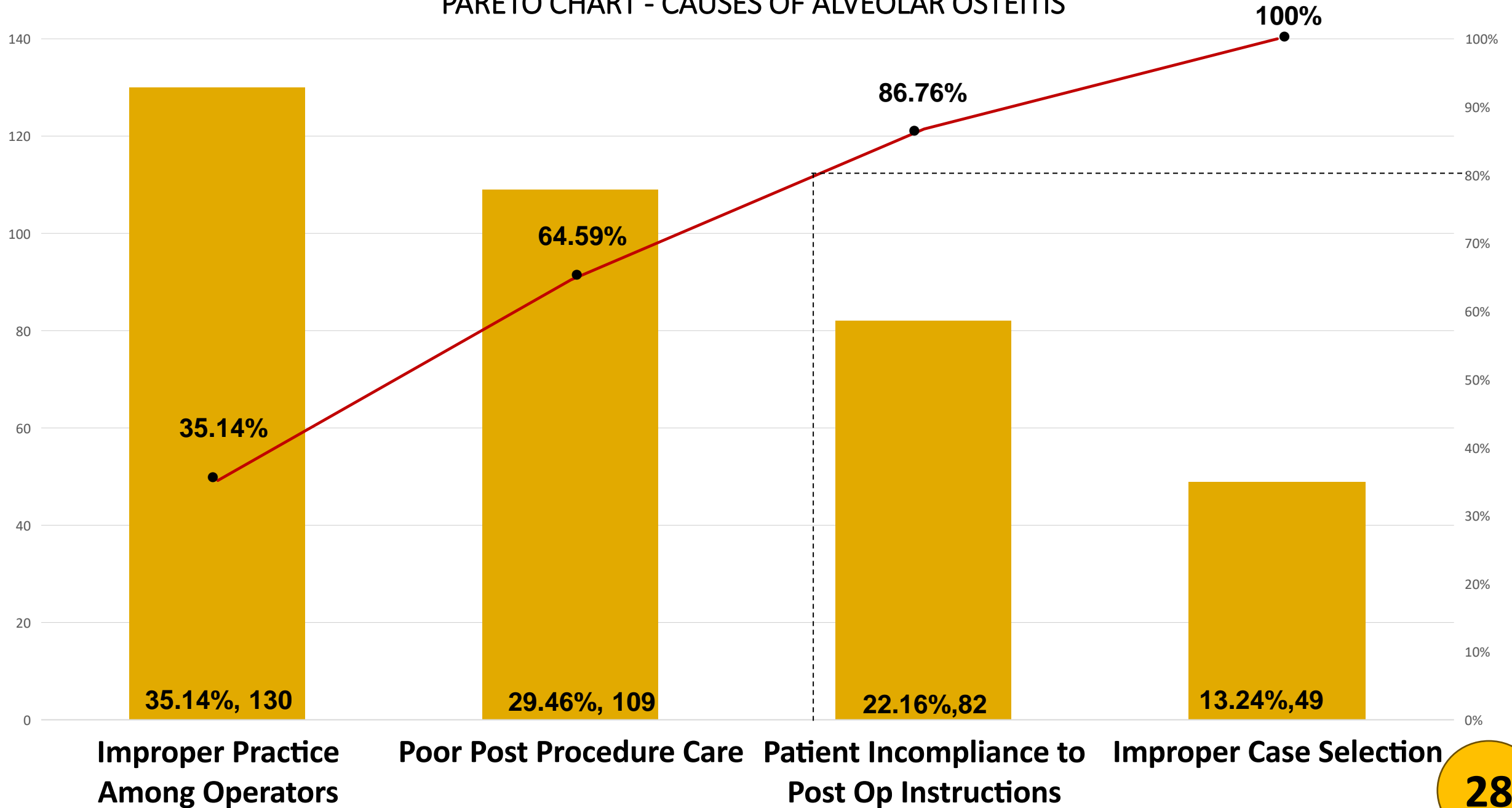


4

POST-OPERATIVE
INSTRUCTIONS
GIVEN TO PATIENTS
VERBALLY



PARETO CHART - CAUSES OF ALVEOLAR OSTEITIS



MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION
1	Patient screening	Vital sign, History taking (eg. DM status, Clotting problems, History of difficult extraction)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 30%
2	Extraction procedure	<ol style="list-style-type: none"> 1. Ensure correct tooth and correct instrumentations 2. Local anesthesia administration with right dosage 3. Tooth loosened from socket using elevator with finger support. 4. Tooth is extracted with correct technique as mentioned in Standard Operative Procedure. 5. Socket checked to ensure no retained tooth fragments and sharp bony edges. 	<ul style="list-style-type: none"> 100% 100% 100% 100% 100% 	<ul style="list-style-type: none"> 85% 80% 95% 70% 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION
3.	Post-extraction procedure by operator	<ol style="list-style-type: none"> 1. Apply bucco-lingual pressure to extraction socket with fingers for few seconds. 2. Sterile gauze with pressure placed at extraction site until no active bleeding. 3. For surgical extraction: <ul style="list-style-type: none"> -Hemostatic agent is inserted into extraction socket -Sutures placed. 4. Change a sterile gauze with pressure placed at extraction site until no active bleeding. 5. Provide enough gauze to patients 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 83% • 100% • 55% • 100% • 74% • 20%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION
4.	Post-operative instruction by operator	<ol style="list-style-type: none"> 1. Patient bite the sterile gauze for minimum 30 minutes or until bleeding stop. 2. Avoid harsh gargle or spitting 3. Avoid smoking or vaping for three days after extraction 4. Maintain good oral hygiene 5. Patient to attend appointment review after 3 days. 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 70% • 100% • 100% • 60% • 30%

STRATEGIES FOR CHANGE (INTERVENTION 1)

STRATEGIES FOR CHANGE CYCLE 1

FACTOR	PROBLEM	ACTIONS
1. Improper case selection	1) Incomplete patient assessment	<ul style="list-style-type: none"> • Patient with DM was tested for RBS with glucometer.
2. Improper practice among operators	2) Inadequate skills of operators	<ul style="list-style-type: none"> • Follow standard extraction protocol • Mentorship programme by senior officers • Workshop and Continuous Dental Education (CDE)
	3) Incomplete tools used during extraction	<ul style="list-style-type: none"> • Demonstrations by senior officers • Complete tools setup
3. Poor post procedure care	5) Poor post-extraction instructions	<ul style="list-style-type: none"> • Give appointment review date 3 days after extraction • Provide patients with post-op instructions leaflets
	6) Insufficient supply of gauze to patients	<ul style="list-style-type: none"> • Adequate supply of gauze to patients

1. RBS TEST DONE FOR PATIENTS WITH DM



STANDARD PROTOCOL FOR SIMPLE TOOTH EXTRACTION

- 1) Check BP and BSL (diabetic pt) for control bleeding and wound healing.
- 2) Take complete medical and dental history.
- 3) Seat the patient.
- 4) Adjust the dental chair position.
- 5) Carry out infection control practices.
- 6) Do complete oral examination.
- 7) Evaluate through x-ray the morphology of the tooth of interest.
- 8) Administer anaesthesia according to maximum recommended dosage (MRD) from FDA.

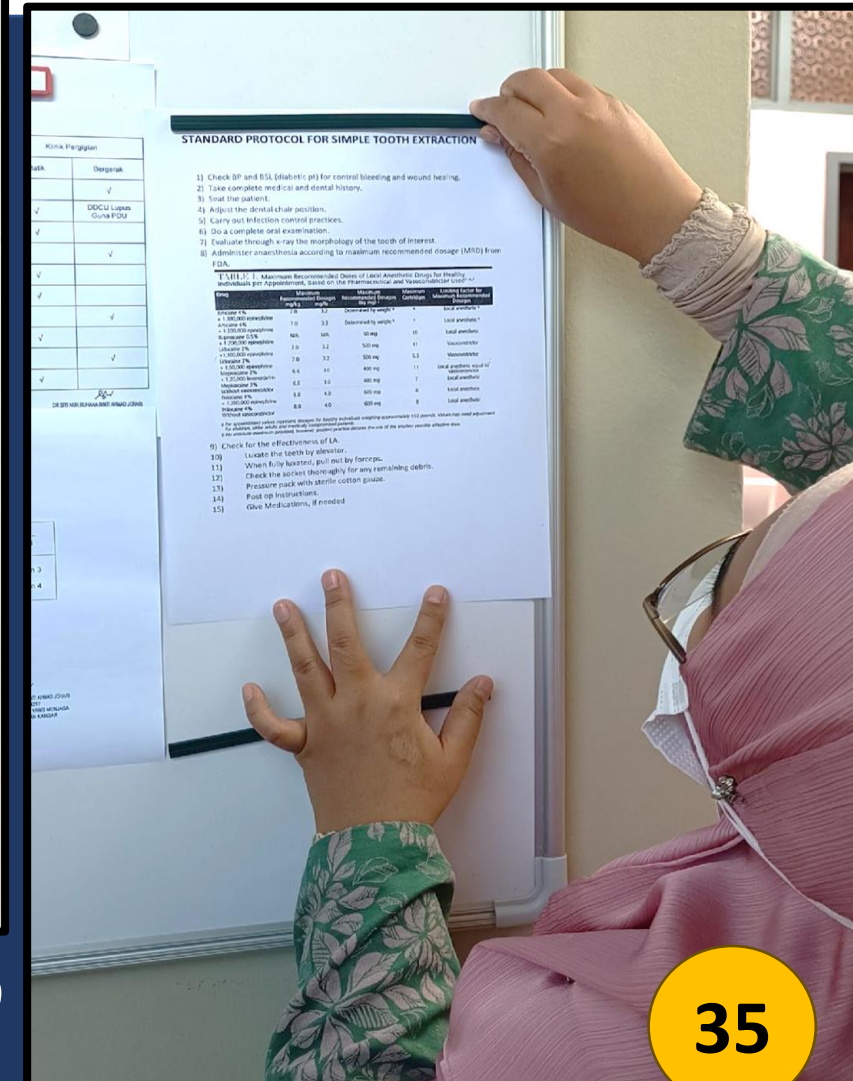
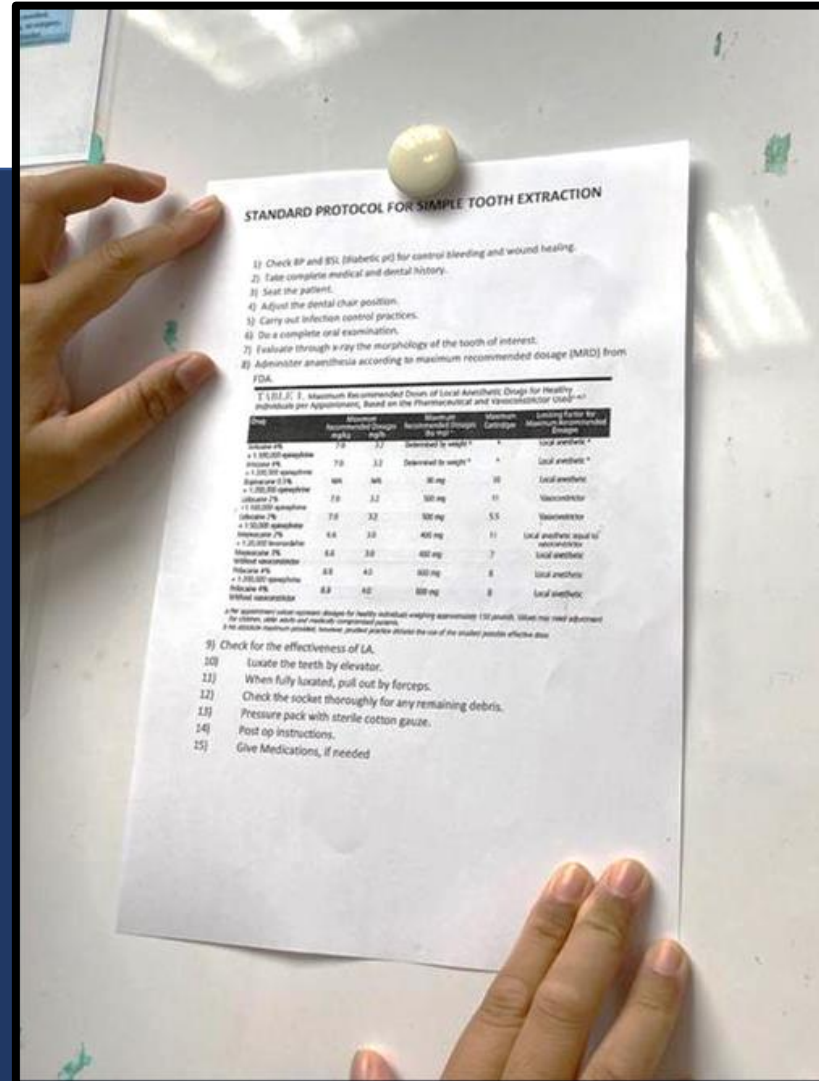
TABLE 1. Maximum Recommended Doses of Local Anesthetic Drugs for Healthy Individuals per Appointment, Based on the Pharmaceutical and Vasoconstrictor Used^{1-4,7}

Drug	Maximum Recommended Dosages mg/kg	Maximum Recommended Dosages mg/lb	Maximum Recommended Dosages (by mg) ^a	Maximum Cartridges	Limiting Factor for Maximum Recommended Dosages
Articaine 4% + 1:100,000 epinephrine	7.0	3.2	Determined by weight ^b	^b	Local anesthetic ^b
Articaine 4% + 1:200,000 epinephrine	7.0	3.2	Determined by weight ^b	^b	Local anesthetic ^b
Bupivacaine 0.5% + 1:200,000 epinephrine	N/A	N/A	90 mg	10	Local anesthetic
Lidocaine 2% + 1:100,000 epinephrine	7.0	3.2	500 mg	11	Vasoconstrictor
Lidocaine 2% + 1:50,000 epinephrine	7.0	3.2	500 mg	5.5	Vasoconstrictor
Mepivacaine 2% + 1:20,000 levonordefrin	6.6	3.0	400 mg	11	Local anesthetic equal to vasoconstrictor
Mepivacaine 3% Without vasoconstrictor	6.6	3.0	400 mg	7	Local anesthetic
Prilocaine 4% + 1:200,000 epinephrine	8.8	4.0	600 mg	8	Local anesthetic
Prilocaine 4% Without vasoconstrictor	8.8	4.0	600 mg	8	Local anesthetic

^a Per appointment values represent dosages for healthy individuals weighing approximately 150 pounds. Values may need adjustment for children, older adults and medically compromised patients.

^b No absolute maximum provided, however, prudent practice dictates the use of the smallest possible effective dose.

- 9) Check for effectiveness of LA.
- 10) Luxate the teeth by elevator.
- 11) When fully luxated, pull out by forceps.
- 12) Check the socket thoroughly for any remaining debris.
- 13) Pressure pack with sterile cotton gauze.
- 14) Post op instructions.
- 15) Give Medications, if needed



2. STANDARD EXTRACTION PROTOCOL DEVELOPED AND IMPLEMENTED IN ALL DENTAL CLINICS

3. MENTOR- MENTEE PROGRAM FOR NEW DENTAL OFFICERS



4. ATRAUMATIC EXTRACTION COURSE GIVEN BY SPECIALISTS



5. ENSURE PROPER INSTRUMENTS USED DURING EXTRACTION



COMPLETE TOOLS SETUP

6. IMPROVING FOLLOW UP PATIENT BY IMPROVING APPOINTMENT CARD

Masa	Tarikh	Tandatangan
9:00 PAGI	14/6/2023	RV Xn 37



7. THOROUGH POST-OPERATIVE INSTRUCTIONS GIVEN TO PATIENT

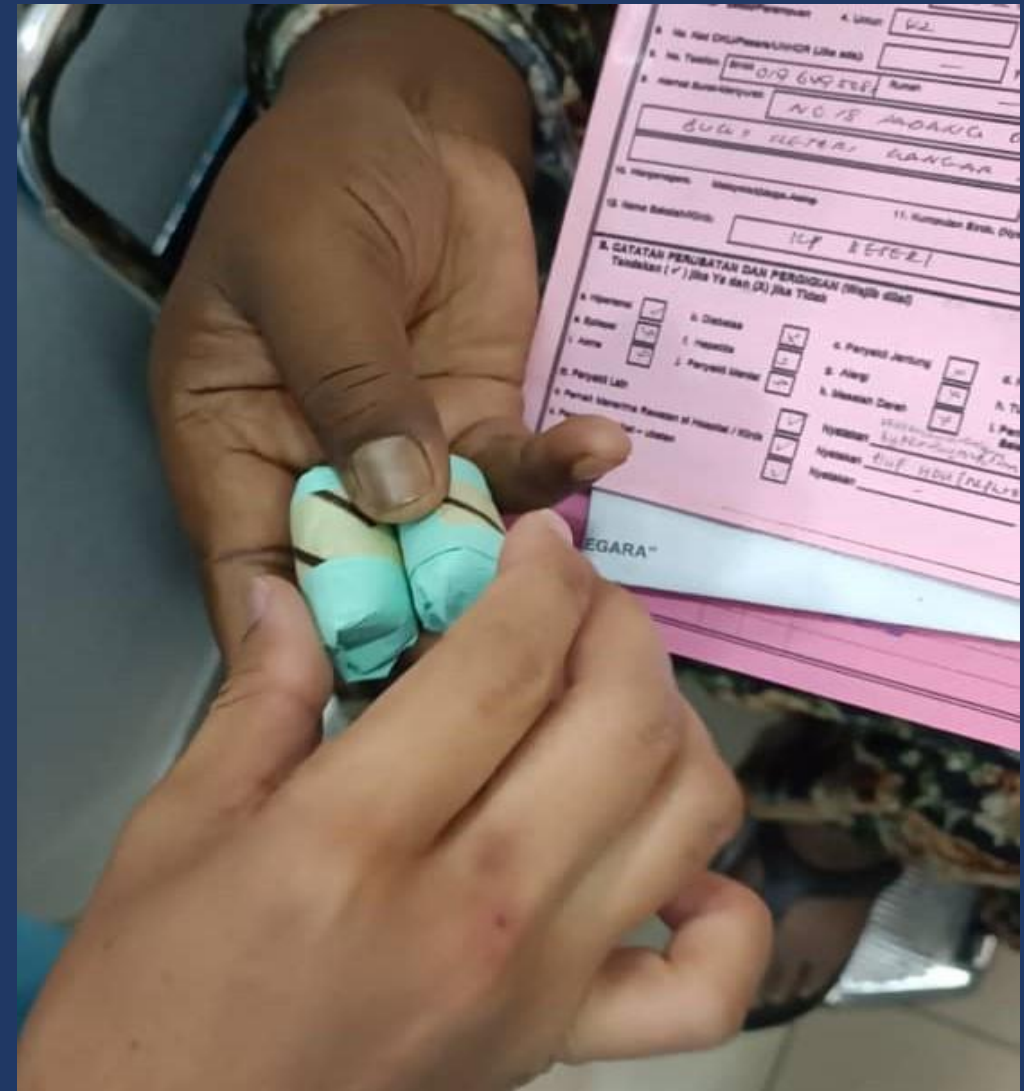


Leaflets of post-extraction instructions given



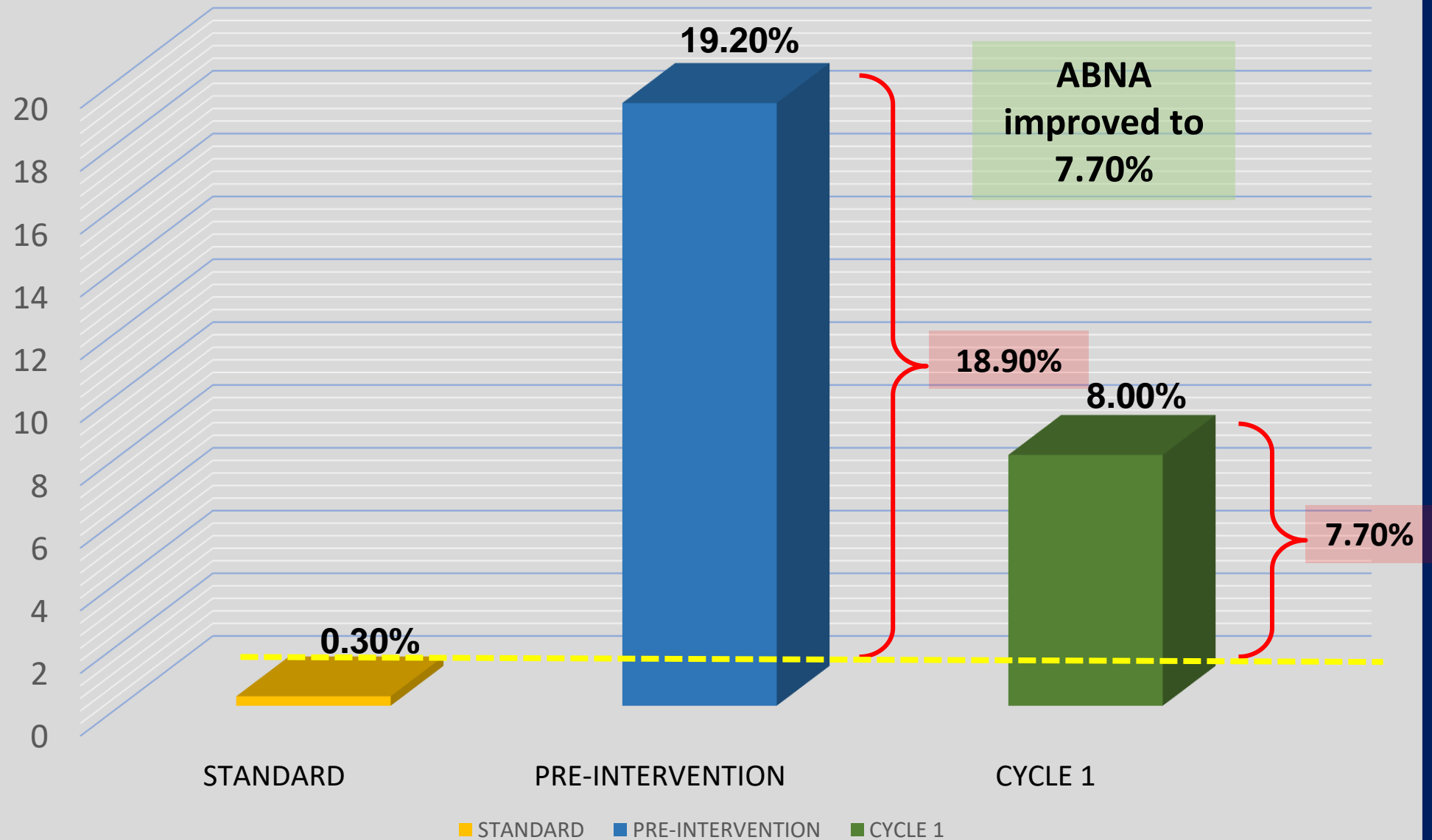
Verbal instruction given to patients

8. PROVIDE ENOUGH GAUZE TO PATIENT



POST INTERVENTION 1

PERCENTAGE OF ALVEOLAR OSTEITIS POST-EXTRACTION



FINDINGS POST-INTERVENTION 1



12% of patients
admitted to
smoking within 72
hours post-
extraction.

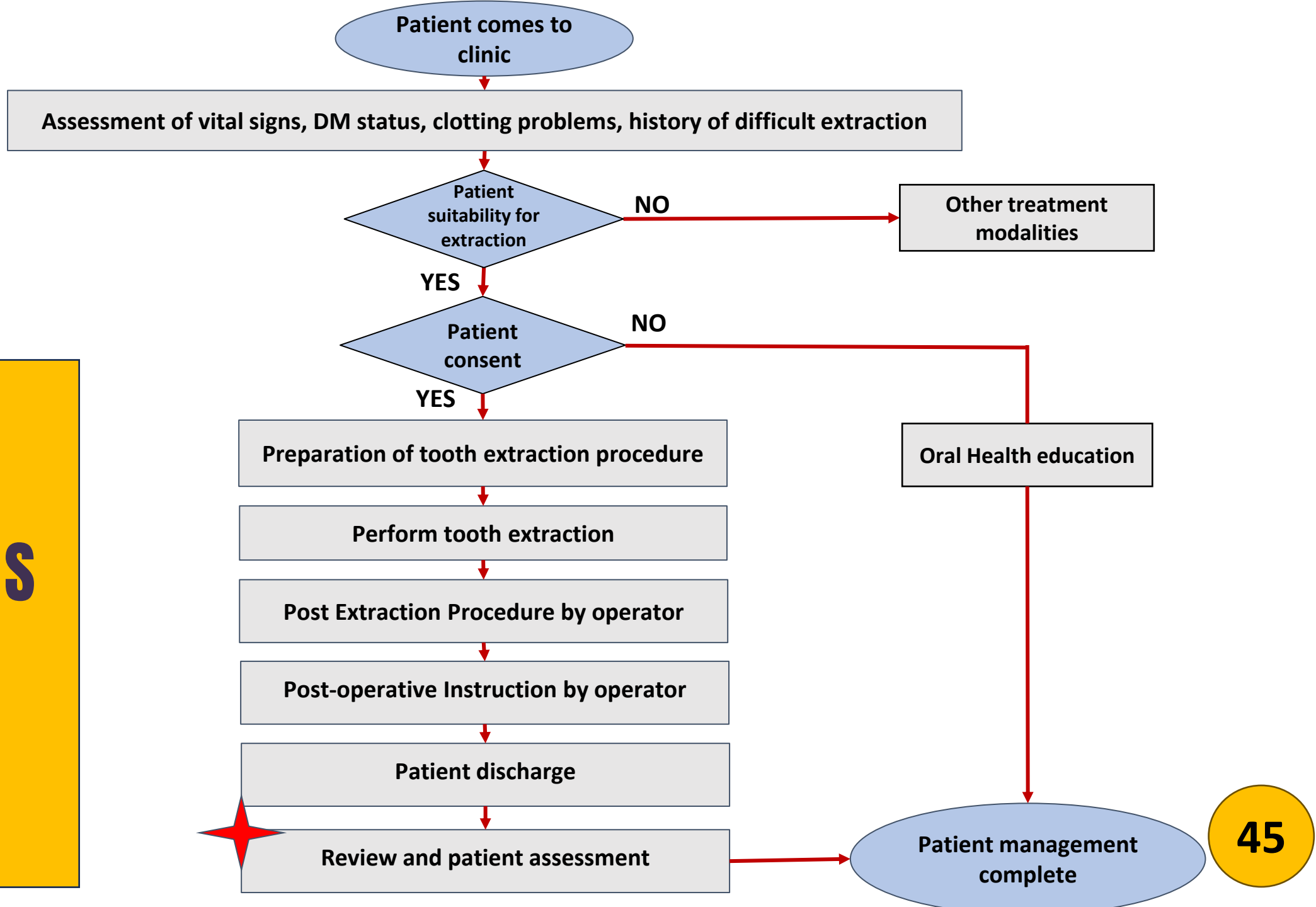


47% of patients
has poor oral
hygiene.



65% of patients
gargle/spit within
24 hours after
tooth extraction.

PROCESS OF CARE



MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1
1	Patient screening	Vital sign, History taking (eg.DM status, Clotting problems, History of difficult extraction)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 30% 	<ul style="list-style-type: none"> 100%
2	Extraction procedure	1. Ensure correct tooth and correct instrumentations	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 85% 	<ul style="list-style-type: none"> 100%
		2. Local anesthesia administration with right dosage	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> 100%
		3. Tooth loosened from socket using elevator with finger support.	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 95% 	<ul style="list-style-type: none"> 100%
		4. Tooth is extracted with correct technique as mentioned in Standard Operative Procedure.	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 70% 	<ul style="list-style-type: none"> 100%
		5. Socket checked to ensure no retained tooth fragments and sharp bony edges.	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1
3.	Post Extraction procedure by operator	<ol style="list-style-type: none"> 1. Apply bucco-lingual pressure to extraction socket with fingers for few seconds. 2. Sterile gauze with pressure placed at extraction site until no active bleeding. 3. For surgical extraction: <ul style="list-style-type: none"> -Hemostatic agent is inserted into extraction socket -Sutures placed. 4. Change a sterile gauze with pressure placed at extraction site until no active bleeding. 5. Provide enough gauze to patients 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 83% • 100% • 55% • 74% • 20% 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1
4.	Post operative instructions by operator	<ol style="list-style-type: none"> 1. Patient bite the sterile gauze for minimum 30 minutes or until bleeding stop. 2. Advice to avoid harsh gargle or spitting 3. Advice to avoid smoking or vaping for three days after extraction 4. Oral hygiene instructions given 5. Patient to attend appointment review after 3 days . 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 70% • 100% • 100% • 60% • 30% 	<ul style="list-style-type: none"> • 90% • 100% • 100% • 100% • 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1
5.	Review and Patient Assessment (Patient Compliance)	<ol style="list-style-type: none"> 1. Avoid harsh gargle or spitting 2. Avoid smoking or vaping for three days after extraction 3. Maintain good oral hygiene 4. Attend review appointment after 3 days. 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% 	- - - -	<ul style="list-style-type: none"> • 35% • 88% • 53% • 11%

NEW

STRATEGIES FOR CHANGE

(INTERVENTION 2)

STRATEGIES FOR CHANGE CYCLE 2

PATIENT INCOMPLIANCE TO POST-OPERATIVE INSTRUCTIONS

P R O B L E M

1. Not biting on supplied gauze until hemostasis achieved.
2. Failed to maintain good oral hygiene.
3. Failed to attend review appointment.
4. Unable to understand post-operative instructions.

- Patient is asked to wait for 10 minutes in resting area for chair side review.
- Demonstration of correct tooth brushing technique.
- Prescription of mouthwash.
- Call patient to reschedule their review appointment date.
- Self-review of pain score by patients after 24, 48 and 72 hours.
- Use flipcharts to explain post-extraction instructions.
- QR code for post-extraction education shared with patient (innovation: i-READ).

A C T I O N



1

**SOCKET IS BEING COMPRESSED
POST EXTRACTION PROCEDURE**

**PATIENT RESTING FOR 10 MINUTES
POST EXTRACTION**

**SOCKET IS BEING INSPECTED TO
ENSURE HEMOSTASIS**

52



Nama: N ^o BT AMIA	R _x	Perubatan 6A-Pin. 3/96
No. K/P: 9	Tab Diclofenac Sodium 50mg PRN x 3/7	AV CAS No. 332377
No. Daftar:	Tab Gelusil "h PRN x 3/7	
Umur: 26	0.5% CHX m/w BD x 1 bottle	
Tarikh: 1		
Penyakit: Post MOS 38	KLINIK KESIHATAN/HOSPITAL NEGERI	DR SH Pegawai Pergigian UG41 No. MPM: 14246 (Tandatangan dan Cop Rasmi)

KJF001008—PNMB., A.S.



1	2	3	4	Type of Xla		XLA time		Phone No
				Surgical	Non-surgical	< 1 hr	>1 hr	
5			14-02-2024		1	1		
6			14-02-2024		1	1		
7			14-02-2024		1	1		
8			14-02-2024		1	1		
9		990523	14-02-2024		1	1		
10		881029	19-02-2024		1	1		
11		750518	19-02-2024		1	1		
12		631103	19-02-2024		1	1		
13		621209	19-02-2024		1	1		
14		800210	16-02-2024		1	1		
15		580512	16-02-2024		1	1		
16		980531	16-02-2024		1	1		
17		710115	19-02-2024		1	1		
18		910303	19-02-2024		1	1		
19		870815	19-02-2024		1	1		
20		761114	19-02-2024		1	1		
21		671111	19-02-2024		1	1		
22		930407	15-02-2024		1	1		
23		740520	15-02-2024		1	1		
24		620323	16-02-2024		1	1		
25		611003	20-02-2024		1	1		
26		50809	15-02-2024		1	1		
27		660109	20-02-2024		1	1		
28		901218	20-02-2024		1	1		
29		640520	19-02-2024		1	1		
30		881026	21-02-2024		1	1		
31		10806	20-02-2024		1	1		
32		441015	20-02-2024		1	1		
33		970806	20-02-2024	1				
34								



SILA BULATKAN

SKALA KESAKITAN HARI 1



SKALA KESAKITAN HARI 2



SKALA KESAKITAN HARI 3



APA YANG ANDA PERLU TAHU SELEPAS *Cabutan Gigi?*



Socket normal
(mempunyai darah beku)



Socket tidak normal
(tanpa darah beku)





BAHASA MELAYU

BAHASA TAMIL

BAHASA MANDARIN

Tips untuk pesakit selepas cabutan gigi

1

Jangan sentuh luka cabutan gigi dengan jari kerana boleh mendapat jangkitan

2

Gigit kapas dengan kuat untuk menghentikan pendarahan

3

Kurangkan melutah dan dinasihatkan supaya menelan air liur

4

Selepas 24 jam, kumur dengan air suam yang dicampur garam

5

Makan makanan yang lembut dan tidak panas

6

Makan ubat mengikut arahan atau ubat tahan sakit jika perlu

7

Banyakkan berehat

8

Jangan merokok dan minum minuman keras

Jika masih berlaku pendarahan berpanjangan atau timbul masalah lain seperti kesakitan yang semakin kuat, sila berjumpa semula dengan doktor gigi anda.

PROGRAM KESIHATAN PERGIGIAN KEMENTERIAN KESIHATAN MALAYSIA
Ara 5, Blok E10, Kompleks E, Prinsip 1, Pusat Pentadbiran Kerajaan Persekutuan, 62299

403 8882 4215
403 8888 4133

<http://klinik.moh.gov.my>
Program Kesihatan Pergigian KKM
@kesihatan.gov.my

APA ITU DRY SOCKET ?

SIMPTOM 'DRY SOCKET'

- Sakit sehingga ke kepala dan telinga
- Sakit melebihi 3 hari di tempat cabutan
- Pendarahan yang berpanjangan
- Mulut berbau

SOKET NORMAL

KLIK IMEJ

- Warna merah jambu sekitar soket
- Pembentukan darah beku berlaku
- Gusi kurang bengkak dan semakin kecil

DRY SOCKET

KLIK IMEJ

- Kemerahan sekitar soket cabutan
- Pernampakan tulang terdedah
- Pembentukan darah beku tidak berlaku

PESANAN

Dapatkan pemeriksaan di klinik gigi yang berdekatan jika anda mengalami sakit yang berlanjutan selepas cabutan.



BAHAGIAN KESIHATAN PERGIGIAN NEGERI PERLIS
(MEMO PERHUBUNGAN)



Fail : JKNPS.100-6/2/20 (16)

Tarikh : 22 Mac 2024

Tajuk	ARAHAN PENGGUNAAN INOVASI I-READ DI SEMUA KLINIK PERGIGIAN DI NEGERI PERLIS
Daripada	Timbalan Pengarah Kesihatan (Pergigian) Negeri Perlis
Kepada	Pegawai Pergigian Daerah Arau Pegawai Pergigian Daerah Kangar

Tuan/Puan,

Dengan segala hormatnya saya merujuk pada perkara di atas.

2. Dimaklumkan kumpulan inovasi dari Klinik Pergigian Kuala Perlis telah menubuhkan inovasi *I-Read* yang digunakan bagi memantapkan lagi penyampaian Pendidikan Kesihatan Pergigian kepada pesakit.

3. Inovasi *I-Read* adalah bahan bacaan elektronik secara interaktif dimana bahan bacaan ini ditambah baik dengan penggunaan video, muzik latar belakang dan suara narrator.

3 Sehubungan dengan itu, mohon kerjasama tuan untuk menghebahkan penggunaan inovasi *I-read* ini kepada semua klinik pergigian. Pautan QR bagi inovasi ini disertakan pada lampiran 1.

5. Kerjasama tuan dalam hal ini didahulukan dengan ribuan terima kasih.

Sekian, terima kasih.

Saya yang menjalankan amanah,

(DR ZAIHAN BINTI OTHMAN)

No. Pendaftaran MDC: 3572, DPH:0040)

☎ : 04-9773333 samb. 3309

E-mail : drzaihan@moh.gov.my

Lampiran 1

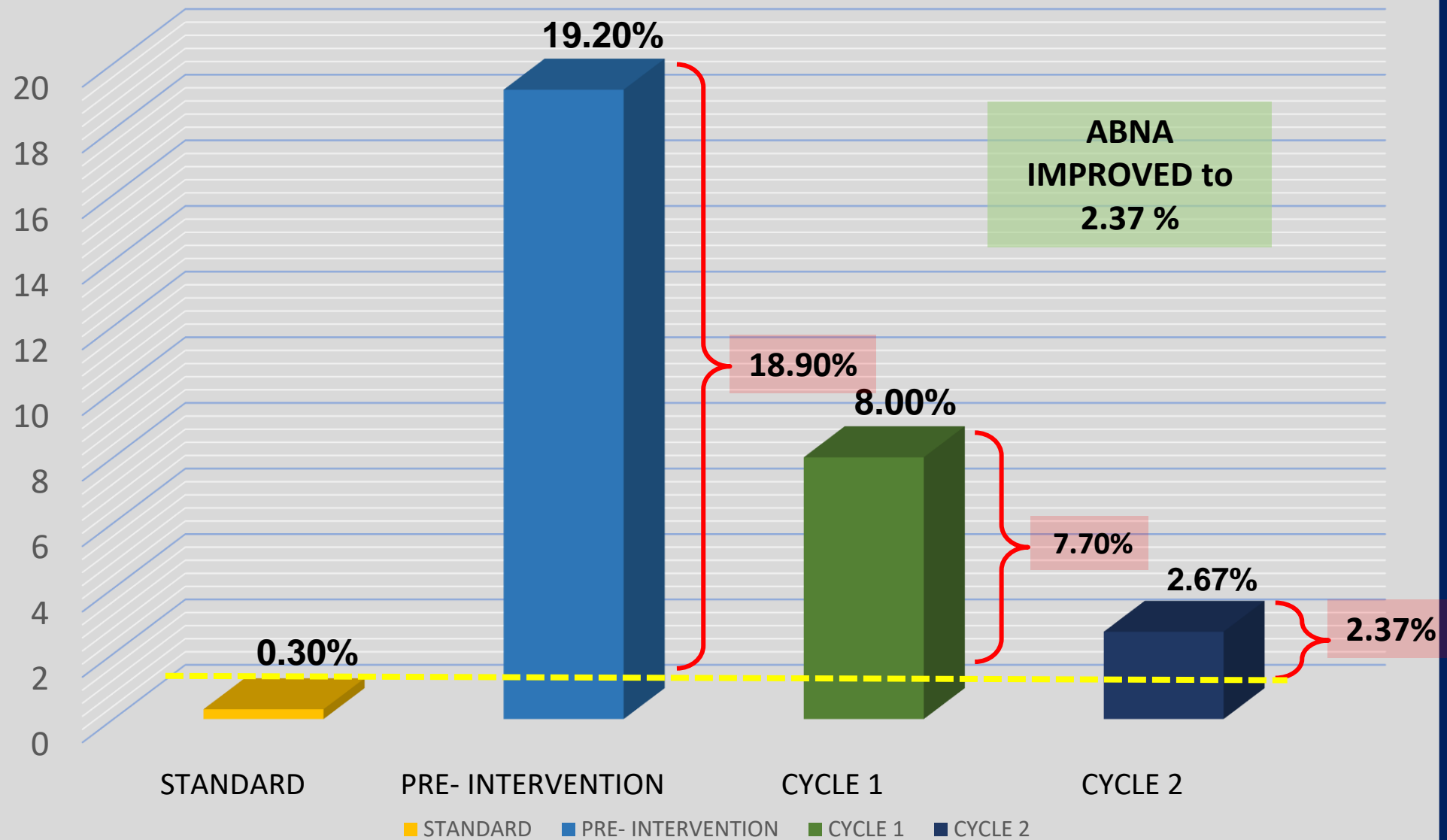


Standardization
of the use of
iRead in all
primary dental
clinics in Perlis



POST INTERVENTION 2

PERCENTAGE OF ALVEOLAR OSTEITIS POST-EXTRACTION



MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2
1	Patient screening	Vital sign, History taking (eg. DM Status, Clotting problems, History of difficult extraction)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 30% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100%
2	Extraction procedure	<ol style="list-style-type: none"> Ensure correct tooth and correct instrumentations Local anesthesia administration with right dosage Tooth loosened from socket using elevator with finger support. Tooth is extracted with correct technique as mentioned in Standard Operative Procedure. Socket checked to ensure no retained tooth fragments and sharp bony edges. 	<ul style="list-style-type: none"> 100% 100% 100% 100% 100% 	<ul style="list-style-type: none"> 85% 80% 95% 70% 100% 	<ul style="list-style-type: none"> 100% 100% 100% 100% 100% 	<ul style="list-style-type: none"> 100% 100% 100% 100% 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2
3.	Post Extraction procedure by operator	<ol style="list-style-type: none"> 1. Apply bucco-lingual pressure to extraction socket with fingers for few seconds. 2. Sterile gauze with pressure placed at extraction site until no active bleeding. 3. For surgical extraction: <ul style="list-style-type: none"> -Hemostatic agent is inserted into extraction socket -Sutures placed. 4. Change a sterile gauze with pressure placed at extraction site until no active bleeding. 5. Provide enough gauze to patients. 6. Patient is asked to bite the sterile gauze and wait in the resting area for 10 minutes. <p>Recall patient to surgery room and extraction socket is checked again to confirm no active bleeding.</p>	<ul style="list-style-type: none"> ● 100% ● 100% ● 100% ● 100% ● 100% ● 100% 	<ul style="list-style-type: none"> ● 83% ● 100% ● 55% ● 74% ● 20% - 	<ul style="list-style-type: none"> ● 100% ● 100% ● 100% ● 100% ● 100% - 	<ul style="list-style-type: none"> ● 100% ● 100% ● 100% ● 100% ● 100% ● 100%



MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2
4.	Post operative instructions by operator	<ol style="list-style-type: none"> 1. Patient bite the sterile gauze for minimum 30 minutes or until bleeding stop. 2. Advice to avoid harsh gargle or spitting 3. Advice to avoid smoking or vaping for three days after extraction 4. Oral hygiene instructions given 5. Patient to attend appointment review after 3 days . 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 70% • 100% • 100% • 60% • 30% 	<ul style="list-style-type: none"> • 90% • 100% • 100% • 100% • 100% 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100%

MODEL OF GOOD CARE

STEP	PROCESS OF CARE	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2
5.	Review and Patient Assessment (Patient Compliance)	<ol style="list-style-type: none"> 1. Avoid harsh gargle or spitting 2. Avoid smoking or vaping for three days after extraction 3. Maintain good oral hygiene 4. Attend review appointment after 3 days. 5. Self-review of pain score by patients after 24 hours, 48 hours and 72 hours. 	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100% • 100% 	-	<div>• 35% → • 71%</div> <div>• 88% → • 94%</div> <div>• 53% → • 82%</div> <div>• 11% → • 15%</div>	<div>• 15%</div>



THE NEXT STEP

- 1** To ensure the implementation of the proposed intervention until the standard is achieved.
- 2** To incorporate as a regular clinical audit until it becomes a culture among all dental officers.
- 3** To introduce our work process in orientation session of all new dental officers (NDO) in primary dental clinics.
- 4** The developed procedural guidelines and interventions will be subsequently shared with another state.

LESSON LEARNT

STRENGTH

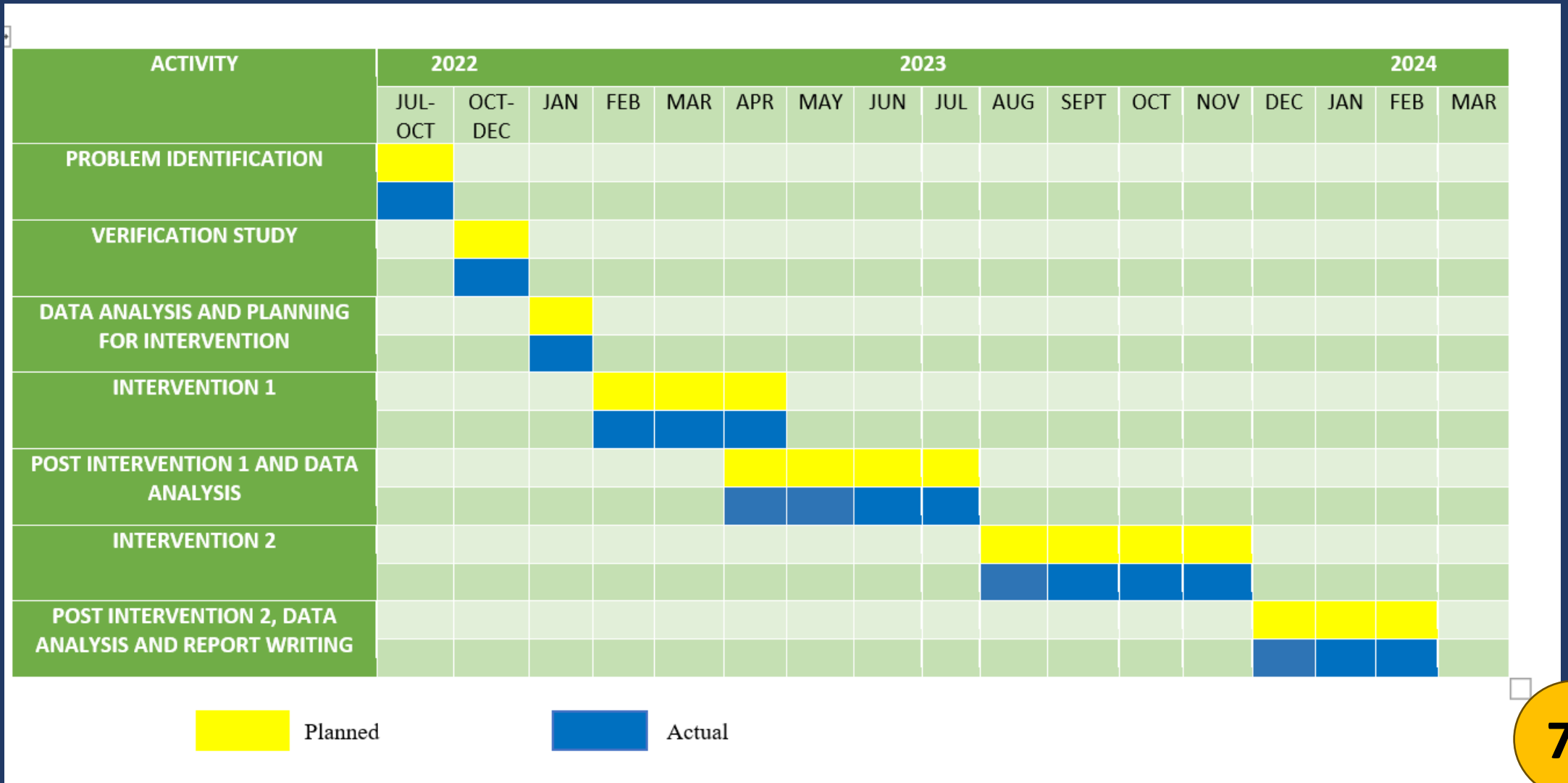
- 1** First study to be conducted in *Bahagian Kesihatan Pergigian Perlis* to reduce the incidence of Alveolar Osteitis among patients in primary dental clinic in Perlis.
- 2** Interventions taken were proved efficient to be practiced among operator and assistant in primary dental clinics in Perlis.
- 3** New innovation (iRead) to facilitate and educate patients on post-operative care at the tip of the finger.

LESSON LEARNT

LIMITATION

- 1** Patient's compliance towards post-extraction care has proved to be one of the biggest limitations in achieving 0.3% AO case.
- 2** We need to ensure that whole dental team in Perlis consistently apply our standard protocol in daily practice.

GANTT CHART



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THANK YOU