Department of Periodontology
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STANDARD OPERATING PROCEDURES (SOP)
OUTPATIENT DEPARTMENT

PURPOSE

- To provide a high quality, patient focused and professional outpatient services.

RESPONSIBILITY

- Faculty/Consultant, Dental Surgeon, Senior Resident (SR), Junior Resident (JR).

PROCEDURE

1) Outdoor will be conducted on all working days where patients are seen on first come-first serve basis.
2) Initial History Taking and Oral Examination
    a. The patients referred from dental OPD will be registered in Periodontology department.
    b. Consultant/JR will receive the patients and let the Patient seated on dental chair.
    c. Name, age, gender along with presenting complaint, history of presenting complaint, co-morbidities, past medical and surgical history, Past Dental history, drug history and allergies conditions shall be recorded in detail.
    d. The JR/Dental Surgeon shall perform an initial oral examination and evaluation to establish a diagnosis and prognosis prior to dental treatment.
    e. Radiograph will be done if necessary.
    f. The examination findings will be documented, dated, timed and appropriately allotted to a JR/treatingDental Surgeon.
3) Treatment Plan
    a. It is based on the examination, evaluation, diagnosis and prognosis.
    b. It will identify goals of treatment.
    c. It will be interdisciplinary when necessary to meet the needs of the patient.
    d. It will describe the proposed dental procedure, including frequency and duration.

4) **Appointment scheduling and accommodating emergencies**
    i. The patient can be given appointment, if any of the following circumstances andsymptoms applies:

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a. The patient has a history of chronic periodontal problem that require medication.
b. The patient has mild discomfort and the patient is satisfied with the appointment date and time scheduled.

ii) Once an acceptable and appropriate appointment date & time has been selected, the following information are entered in the appointment register:

a. Patient's last and first name.
b. Work and home phone numbers.
c. Appointment date and time.

5) Follow up

1. Follow up of all patients and their compliance should be noted for further visits.

2. Follow-up appointment for dental treatment must be recorded in Dental Appointment register.

6) Referral

1. Periodontal patients who have any other dental/systemic problem will be referred to concern specialty dental/medical department.
2. Patient / attendants / family will be informed about need and reasons for referral.
3. Record must be maintained in referral register of Periodontal OPD.
4. Photocopy of referral form must be retained for medical record.

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Scaling, Polishing and Root Planing

PURPOSE

To provide a high quality, patient focused and professional outpatient services.

RESPONSIBILITY

Faculty/Consultant, Dental Surgeon, Senior Resident (SR), Junior Resident (JR).

PROCEDURE

1. Patient selected as per the criteria.
2. Case to be allotted from the concerned faculty
3. Informed consent to be taken from the patient
4. Complete case history including medical history, clinical parameters, radiographic and haematological investigations to be recorded and treatment plan made after discussing with the faculty.
5. Full-mouth clinical photographs to be taken.
6. Receipt for payment to be made for scaling and root planing
7. Full mouth scaling completed.
8. Oral hygiene instructions given.
9. Mouth rinses and medicines prescribed.
10. Recalled after 1 week for re-evaluation.
11. After 1 week, the patient was examined and clinical parameters recorded.
12. Root planing sextant wise completed in subsequent visits.
13. Oral hygiene instructions reinforcement done.
14. Case evaluatedby the faculty.
15. After completing full mouth root planing, the patient will be recalled after 2 weeks.
16. Clinical parameters and oral hygiene status reassessed.
17. Post scaling and root planing photographs taken.
18. The case discussion is done with the faculty and collegues.

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SOP (Standard Operating Procedure) for Coronoplasty

1. Patient selected as per the criteria
2. Case to be allotted from the concerned faculty
3. Payment to be made for coronoplasty
4. Informed consent to be taken from patient
5. Coronoplasty done by eliminating gross occlusion disharmonies
6. Re-check tooth contact relationship
7. Polish all rough tooth surface
8. Case shown to faculty
9. Post operative instructions given
10. Patient recalled after 1 week for re-evaluation
11. After 1 week, occlusion was re-assessed

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SOP (Standard Operating Procedure) For Curettage

1. Patient selected as per criteria
2. Case to be allotted from concerned faculty
3. Complete case history including medical history. clinical parameters. radiographic investigations to be recorded and treatment plan made after discussing with the faculty
4. Clinical photograph to be taken
5. Payment to be made for Curettage
6. Informed consent to be taken from the patient
7. Part preparation of the patient
8. Concerned area anesthetised using local anaesthesia
9. Inflamed granulation tissue is removed using curette
10. Case is shown to the faculty
11. Post operative Clinical photographs are taken
12. Post operative instructions are given
13. Medicines prescribed
14. Patient is recalled after 1 week for evaluation of healing

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SOP (Standard Operating Procedure) for ENAP

1. Patient selected as per the criteria
1. Case to be allotted from the faculty
2. Complete case history including medical history, clinical parameters, radiographic investigations to be recorded and treatment plan made after discussing with the faculty
3. Hematological blood investigations to be done.
2. Clinical photographs to be taken
3. Payment made for the procedure
4. Informed consent to be taken from patient
5. Part preparation of the patient
6. Concerned area anesthetised using local anaesthesia
7. Incision given to remove the pocket lining
8. Flap reflection and soft tissue debridement done
9. Sutures given
10. Case shown to faculty
11. Post operative instructions given
12. Patient recalled after 1 week for evaluation of healing
13. post-operative clinical photographs taken and case shown to faculty
14. Patient recalled for maintenance phase

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SOP for Gingivectomy/Gingivoplasty

1. Patient selected as per the criteria.
2. Case to be allotted from the faculty.
3. Complete case history including medical history, clinical parameters, radiographic investigations to be recorded and treatment plan made after discussing with the faculty
4. Hematological blood investigations to be done.
5. Full mouth clinical photographs to be taken.
6. Maxillary and mandibular impressions were made and study cast prepared.
7. Informed consent to be taken from the patient.
8. Part preparation done
9. Local anesthesia is given in the concerned area.
10. Enlarged gingival tissue is outlined.
11. Incision is to be given to remove the excess enlarged gingival tissue and shown to the faculty.
12. Thinning of gingival tissue to maintain the gingival contour.
13. Root planing done and shown to the faculty
14. Periodontal dressing given.
15. Post operative instruction given.
16. Medicines prescribed and patient is recalled after 7-10 days for periodontal dressing removal.
17. After 7-10 days, dressing is removed, clinical photographs taken and post-operatively case is shown to the patient.
18. Patient recalled for maintenance phase.

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SOP (Standard Operating Procedures) for Periodontal Flap Surgery

1. Patient selected as per the criteria.
2. Case to be allotted by the concerned faculty.
3. Complete case history including medical history, clinical parameters, radiographic investigations to be recorded and treatment plan will be made after discussing with the faculty.
4. Clinical photographs taken.
5. Hematological blood investigations to be done.
6. Receipt for payment of periodontal flap surgery to be made by the patient.
7. Informed consent to be taken from the patient.
8. Part preparation of the patient is done.
9. Local anesthesia to be given to anaesthetize the concerned area.
10. Incision to be given in the concerned area and shown to the faculty.
11. Flap reflection and soft tissue debridement done.
12. Each surgical step should be shown and discussed with the faculty before proceeding to the next step.
13. Clinical photographs of each step are to be taken with proper orientation.
14. Flap stabilized with sutures.
15. Periodontal dressing given.
16. Post-operative instructions are given to the patient.
17. Medicines are prescribed and the patient is recalled after 7-10 days for dressing and suture removal.
18. After 7-10 days, the case was shown to the faculty, dressing and sutures were removed.
19. Clinical photographs taken.
20. Patient recalled for maintenance phase on subsequent recall visits.

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SOP (Standard Operating Procedure) for Resective osseous surgery

1. Patient selected as per the criteria
2. Case to be allotted from the concerned faculty
3. Receipt for payment made for the resective osseous surgery procedure
4. Complete case history including medical history, clinical parameters, radiographic investigations to be recorded and treatment plan made after discussing with the faculty.
5. Clinical photographs to be taken
6. Informed consent to be taken from the patient
7. Part preparation of the patient done
8. Concerned area anesthetised using local anaesthesia
9. Incision to be given in the concerned area and shown to the faculty.
10. Flap reflection, debridement and bone contouring done.
11. Each surgical step should be shown and discussed with the faculty before proceeding to the next step.
12. Clinical photographs of each step are to be taken with proper orientation.
13. The flap is stabilized using sutures.
14. Periodontal dressing is given.
15. Case shown to faculty
16. Post-operative instructions given
17. Medicines are prescribed and the patient is recalled after 7-10 days for dressing and suture removal.
18. After 7-10 days, the case was shown to the faculty, dressing and sutures were removed.
19. Clinical photographs were taken and the case shown to the faculty.
20. Patient recalled for maintenance phase on subsequent recall visits.

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SOP (Standard Operating Procedures) for Reconstructive osseous Surgery

1. Patient selected as per the criteria.
2. Case to be allotted from the concerned faculty.
3. Complete case history including medical history, clinical parameters, radiographic and Hematological investigations to be recorded and treatment plan made after discussing with the faculty.
4. Informed consent to be taken from the patient.
5. Receipt for payment of reconstructive osseous surgery to be made by the patient.
6. Part preparation of the patient is done.
7. Concerned area anaesthetized using 2% lignocaine.
8. Incision to be given in the concerned area and shown to the faculty.
9. Flap reflection and soft tissue debridement done.
10. Each surgical step should be shown and discussed with the faculty before proceeding to the next step.
11. Clinical photographs of each step are to be taken with proper orientation.
12. Bone defect to be corrected with bone graft and other osteoconductive/osteoinductive materials.
13. Flap stabilized with sutures.
14. Periodontal dressing given.
15. Post-operative instructions are given to the patient.
16. Related medicines are prescribed and the patient is recalled after 7-10 days for dressing and suture removal.
17. After 7-10 days, the case was shown to the faculty, dressing and sutures were removed.
18. Clinical photographs taken.
19. Patient recalled for maintenance phase on subsequent recall visits.

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SOP (Standard Operating Procedure) for Dental Implant

1. Patient selected as per the criteria
2. Case to be allotted from the concerned faculty
3. Complete case history including medical history, clinical parameters, radiographic investigations to be recorded and treatment plan made after discussing with the faculty.
4. Receipt for payment made for the Dental Implant surgery procedure
5. Clinical photographs to be taken
6. Informed consent to be taken from the patient
7. Part preparation of the patient done
8. Concerned area anesthetised using local anaesthesia
9. Incision to be given in the concerned area and shown to the faculty.
10. Flap reflection, bone contouring done and implant placement done by sequential ostectomy
11. Each surgical step should be shown and discussed with the faculty before proceeding to the next step.
12. Clinical photographs of each step are to be taken with proper orientation.
13. The flap is stabilized using sutures.
14. Periodontal dressing is given.
15. Case shown to faculty
16. Post-operative instructions given
17. Medicines are prescribed and the patient is recalled after 7-10 days for dressing and suture removal.
18. After 7-10 days, the case was shown to the faculty, dressing and sutures were removed.
19. Recalled after 4 months for assessment.
20. Second suegery done, gingival former placed and after healing impression and prosthesis fabricated.
21. Prosthesis placed
22. Clinical photographs were taken and the case shown to the faculty.
23. Patient recalled for maintenance phase on subsequent recall visits.

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SOP FOR PREVENTIVE DENTISTRY

Reevaluation and reinforcement of preventive activities contribute to improved instruction for the caregiver of the child or adolescent, continuity of evaluation of the patient's health status, and repetitive exposure to dental procedures, potentially allaying anxiety and fearfor the apprehensive child or adolescent.

Risk assessment procedures used in medical practice normally have sufficient data to accurately quantitate a person's disease susceptibility and allow for preventive measures.

Risk assessment:

1. Fosters the treatment of the disease process instead of treating the outcome of the disease;
2. Gives an understanding of the disease factors for a specific patient and aids in individualizing preventive discussions;
3. Individualizes, selects, and determines frequency of preventive and restorative treatment for a patient; and
4. Anticipates caries progression or stabilization

Thus guidelines should be formulated to address periodicity and general principles of examination, preventive dental services for children who have no contributory medical conditions and are developing normally.

Components of preventive oral health care are:

1. Periodic dental visits
2. Oral prophylaxis
3. Professional topical fluoride application
4. Fluoride supplements
5. Preventive treatments
6. Caries risk assessment

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SOP FOR ORAL PROPHYLAXIS

Purpose: Maintenance of proper oral hygiene.

Objective: A Preventive and protective procedure done for the oral cavity cleaning by removing tartar and plaque build on the surface of the teeth and gingiva.

Responsibility: Faculty, Senior Resident, PG students and Dental Hygienist.

Procedure:

1) Take complete medical and dental history.
2) Do complete oral examination.
3) Check BP and BSL for control bleeding and wound healing.
4) Seat the patient.
5) Carry out Infection control practices.
6) Remove Plaque with scaler.
7) Polishing done with polishing paste.
8) Post operative instructions.
9) Medicated, if needed.

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SOP FOR GLASS IONOMER CEMENT RESTORATION

Purpose: Glass ionomer cement is primarily used as restorative material with variety of action like fit and fissure sealant, Pulp capping agent, prevention of caries by releasing fluoride, etc.

Objective: This dental material has good adhesive bond properties to tooth structure, allowing it to form a tight seal between the internal structures of the tooth and the surrounding environment. Glass ionomer cements act as sealants when pits and fissures in the tooth occur and release fluoride to prevent further enamel demineralisation and promote remineralisation.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental history.
2) Do complete oral examination.Ask for aggravating and relieving pain factors on eating and drinking especially sweet,cold and hot.
3) Check BP and BSL for control bleeding and wound healing.
4) Seat the patient.
5) Carry out Infection control practices.
6) Administer anaesthesia, if necessary.
7) Remove carious lesion with round burr.
8) Explore with spoon excavator for any remaining soft caries.
9) Wash the cavity/ deep pits and fissures.
10) Isolation
11) Fill the cavity.
12) Check for proper occlusion for high spots/points.
13) Medicated, if needed.

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SOP FOR COMPOSITE RESTORATION

Purpose: A composite filling can restore your tooth's integrity after enduring damage from cavities, injuries, or teeth grinding. This type of dental restoration can match the shade of your natural teeth.

Objective: To improve the tooth's function by restore carious tooth/ fractured tooth/discolored tooth and give it an esthetic appearance.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental history.
2) Do complete oral examination. Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
3) Check BP and BSL for control bleeding and wound healing.
4) Seat the patient.
5) Carry out Infection control practices.
6) Administer anaesthesia, if necessary.
7) Remove carious lesion with round burr.
8) Explore with spoon excavator for any remaining soft caries.
9) Wash the cavity.
10) Isolation
11) Etching for 15-20 sec
12) Wash thoroughly with water
13) Isolation
14) Drying of cavity but do not desiccate
15) Apply bonding and light curing for 15-20 sec.
14) Add the filling materials in small increments and curing each increment for 15-20 sec.
15) Check for proper occlusion for high spots/points.
16) Give medicines, if needed.

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SOP FOR VITAL PULP THERAPY (INDIRECT & DIRECT PULP CAPPING)

Purpose: To initiated to preserve and maintain pulp tissue in a healthy state, tissue that has been compromised by caries, trauma, or restorative procedures.

Objective: To the formation of reparative dentin to retain the tooth as a functional unit.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Seat the patient.
4) Carry out the infection control protocols.
5). Do complete isolation of the concerned teeth.
6) Use spoon excavator for removal of soft necrotic debris.
7) a). In Case of Indirect pulp Capping- Leave behind small layer of hard stained dentine
   b). In Case of Direct pulp Capping- Once an exposure is encountered, further manipulation of pulp is avoided. If Haemorrhage occurs then its arrested with light pressure from sterile cotton pellets.
8) Cavity should be irrigated with saline or distilled water or chlorhexidine.
9) Place the pulp capping material like calcium hydroxide on the exposed pulp with application of minimal pressure so as to avoid forcing the material into pulp chamber.
10) Place temporary restoration
11) Take X-ray.
12) Give post-op instructions.
13) Give Follow-up appointment after 3 weeks for Final restoration is done after determining the success pulp of capping which is done by determination of dentinal bridge, maintenance of pulp vitality and lack of pain.

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SOP FOR PULPOTOMY

Purpose: To initiated to preserve and maintain pulp tissue in a healthy primary tooth when caries removal results in a pulp exposure in a tooth with a normal pulp or reversible pulpitis or after a traumatic pulp exposure and there is no radiographic sign of infection or pathologic resorption.

Objective: To the amputate coronal pulp, pulpal hemorrhage is controlled, and the remaining vital radicular pulp tissue surface is treated with a long-term clinically-successful medicamentto retain the primarytooth as a functional unit.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:
1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Seat the patient.
4) Carry out the infection control protocols.
5). Do complete isolation of the concerned teeth.
6) Use spoon excavator for removal of soft necrotic debris.
7) Once an exposure is encountered, further manipulation of pulp is avoided. If Hemorrhage occurs then its arrested with light pressure from sterile cotton pellets
8) Cavity should be irrigated with saline or distilled water or chlorhexidine.
9) Place the 1 drop Formocresol liquid through small cotton pellet on the exposed pulp with application of minimal pressure so as to avoid forcing the material into pulp chamber for 5 mins.
10) Cavity should be again irrigated with saline or distilled water or chlorhexidine.
11) Place temporary restoration
12) Take X-ray.
13) Give post-op instructions.
14) Give Follow-up appointment after 2 weeks for Final restoration is done after determining the maintenance of pulp vitality and lack of pain.

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SOP FOR APEXOGENESIS IN IMMATURE PERMANENT TEETH

Purpose: To initiated to preserve and maintain pulp tissue in a healthy state to treat immature teeth that haven't formed completely and to repair damage to the roots of your teeth from severe tooth decay that has been compromised by caries, trauma, or restorative procedures.

Objective: To the continued physiologic development and formation of the root's apex. Formation of the apex in vital young permanent teeth can be accomplished by implementing the appropriate vital pulp therapy by the formation of reparative dentin to retain the tooth as a functional unit.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Seat the patient.
4) Carry out the infection control protocols.
5). Do complete isolation of the concerned teeth.
6) Use spoon excavator for removal of soft necrotic debris.
7) a). In Case of Indirect pulp Capping- Leave behind small layer of hard stained dentine
   b). In Case of Direct pulp Capping- Once an exposure is encountered, further manipulation of pulp is avoided. If Haemorrhage occurs then its arrested with light pressure from sterile cotton pellets
8) Cavity should be irrigated with saline or distilled water or chlorhexidine.
9) Place the pulp capping material like calcium hydroxide on the exposed pulp with application of minimal pressure so as to avoid forcing the material into pulp chamber.
10) Place Final restoration
11) Take X-ray.
12) Give post-op instructions.
13) Give Follow-up appointment after every 3 weeks for accessing physiological root closure after determining the success pulp of capping which is done by determination of dentinal bridge, maintenance of pulp vitality and lack of pain.

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SOP FOR PULPECTOMY OF DECIDUOUS TOOTH

Purpose: To repair and restore a badly damaged/infected **of Deciduous Tooth** with irreversible pulpitis or necrosis with exhibiting minimal or no resorption.

Objective: To remove inflamed or infected pulp on the inside of the tooth which is then carefully cleaned and disinfected, then filled and sealed with resorbable root canal sealer. The treatment should permit resorption of the primary tooth root and filling material to permit normal eruption of the succedaneous tooth.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
5) Seat the patient.
6) Carry out the infection control protocols.
7) Administer local anaesthesia
8) Check for effectiveness.
9) Access opening and canal's location
10) Reshape canals with files and (or) reamers from 15-40 number.
11) Do X-ray with the master file to determine length
12) Remove dead tissue or pulp from the tooth chamber and root canals.
13) Do frequent irrigation with saline during filing.
14) Do complete isolation of the concerned teeth.
15) Do Drying of canals with paper points.
16) Perform Obturation with resorbable root canal sealer and final filling.
17) Take X-ray.
18) Give post-op instructions and medications.
19) Give Follow-up appointment after 3 weeks for Stainless crown preps.

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SOP FOR ROOT CANAL TREATMENT (RCT)

Purpose: To repair and restore a badly damaged/infected permanent tooth

Objective: To remove inflamed or infected pulp on the inside of the tooth which is then carefully cleaned and disinfected, then filled and sealed.

Responsibility: Faculty, Senior Resident and PG students.

Procedure

1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Ask for aggravating and relieving pain factors on eating and drinking especially sweet, cold and hot.
4) Check BP and Blood sugar level for control bleeding and wound healing.
5) Seat the patient.
6) Carry out the infection control protocols.
7) Administer local anaesthesia
8) Check for effectiveness.
9) Access opening and canal's location
10) Reshape canals with files and (or) reamers from 15-40 number.
11) Do X-ray with the master cone to determine length
12) Remove dead tissue or pulp from the tooth chamber and root canals.
13) Do frequent irrigation with saline during filing.
14) Do complete isolation of the concerned teeth.
15) Do Drying of canals with paper points.
16) Perform Obturation and final filling.
17) Take X-ray.
18) Give post-operative instructions and medications.
19) Give Follow-up appointment after 3 weeks for crown preps.

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SOP FOR APEXIFICATION IN YOUNG PERMANENT TOOTH

Purpose: To create artificial root closure for non-vital permanent teeth with incompletely formed roots.

Objective: This procedure should induce root end closure (apexification) at the apices of immature roots or result in an apical barrier as confirmed by clinical and radiographic evaluation.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental History.
2) Do complete Oral Examination.
3) Seat the patient.
4) Carry out the infection control protocols.
5) Administer local anaesthesia.
6) Proper isolation – this is mandatory for all root canal treatment.
7) Prepare an access cavity through the palatal or lingual surface of the crown.
8) Remove any necrotic pulp tissue from the canal with a barbed broach.
9) Biomechanically prepare the canal to a level 1 mm short of the radiographic apex.
10) The canal should be carefully instrumented to completely remove necrotic tissue and debris, while also preserving as much tooth structure as possible. The apical root, being very thin, is weak and may fracture if undue pressure is exerted. Very little instrumentation of the canal walls is required.
11) Irrigate thoroughly with 1% sodium hypochlorite to dissolve pulp tissue remnants and to disinfect the root canal system.
12) Metapex paste should be placed as the initial dressing followed by calcium hydroxide to create a 50: 50 mixtures of these two medicaments. The mixture is very effective at reducing periapical inflammation, reducing pain and controlling infection within the root canal. The pastes can be inserted into the root canal using a spiral root filler.
13) Place a small pledget of cotton wool in the coronal pulp chamber and then place a temporary restoration in the access cavity using a temporary filling material such as Cavit-G.
14) After 4–6 weeks, the patient should be reviewed. If there are no symptoms or other problems, then under proper isolation, the temporary filling material should be removed and the canal should be thoroughly irrigated to remove the previous dressing. After drying the canal, it should be re-dressed with a non-setting calcium hydroxide paste.
15) Compress the calcium hydroxide with a cotton wool pellet to ensure good condensation in the canal and to allow contact with the apical tissues. Another temporary restoration should then be placed in the access cavity.
16) Review the child every 3 months and change the calcium hydroxide dressing each time in the manner described above. The formation of an apical hard tissue barrier typically takes about 12 months but it may take up to 18 months.
17) Once the barrier has formed, the canal should be filled with gutta-percha and cement. Root canal filling with gutta-percha is performed using either a warm vertical compaction technique, or lateral compaction. An impression of the apical seat may be made with heat-softened gutta-percha which is then cemented into the canal with a root canal cement. Whichever technique is used, it should be stressed that gentle pressure

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must be applied to avoid splitting the root or breaking the hard tissue barrier off the root and pushing it into the periapical tissues.

18) Remove the gutta-percha and cement from within the crown part of the tooth. Gutta-percha can be easily removed with a hot instrument and then the remainder should be vertically compacted into the coronal third of the canal while it is still warm. The access cavity should be thoroughly cleaned by wiping it out with cotton pellets soaked in alcohol to remove the root canal cement. This should be repeated 2–3 times to ensure complete removal of the cement in order to avoid discolouration of the tooth.
19) Restore the access cavity with a base of Cavit, followed by a GIC cement to replace dentine and finally composite resin. The Cavit will facilitate any further access to the root canal system should it become necessary in the future.
20) Review 6 months after the root filling has been completed and then annually for at least 5 years to monitor the tooth and the periapical tissues.
21) Periapical radiographs at each review.
22) Adjacent teeth should also be monitored in the usual manner following trauma.

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SOP FOR AVULSED PERMANENT TOOTH

Purpose: Dento-alveolar trauma includes injuries caused by an external impact on the dentition and its surrounding structures. These injuries range from a simple contusion of the tooth to its total dislocation from the alveolar bone, termed tooth avulsion, a rare type of dental trauma. This procedure to reimplant avulsed tooth in the socket so as to achieve oral integrity and functionality.

Objective: This procedure should induce integration with socket and reimplant avulsed tooth in the socket so as to achieve oral integrity and functionality.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) If a tooth is avulsed, make sure it is a permanent tooth (primary teeth should not be replanted) and follow these recommended instructions:
2) Keep the patient calm.
3) Find the tooth and pick it up by the crown (the white part).
4) Avoid touching the root. Attempt to place it back immediately into the jaw.
5) If the tooth is dirty, rinse it gently in milk, saline or in the patient's saliva and replant or return it to its original position in the jaw.
6) It is important to encourage the patient/guardian/teacher/other person to replant the tooth immediately at the emergency site.
7) Once the tooth has been returned to its original position in the jaw, the patient should bite on gauze, a handkerchief or a napkin to hold it in place.
8) If replantation at the accident site is not possible, or for other reasons when replantation of the avulsed tooth is not feasible (eg, an unconscious patient), place the tooth, as soon as possible, in a storage or transport medium that is immediately available at the emergency site. This should be done quickly to avoid dehydration of the root surface, which starts to happen in a matter of a few minutes. In descending order of preference, milk, HBSS, saliva (after spitting into a glass for instance), or saline are suitable and convenient storage mediums. Although water is a poor medium, it is better than leaving the tooth to air-dry.
9) The tooth can then be brought with the patient immediately in the department of Dentistry/ Emergency.
10) Clean the injured area with water, saline, or chlorhexidine.
11) Verify the correct position of the replanted tooth both clinically and radiographically.
12) Leave the tooth/teeth in place (except where the tooth is malpositioned; the malpositioning needs to be corrected using slight digital pressure)
13) Administer local anesthesia, if necessary, and preferably with no vasoconstrictor.
14) If the tooth or teeth were replanted in the wrong socket or rotated, consider repositioning the tooth/teeth into the proper location up to 48 hours after the traumatic incident.
15) Stabilize the tooth for 2 weeks using a passive flexible splint such as wire bonded to the tooth and adjacent teeth. Keep the composite and bonding agents away from the gingival tissues and proximal areas.
16) Suture gingival lacerations, if present.
17) Initiate root canal treatment within 2 weeks after replantation
18) Administer systemic antibiotics.
19) Check tetanus status.
20) Provide post-operative instructions with regular follow-up.

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SOP FOR PLACEMENT OF STAINLESS-STEEL CROWN

Purpose: Following pulp therapy, Extensive carious lesions with three surface carious lesions, Primary teeth with enamel or dentin defects like hypoplastic enamel, amelogenesis imperfecta, dentinogenesis imperfecta, Fractured teeth, Abutment for space maintainer.

Objective: To improve the tooth's function by restore carious tooth/ fractured tooth/discolored tooth and giving tooth prefect strength.

Responsibility: Faculty, Senior Resident and PG students.

Procedure:

1) Take complete medical and dental history
2) Do complete oral examination.
3) Check BP and BSL for control bleeding and wound healing.
4) Seat the patient.
5) Carry out Infection control protocols.
6) Placement of separators between the teeth is mandatory.
7) Fill the cavity with GIC cement
8) Wipe – excess cement wiped off
9) Ask the child to bite for 2 to 3 minutes
10) Administer anesthesia, if necessary.
11) Proper isolation done
12) Crown selection done according to the internal mesiodistal diameter of tooth by using divider and scale before tooth preparation.
13) Tooth preparation done by following sequence Occlusal reduction (1.5 to 2 mm), Proximal reduction, Buccal/lingual reduction and finally Finishing and evaluation.
14) Crown adaptation by Festooning of proximal surfaces, Place the crown from lingual and rotate it towards the buccal side, Remove and cut the crown 1mm below the the gingival line, Smoothen the edges with finishing burs.
15) Crown contouring done by contouring pliers used to contour the buccal and lingual surfaces by holding the pliers and force is exerted from the opposite side of the crown to bend the gingival 1/3rd of the crown inward
16) Crown finishing done by finishing green stone burs to produce a sharp featheredge margin.
17) Crown Cementation-
    a) Remove, clean and dry the tooth and the crown.
    b) Isolate.
    c) Mix and load the cement at least 2/3rd of the crown must be filled
    d) Seat the crown from lingual to buccal side.
    e) Remove excess cement
    f) Ask the child to bite on crown for 2 to 3 minutes
    g) Check for proper occlusion for high spots/points.
18) Provide post-operative instructions with regular follow-up.

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SOP FOR SIMPLE TOOTH EXTRACTION

Purpose: To remove non- restorable tooth

Objective: Reduction of pain and bacterial/odontogenic infection

Responsibility: Faculty, PG students

Standard Operative Protocol:

1. Take complete medical and dental history.
2. Do complete oral examination.
3. Evaluate through x-ray, the teeth which cannot be saved through fillings or root canals.
4. Advice for routine/Specific blood or other investigations if necessary
5. Check Blood Pressure and Blood investigations for any abnormality.
6. Seat the patient.
7. Consent form
8. Payment by patient
9. Carry out Infection control practices.
10. Administer anesthesia, if necessary.
11. Check for effectiveness
12. Carry out Infection control protocols.
13. Adjust the dental chair position.
14. Luxate the teeth by elevator, when fully luxated pull out by forceps.
15. Check the socket thoroughly for any remaining debris.
16. Pressure pack with cotton soaked in saline.
17. Post op instructions.
18. Give Medications, if needed.
19. Patient discharge
20. Routine patient recall after 2-3 days

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SOP FOR SURGICAL TOOTH EXTRACTION

Purpose: To remove broken root during extraction/ RC treated teeth/ soft tissue/bony impacted tooth

Objective: Reduction of pain and bacterial/odontogenic infection

Responsibility: Faculty, PG students

Standard Operative Protocol:

1. Take complete medical and dental history.
2. Do complete oral examination.
3. Evaluate through x-ray, mostly brokenroot during extraction/ RC treated teeth, soft tissue/bony impacted tooth
4. Advice for routine/Specific blood or other investigations as per necessity
5. Check Blood Pressure and Blood investigations for any abnormality
6. Consent form
7. Payment by patient
8. Seat the patient.
9. Carry out Infection control practices.
10. Evaluate through x-ray.
11. Administer anesthesia, if necessary.
12. Check for effectiveness
13. Adjust the dental chair position.
14. Give precise and clean incision
15. Raise flap
16. Expose the teeth by bone cutting, if necessary.
17. Remove tooth,
18. Check the socket for any debris.
19. Smooth the Sharp edges of bone.
20. Saline + Betadine irrigation
21. Flap approximation by Suturing
22. Pressure pack with cotton soaked in saline.
23. Give Post op instructions.
24. Administration of analgesics and antibiotics and prescribe suitable medications
25. Recall for suture removal after 07 days.

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SOP FOR MINOR ORAL SURGERY

Purpose: To treat biopsies, jaw pathologies, jaw infections

Objective: To treat and remove various minor diseases of the jaw like cysts and tumors

Responsibility: Faculty, and PG students.

Standard Operative Protocol

1. Take complete medical and dental history.
2. Do complete oral examination.
3. Evaluate through x-ray for various minor diseaseslike cysts and tumors of the jaw
4. Advice for routine/Specific blood or other investigations as pernecessity
5. Check Blood Pressure and Blood investigations for any abnormality
6. Payment by patient
7. Seat the patient.
8. Carry out Infection control practices.
9. Evaluate through x-ray.
10. Administer anesthesia, if necessary.
11. Check for effectiveness
12. Adjust the dental chair position.
13. Give precise and clean incision
14. Elevation of the flap
15. Incision & drainage/Curettage /Enucleation/Marsupialization of jaw pathologies
16. Saline+ Betadine irrigation
17. Flap approximation by Suturing
18. Post-operative instructions
19. Administration of analgesics and antibiotics and prescribe suitable medications
20. Patient discharge
21. Follow-up as per indications

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SOP FOR MAJOR CASES

Purpose: To treat various trauma/cysts/cancer/TMJ and orthognathic cases

Objective: To treat and remove various major diseases of the maxillofacial region for the patient benefit

Responsibility: Faculty, and PG students.

Standard Operative Protocol

1. Admission in hospital ward through OPD or Trauma Centre.
2. Take complete medical and dental history.
3. Do complete oral and General examinations.
4. Proper and thoroughly written case file
5. Advice for x-rays/ Scans/ECG/Ultrasound etc.as per indication
6. Advice for routine/Specific blood or other investigations as per indication
7. Start suitable medications as indicated
8. Pre anesthetic check up
9. Send OT list of P.A.C. cleared patient
10. Duly signed thorough Consent form
11. Payment by patient
12. Advice pre-op order one day before posting in OT
13. Standard sterilization protocol to be followed
14. Follow OT Protocol under GA
15. Ensure Post operative care & Uneventful hospital stay
16. Patient discharged with properly written instructions and medications
17. Follow-up after 2-3 days
18. Incase treatment completed patient is placed on follow-up protocol as indicated/required

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SOP For cleaning of dental chairs and fumigation of operatory

Purpose: To ensure clean dental chair and operatory

Objective: To eliminate or to reduce the infections.

Responsibility: Nursing I/CDentistry, Dental chair assistant

Standard Operative Protocol

1. After the completion of the clinical hours, the dental chairs have to be cleaned with D 125 microgen solution. The chairs have to be wiped using a sterile cloth with the d 125 solution
2. The D 125 solution must be prepared as follows: 15ml in 1 litre of water. This must be used for all the contaminated surfaces and sink as well as the overhead lights.
3. The booster bottles must be cleaned with a 1% sodium hypochlorite solution. This sodium hypochlorite solution must be freshly prepared every day.
4. After thorough cleaning of the chairs, the floor must also be cleaned using the D 125 solution.
5. Once every week (on allotted date) the UG and the PG chamber is fumigated. The solution for fumigation is 1 % D 125 ie 10 ml in 1 litre of water. The solution is filled in the machine and it is switched on. An automatic timer is set for half an hour after which the machine stops on its own. The room is to be kept closed for a minimum of 6 hours.
6. The swabs are collected every 30 days for the culture.
7. The settle plate procedure is done once every month.

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SOP FOR DENTAL OUTPATIENT WORK PROCESS

Purpose- To provide a high quality, patient focused and professional outpatient services.

Responsibility-Faculty, Senior Residents, PG students, Nursing I/C DentistryandDental assistant.

Procedure

1) Outdoor will be conducted on all working days where patients are seen on first come-first serve basis.

2) Appointment scheduling and accommodating emergencies
a. The patient can be given appointment, if any of the following circumstances and symptoms applies:
i. The patient is satisfied with the appointment date and time scheduled.
ii. The patient has a history of chronic toothaches that do not keep them awake at night or require medication.
iii. Broken or sensitive tooth causing mild discomfort and the patient is satisfied with the appointment date and time scheduled.
b. Once an acceptable and appropriate appointment date or appointment for follow up and time has been selected, enter the following information in the Dental register
i. Patient's last and first name with parent or guardian name.
ii. Work and home phone numbers.
iii. Appointment time and date

3) Initial History Taking and Oral Examination
a. Dental assistant shall receive the patient and let the Patient seated on dental chair.
b. Name, age, gender along with presenting complaint, history of presenting complaint, co-morbidities, past medical and surgical history, Past Dental history, drug history and allergies conditions shall be recorded in detail.
c. For children, he should accompanied with parent or guardian about problems during pre-natal, natal, post-natal phases, and about development milestones
d. The Dental Surgeon shall perform an initial oral examination and evaluation to establish a diagnosis and prognosis prior to dental treatment.
e. The Dental Surgeon shall explore the teeth and be percussed by instruments.
f. He shall Radiographs, if necessary.
g. The examination shall:
i. Be documented, dated, timed and appropriately authenticated by the treating Dental Surgeon.

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4) Treatment Plan

a. Is based on the examination, evaluation, diagnosis and prognosis.
b. Shall Identify goals of treatment plan.
c. Shall be interdisciplinary when necessary to meet the needs of the patient.
d. Shall describe the proposed dental procedure, including frequency and duration.
e. Shall be dated, timed and appropriately authenticated by the treating Dental Surgeon.

5) Informed Consent

The Dental Surgeon shall explain the planned procedure to the patient along with procedure fee in detail. Informed consent shall be obtained from the patient and his/her relative which shall be duly signed by the Patient or treating Dental Surgeon prior to any intervention or modality. It shall be his responsibility to fully inform the patient and family, when indicated, of the nature, need and possible consequences or untoward effects of any procedures and to document such in the medical record.

6) Treatment Procedure

a. Medicines shall be administered only by authorized Dental Surgeon.
b. Procedure Documentation Shall be dated, timed and appropriately authenticated by the treating Dental Surgeon.

7) Follow up

a. Follow up of all patients and their compliance should be noted for further visits.
b. Follow-up appointment for dental treatment must be recorded in Dental Appointment Register.

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