Peninsula Dental Social Enterprise (PDSE)

Dry socket management

Version 5.0

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Approved by: The Board

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Policy will be updated as required in response to a change in national policy or evidence-based guideline.

Clinical Guidelines for the Treatment of a Dry Socket

Alveolar osteitis commonly known as “Dry socket” may develop in approximately 0.5- 5% of routine extractions. The condition probably represents the outcome of a mixture of disease processes in which trauma, local fibrinolysis and bacterial clot degradation all play a part. It is indicative of delayed healing and contrary to common belief, is **not** an infection.

Predisposing Factors

- Patients > 40 Years of age
- Smokers
- Females
- Difficult extractions
- Extraction of posterior teeth
- Extraction of mandibular teeth
- Single extraction in dentate arch

Clinical Signs and Symptoms

- Onset is usually within 48-72 hours of the extraction
- The patient will often complain that the dentist has left part of the tooth behind
- Pain at the site of the extraction, throbbing and constant and often resistant to common analgesics
- Halitosis and bad taste
- Fever is rare
- Examination reveals:
  - A socket partly of wholly devoid of blood clot
  - The socket has exposed, rough and painful bone
  - The surrounding mucosa may be red, swollen and tender
  - Adjacent teeth may be tender to pressure

Diagnosis

- A diagnosis can usually be made on clinical grounds

- A radiograph may be useful to eliminate the presence of a retained root however, such an event should have been recorded in the clinical notes and a radiograph may not be required in most cases.

Treatment

Treatment of the condition is aimed at providing pain relief

- The socket should be irrigated with sterile saline only
- A sedative dressing should be placed in the socket (Alveogyl, which is a eugenol-containing soft, fibrous paste). This can be left in situ and is usually shed from the socket over a few days. Pain relief is usually very effective within an hour.
- Advise appropriate analgesics
- Provide oral hygiene instructions and soft diet
- Review the patient in 48-72 hours to determine the need for a repeat dressing if the patient continues to experience pain.
- Antibiotics are not recommended unless there are signs of systemic involvement (for e.g. fever, lymphadenopathy, marked soft tissue swelling, discharge of pus).
- Advise patients to refrain from smoking