



Anaesthetics – risks and side effects

Damage to teeth, lips and tongue

About this leaflet

This leaflet is about **damage to your teeth, lips and tongue** which can happen if you have a general anaesthetic. It explains how this damage might occur and what can be done about it.

General anaesthetics are medicines that give a deep sleep-like state. They are essential for some operations and procedures. During a general anaesthetic you are unconscious and feel nothing.

You can read about different types of anaesthetics on the RCoA website:

rcoa.ac.uk/patientinfo/resources.

About damage to teeth, lips and tongue during an anaesthetic

Your mouth and lips can sometimes have small cuts or bruising after an anaesthetic. These usually heal in a few days.

Teeth can be chipped, made looser or sometimes come out by accident during a general anaesthetic.

During a general anaesthetic, the muscles in your body relax, including those around your throat and chest. This can reduce the amount of air that gets into your lungs.

To ensure a continuous flow of oxygen to your lungs, the anaesthetist may place a breathing tube in your throat to keep your airway open. They usually do this after you are unconscious.

The tubes or masks that your anaesthetist uses while you are unconscious can accidentally cause damage to your teeth, lips and tongue. This equipment is necessary to keep you safe during the anaesthetic.

More information about your airway and breathing during anaesthesia can be found here:

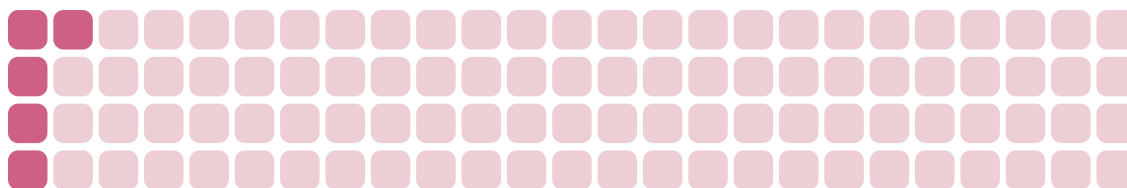
rcoa.ac.uk/patientinfo/your-airway.

Damage to teeth, lips and tongue

How likely is it to happen?

Minor cuts or bruising to lips and tongue

Out of every 100 people

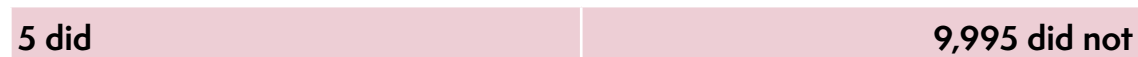


1–5 did

95–99 did not

Damage to teeth that required a dentist

Out of every 10,000 people



More than half of the people who had damage to the teeth had teeth and gums that were in a poor condition before surgery.

These numbers come from research studies. You can see where we got our numbers on our website: rcoa.ac.uk/patientinfo/risks/evidence.

Does anything make it more likely?

Damage is more likely if you:

- cannot open your mouth very wide or you cannot move your neck easily. For example some arthritis conditions can make it difficult to move your neck or position your head during a general anaesthetic
- have very prominent upper teeth or a smaller lower jaw
- need a general anaesthetic in an emergency situation
- need an emergency caesarean section with a general anaesthetic
- have obesity or carry extra weight around your neck
- are having an operation in your mouth, neck, jaw or food pipe (oesophagus).

What can help prevent it

There are things that you can do yourself to reduce the risk of damage to your teeth before the operation.

If you have loose teeth or your gums are sore or bleed when you brush them, you should visit your dentist as soon as you know that you need an operation.

Tell your anaesthetist if:

- you have any loose teeth or any other problem with your teeth and gums
- you have a removable brace or elastic bands
- if you have implants, crowns, bridges, veneers or false teeth
- you have tongue or lip piercings.

Damage to teeth, lips and tongue

You should tell your anaesthetist if you have had a general anaesthetic in the past and:

- you were told that it was difficult to put a tube in your airway
- you had damage to your teeth.

Sometimes your anaesthetist can check your medical records to understand what caused the difficulties and avoid causing damage again.

What if my teeth are damaged?

Your anaesthetist will let you know if your teeth have been damaged during the operation. If some teeth have come out, they will return these to you. They will give you pain relief if you need it and advise you on what to do.

Some hospitals have dental surgeons who can look at the damage and do repairs. If this is not available, you can visit your own dentist and then claim the costs back from the hospital. You should check with your hospital about their policy on dental damage during surgery and request a form to claim back the cost.

If your anaesthetist had trouble putting a tube in your throat or your teeth were damaged, ask for a written record of what happened. This could be life-saving information if you need another anaesthetic in the future.

The Difficult Airway Society manages an Airway Alert Card scheme. Your anaesthetist can refer you to the scheme. You can find more information at this link: <https://das.uk.com/dar>.

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This leaflet has been produced by Leila Finikarides for the RCoA, in collaboration with patients, anaesthetists and patient representatives of the RCoA.

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey at: rcoa.ac.uk/patientinfo/teeth#tell-us or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: patientinformation@rcoa.ac.uk.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.



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This leaflet will be reviewed within three years of the date of publication.

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