Numbing The Lower Primary Molars

While we are on the topic of anesthetic alternatives, check out a great technique for numbing primary molars. Log on to the message boards of Dentaltown.com today to participate in this discussion and thousands more.

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Hi everyone,

What is the best way of anesthetizing the lower primary molars on kids? I have tried mandibular blocks with lidocaine. But, sometimes I find that is just too difficult on anxious children. At times, I have attempted infiltration or mental blocks for pulpotomies, but sometimes I find that anesthesia is inadequate. Should I try infiltration with septocaine? It's just hard going back in to numb a child if you miss the first time (I rarely ever miss on adults). Any suggestions?
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Septo infiltration. ■ Gary
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Lately we've been using Articaine for buccal infiltration on lower deciduous molars. Deposit small amount in soft tissue, then angle the bevel parallel with cortical bone and engage the peristome. Slowly infiltrate .1cc. Wait about five minutes. So far, this has been working nicely. Good luck!
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On primary molars, make sure when giving the mandibular block you enter the tissue at a height that is at the occlusal level of the molars. For adults you are at a higher level on the ramus.
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I find infiltration works well on primary first but not second molars. For second molars, I infiltrate then immediately (with the same syringe) PDL on buccal. This works well.
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I can't remember the last time I gave a block. Topical/infiltration/one minute to start time. I use septo exclusively (although I've heard it is no more efficacious than lido but you can be the judge of that).
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Septo infiltration gets it every time for me. I hope I never have to give an IA block to a kid again.
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Eddie,
I wanted to hear from a pedo guy that uses septo. Do you routinely use a rubber dam? Do you just infiltrate for PO/SSCs and extractions? Thanks in advance.

Yeah, I have one question as well. When you infiltrate the lower Es, do you do a PDL? Do you infiltrate even when doing extraction or P/SSC on lower Es? ■ Allen

I have said this a couple of times. For pedo teeth, use five percent topical and nitrous. I am telling you. I have had hundreds of kids laugh through Class Is and IIs. It really has turned into a fun visit for all. Now I don’t look for kids, but I am at the age where all my friends have kids and my children are ages six, six, and three. It has worked great on them as well. My only concern I can think of is controlling the amount of topical. I am diligent about using minimal. However, you can also bounce around and do several teeth. Two days ago I did four teeth in three quads on one of my best friend’s kid. The young boy said it was “fun.” That didn’t happen as much when I did mandibular blocks. That is reality. I have asked several pedos (including Allen) about this technique and I have only gotten “I am going to try that” responses. I certainly have eagerly looked for any critiques or concerns. Like all of you, I am always pursuing safety and the best techniques. Obviously for pulps or extractions you need anesthesia.

I’m a firm believer in septicaine infiltration. I used for the two years that I practiced exclusively and it was awesome. Since I’ve been in my residency, I’ve had to use lidocaine and it simply isn’t as predictable as septicaine is after an infiltration. I’ve begged the residency to switch to sepo, but you know how that goes (cost). Oh well. ■ Michael

For me the absolute hardest patients to work on are the ones who went to a GP and had treatment with little to no anesthesia then when they went back for a second appointment they wouldn’t cooperate because they knew it was going to hurt again. Then they get referred and it takes a while to gain their trust. I have no problem with nitrous for small restorations and no RD or infiltration only with RD. But I can not bring myself to do a PO/SSC.

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Posted: 10/27/2005 • Post: 8 of 44

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or extraction without profound anesthesia. So here is my question, give me a black and white answer. Do those of you who do a lot of PO/SSCs use septo infiltration only? I’m not opposed to trying it I just don’t want to cause a kid pain while trying this out.

Someone asked how do you give lingual anesthetic with infiltration? I give a small amount of septo on the floor of the mouth right next to the ridge... simple and they don’t feel a thing with nitrous and topical.

Thank you Dentaltown, I’ve use nitrous and mandibular blocks on all kids since 1970. I hate the blocks. So do the kids. I will use the septo infiltration on my next kid. There is a God.

Bumping this old thread. I recently started treating kids again after a four-year hiatus. I’ve been using septo infiltration for restorative of lower molars with good success. However with extractions, a couple times I’ve had to add a block. What happens is I give buccal and lingual infiltrations and everything seems good to go. Reflect the gingiva, elevate, no problems. Go to apply the forceps and now they’re feeling it. It doesn’t really seem like it’s just pressure and they don’t like it, it seems like they really feel pain. Then once I add a block it is no problem. I’m thinking of just going back to blocks for lower primary molar extractions but so many here have had good success with infiltration and it is so much easier to do than blocks. Any tips or tricks for me?

Haven’t given an IA for primary molars in a while. Septo infiltration all the time with absolutely predictable profound anesthesia for pulps, SSC, extractions. I use RD 95 percent of the time.

My technique is simple – topic on the buccal and the lingual. I infiltrate into the vestibule between the first and second molars, wait a few minutes and infiltrate directly into the lingual gingiva entering almost at the lingual gingival margin, give pressure until I see the lingual of the alveolus blanch.

For me the key to getting the lingual relatively pain-free is waiting for a few minutes after the buccal and I probably use 1/2 to 2/3 the carp on the buccal. I’m convinced I get anesthesia on the lingual through the mental foramen and I never really have issues with second molars or the lingual.
All of this effort to avoid an IAN block? I use blocks because they are easy to give, easy to hit, and the most painless injection when done right on kids. Use a molt mouth prop, tell the patient it’s a tooth pillow. “Do you go to sleep with a pillow? Well guess what, I have a tooth pillow because I’m going to use my sleepy bubbles to make your tooth go to sleep (Then I show the molt in between two of their fingers). OK, now let’s see if it fits good (Place the molt on opposite side to block). OK, that fits perfect doesn’t it? Now I’m going to push and shake my sleepy bubbles onto your tooth (demonstrate shaking on their hand, kids always start laughing at this). Why does everyone laugh when I do this part? Anyways, what color bubbles do you want? Pink or purple? OK purple, Sharron (assistant), please hand me the purple sleepy bubbles.” Place one hand on opposite mandible with thumb or finger on notch. Shake the entire head vigorously up and down. Your thumb on the notch will remain still as you shake because you are bracing it on the fulcrum point of the shake. Aim for in between your thumbnail, barrel between opposite side canine and first molar area. Place needle to depth while still shaking. Don’t stop talking. The mouth prop will eliminate the will of patient to close as you shake. It should feel like a knife through warm butter if you are in the right place. Give 3/4 carp and use the last 1/4 for long buccal on the way out. “OK, now your tooth is asleep so we have to talk real quiet so we don’t wake it up, I’ll be right back, Sharron will show you some cool stuff and then I’ll come back.” When done right, lip is numb before I get up and RD is ready to go by the time I get back. My assistant has already talked about not biting lip and tongue and all materials are ready (99 percent of the time, kids think the sleepy bubbles are cool). If you ask them as you are giving the shot if they see the purple, they always say yes, ask them if they are beautiful, they always say yes.

Technique is the same for more than five years old but the context of the talk changes. If the weight is over 40 lbs, I will routinely block both sides and do whole arch dentistry. I never block with septo, only lido. Although most research suggests it’s OK to block with septo, I just don’t see a reason for the extra length of time to wear off. I can do this as easily with as quick an onset as infiltration, and much more predictably. I can honestly say I have never missed a block on a child younger than eight. I assume its shear volume of fluid in such a small place; it gets to where it needs to go. Be careful of weight when using multiple carpules. With infiltration, patients still have lip numbness so the risk of post-op trauma is the same. Hope this helps. ■ dave