

Learning Model For Inferior Alveolar Nerve Block

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Citation

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Abstract

Inferior alveolar nerve block (IANB) is one of the most important nerve blocks used by dentists. It requires a certain amount of skill to master the block due to anatomical difficulties. We present a method wherein students can gain practical knowledge of the block before working on a patient.

Sir,

Inferior alveolar nerve block (IANB) is one of the most important nerve block techniques routinely used by dentists. It provides anesthesia to a wide area of the mandible. ¹ It is sensitive, requiring various landmarks for a perfect block and skill that must be developed over a period of time. ² However, it is also the simplest block described among all other nerve blocks for the mandibular teeth. Therefore, it is compulsory for all dentists to acquire adequate skill in performing an IANB. Teaching nerve blocks to new dental students raises a question as to whether student should be permitted to perform nerve blocks on a patient without adequate practical knowledge. Many dental schools practice student-to-student anesthesia techniques before working on patients, raising certain moral and ethical questions. ³ However, we did not come across any literature on the practical demonstration of IANB.

We devised a technique to give students a chance to gain practical insight into IANB before attempting on patients. We used a glove, mimicking the blind procedure, to cover the ramal and condylar areas of the mandible, and the pterygomandibular raphe (PMR) was marked (Fig 1).

Figure 1

Figure 1: Demonstration of technique on mandible



A hole was cut into the posterior aspect so as to visualize the mandibular foramen. Students were then asked to perform a pseudo-nerve block; from the rear end, they could visualize the final position of the needle before depositing the solution. The cause of any discrepancy in the final position of the needle could then be evaluated and rectified easily by simply looking from the rear end, which is not possible on a patient (Fig 2).

Figure 2

Figure 2: Rear view showing the position of needle



We experimented with this technique on 80 students who were beginning their clinical posting. We found them to be more confident and accurate in performing an IANB after practicing on the model as compared to their fellow seniors.

References

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