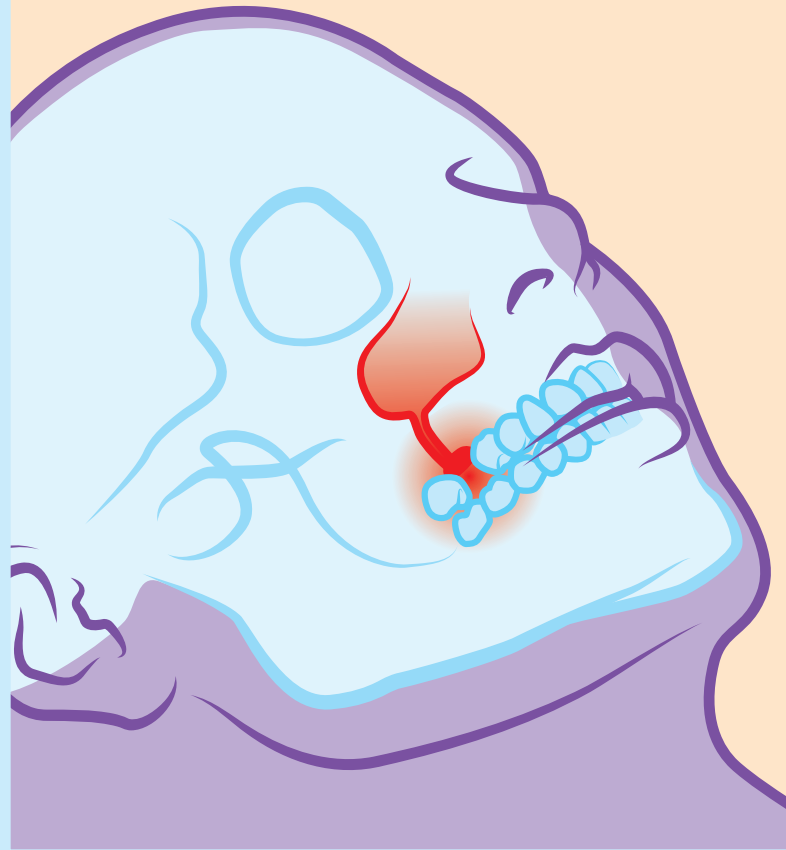
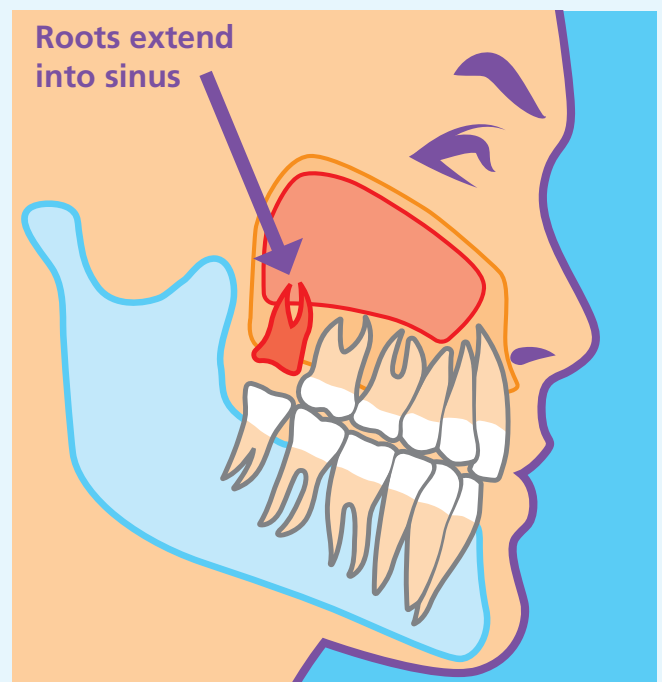


# Oro-antral communication (OAC)

The purpose of this leaflet is to improve your understanding of oro-antral communication and contains some answers to frequently asked questions. If you have any further questions or concerns after reading this leaflet, please ask a member of the surgical team looking after your care.



Oro-antral communication refers to a hole between the mouth and the air-filled space either side of the nose inside the cheekbones. This space is called the maxillary sinus or maxillary antrum. This hole can sometimes appear when an upper molar, wisdom or premolar tooth is extracted. It can also occur when trying to retrieve a fragment of tooth root that may have broken off during an extraction. As a result, liquids move from the mouth into the sinus and out through the nose.



If left untreated, it can form what is called an oro-antral fistula (OAF) and the maxillary sinus can become infected. This is called maxillary sinusitis.

## Why do I need treatment?

The condition is treated by surgery which aims to cover the hole in the gum leading to the sinus. Oro-antral communication closure helps the tissues to heal so that a layer of bone and gum will form a permanent barrier separating the mouth from the sinus.

## What does treatment involve?

In most cases this can be done by using some of the gum from alongside the site of the tooth extraction and some of the sulcus skin (the skin of the mouth that joins the base of the gum to the cheek). Dissolving stitches will then be placed to hold the gum in its new position, covering the hole while it heals underneath. This is a painless procedure, carried out under local anaesthetic; a numbing injection into the gum. These stitches will be removed if they haven't otherwise dissolved in 14 days.

This surgery is effective in 95% of cases, and the remaining 5% may require revision surgery. If the hole is very large and/or a piece of tooth root becomes loose and floats about in the sinus, then the sinus will have to be explored and washed out. The hole will be repaired with fat from the inside of the cheek, skin from the roof of the mouth or a synthetic membrane. Such procedures are normally carried out under general anaesthetic (you are asleep) in hospital.

## Post-operative medication and care

Bacteria from the mouth may contaminate the wound or the sinus. Your dentist or surgeon may prescribe one or more of the following medication:

- A 5 or 7 day course of an appropriate antibiotic.
- A nasal decongestant, such as Ephedrine. This should be used with caution with patients that suffer from cardiovascular disease, hypertension, diabetes and who are being treated for depression with medication. Nose drops are used in the nostril on the affected side only and should never be used for more than 7 days.
- Steam inhalations – an aromatic substance such as menthol or eucalyptus should be used. One teaspoon to be added to 500mls of hot water in a bowl. Keep your face 6-12 inches away, with a towel placed over the head for maximum inhalation. This should be done for 5-6 minutes and repeated every 6 hours. This will moisten the airways and prevent crusting of blood and mucus in the sinus.

