

INFORMATION FOR PATIENTS

Oro-antral Communication (OAC)

This is a communication (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 sometimes happens 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). If left untreated the maxillary sinus can become infected. This is called maxillary sinusitis.

Aim of treatment

The aim of the surgeon is try to cover the hole in the gum, which goes up into the sinus. This helps the tissues to heal in such a way that a layer of bone and gum will form a permanent barrier that will separate the mouth from the sinus. In most cases this can be done by mobilising some of the gum from along side 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 cheek). This is a painless procedure and is carried out under local anaesthetic (numbing injection into the gum). You will have some dissolving stitches placed to hold the gum in its new position to cover the hole whilst it heals underneath. These stiches will be removed if they haven't otherwise dissolved in 14 days.

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

Postoperative medication

Bacteria from the mouth may contaminate the wound or the sinus; therefore your dentist or surgeon may prescribe the following medication:

- a 5 or 7 day course of an appropriate antibiotic

- a nasal decongestant-such as Ephedrine, (to 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. Usually one teaspoon to be added to 500mls of hot water in a bowl with the head 6-12 inches away and 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.

Special precautions following OAC closure

Avoid blowing your nose or sneezing with pinched nostrils as both actions increase the pressure in the sinus and could cause the repaired wound to breakdown.

Also avoid

- smoking
- sucking through straws
- blowing up balloons, or air mattresses
- playing a wind or brass musical instrument
- snorkeling or scuba diving

It is also advisable to keep to a soft diet and avoid any sharp /hard foods that may interfere with the healing wound.

Preventing an OAC from occurring

When removing an upper tooth your dentist or surgeon may elect to remove the tooth surgically. This involves dividing the tooth roots, and possibly removing a little of the bone surrounding the roots. This preserves more of the bone which forms the sinus floor than extracting the tooth as a whole. This reduces the risk of creating an OAF but the risk can never be eliminated entirely.

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