UAF VOL 2

ULTIMATE ADVANCE FILE

P.O.W.E.R

PREPARATION OF ADC WITH WINSPERT EXPERT REVIEW

NOTES

ORAL SURGERY

By Dr. Jigyasa Sharma

Dear Students,

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Thank you for your understanding and continued dedication.

Best regards,
WINSPERT TEAM

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R.A.S.H TECHNIQUE

R- RULE OUT
A-DOES IT ANSWER OUR QUESTION
S- SEQUENCE WISE WHAT COMES 1ST
H-WHAT IS GIVEN IN THE HISTORY

SOLVE ADC QUESTIONS AT
lightning speed!

ORAL SURGERY

SBQ 1

HISTORY OF QUITTING SMOKING AND HISTORY OF DRY SOCKET WITH COMPLICATED EXTRACTION OF 38.
PATIENT REPORTED AFTER 3 DAYS WITH PAIN IN RELATION TO 38.

I. How will you confirm the presence of dry socket clinically?

A. Patient confessed smoking in the first 24 hours after extraction
B. Lesion was devoid of blood clot
C. Presence of localised swelling
D. Socket is dry

II. What is the initial step in managing the bleeding socket after extraction?

A. Apply pressure
B. Close with sutures C. Dress with alvogyl dressing.
D. Advise warm saline rinses
E. Irrigate with CHX

III. What kind of material will you use for suturing?

A. Black silk
B. Polyglycolic
C. Nylon
D. Polyglactin fast absorbable

IV. Smoker patient. As a specialist what would you do?

A. Just tell him once because repeating its make him offensive
B. Provide brochures and material and follow up the review appointment
C. Discuss with information written while waiting in reception D. Tell him use e cigarette
E. Give brief advices in every appointment

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P.O.W.E.R NOTES SBQ 1

I.
- Smoking after extraction increases the prevalence but doesn't guarantee. Option (A) is ruled out.
- Disintegration of blood clot is a clinical indicator. In that case the bone is exposed and it's a denuded socket. Option (B) is the best answer.
- There's no localized swelling and no dryness on the socket. Option (C) and (D) are ruled out.

II.
- Applying pressure on the extraction socket is the 1st thing to do after an extraction ot control the bleeding.
- Sutures are used when the bleeding cannot be controlled by applying the pressure.
- Alvogyl is for dry sockets.
- Warm saline rinses are not helpful in controlling bleeding. And not recommended before 24hrs after extraction.
- Irrigation with CHX after extraction is not advised as it's an open wound. CHX is not helpful in controlling bleeding.

III.
- Among the given options (A) and (C) are non-absorbable. (B) and (D) are absorbable.
- Comparing (B) vs (D), (D) has fast healing.
- Silk can lead to accumulation of plaque and bacteria. It requires patient to come back for the removal.
- Polyglactin is antibacterial and self-absorbable. Healing will be faster with this material.

Reference:

The surgical extraction of impacted third molars (I3M) still remains one of the most commonly performed surgical procedures in Oral Surgery. Surgical site infection (SSI) is among the postoperative local complications that may arise in this surgical procedure. Postoperative infection rate after I3M extraction is around 5% (1). The incidence of SSI is related to intrinsic patient factors (immune-depression, diabetes mellitus, local or systemic infections, etc.) and extrinsic factors (such as smoking, surgical antiseptic measures, wound contamination in clean, contaminated or dirty surgeries, etc) (2). The implantation of sutures or other devices (such as joint prostheses, coronary stents) is also a risk factor for SSI (3). It has been postulated that the number of bacteria required for the development of SSI is about 100,000 times lower in the presence of suture material (4). For over two decades attempts have been made to develop sutures with anti infectious properties. Pharmacologically active substances have also been incorporated on the surfaces of urethral catheters (5), coronary stents (6) or intraocular lenses (7). Antibacterial sutures composed of polyglactin 910 (Vicryl® Plus Antibacterial suture), polyglecaprone 25 (Monocryl® Plus Antibacterial suture) and polydioxanone (PDS® Plus Antibacterial suture) with coated triclosan have been also developed (8-10). Different experimental studies have shown an important reduction in the number of microorganisms (including gram positive and gram negative species) in the region of the surface of these sutures (11-13). Clinical studies in different surgical specialties have demonstrated a relative decrease in SSI (14), and have shown better results in terms of complications commonly seen in the postoperative period (15). Despite the low incidence of SSI after the surgical extraction of I3M, the oral cavity is a highly contaminated area. The aim of this study was to compare the antibacterial effect of Monocryl® Plus suture with silk suture, analyzing the microbiological differences in terms of colonies forming units organisms and species.

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ORAL SURGERY

P.O.W.E.R NOTES SBQ 1

III. Reference:

Conclusions

The most significant antibacterial effect of Monocryl® Plus suture occurred in the first 3 days. Nevertheless, 7 days after surgery there was some bacterial reduction vs silk suture. Commensal species (*Streptococcus viridans* group) were more frequently isolated than pathogenic organisms (*Prevotella spp., Fusobacterium spp.*). The postoperative infection rate was close to zero per cent with both sutures. For this reason it would be advisable to carry out a clinical study with a larger sample of patients in order to determine whether antibacterial sutures effectively contribute to lessen surgical site infections in patients subjected to lower third molar extractions. In extraction of impacted third molars, Monocryl® Plus suture does not seem to improve substantially of the rate of SSI.

Background: This study evaluated the outcomes of wound closure using Vicryl Rapide irradiated polyglactin 910 (IRPG) suture (Ethicon, Somerville, NJ).

Method: Seventy-one patients with 80 oral wounds and 42 patients with 42 scalp wounds closed with IRPG suture were evaluated on the day of surgery and at intervals of one, seven, 14, 28, and 90 days. The incidence of inflammation, suppuration, and hypertrophic healing were recorded, as well as the time of spontaneous suture disappearance. This suture material was compared with polytetrafluoroethylene (PTFE) sutures used in patients receiving dental implants, with conventional polyglycolic acid (PGLA) sutures used in patients undergoing osteotomy, and with surgical staples used in patients with scalp wounds.

Results: In the intraoral wound group, two cases of suppuration without inflammatory reaction or hypertrophic healing were observed with IRPG sutures, in contrast to three cases of suppuration with conventional polyglycolic acid (PGLA) sutures. In the scalp wound group, IRPG sutures produced no suppuration or hypertrophic healing, and surgical staples caused an inflammatory reaction. IRPG sutures never required removal, whereas eventually all staples and PGLA and PTFE sutures had to be removed one by one.

Conclusion: Irradiated polyglactin 910 Vicryl Rapide suture is a useful suture material for both intra- and extraoral applications in pediatric and adult populations.

MeSH keywords : inflammation; sutures; wound healing.

Conclusions: The results of this study indicate that it is possible to use irradiated polyglactin 910 sutures in oral implant surgery without affecting the rate of early implant failure. However, it is recommended to add interrupted "security sutures" if a continuous suture technique is used in combination with fast-absorption suture material.

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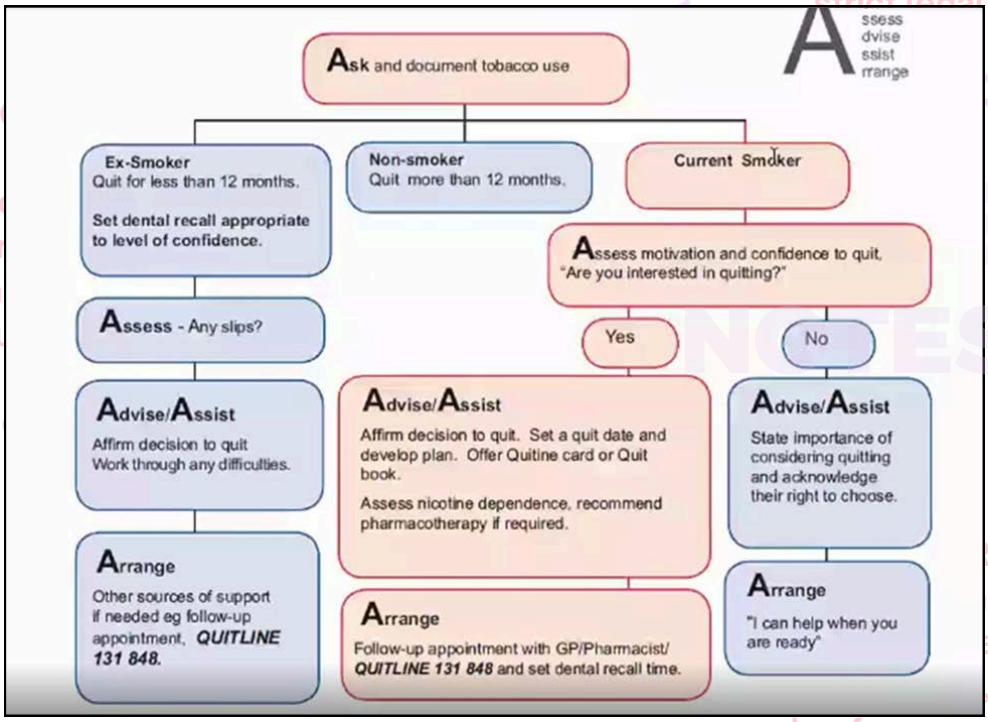
ORAL SURGERY

P.O.W.E.R NOTES SBQ 1

IV.
- E- cigarettes are causing cancer. They are equally harmful. Not an effective quitting tootl. Option (D) is ruled out.
- Giving advices in each appointment is not an effective thing to do. Option (E) is ruled out.
- Option (C) is not an effective option as there's no effective communication.
- Both option (A) and (B) are correct. But (B) is the best.

Reference:



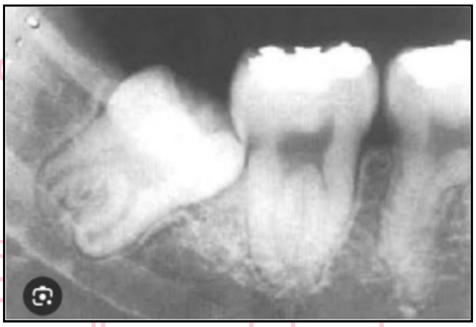
ORAL SURGERY

SBQ 2

PATIENT NEEDED AN EXTRACTION.PATIENT SAYS THAT HE IS ALLERGIC TO PENICILLIN. HAD NAUSEA AND VOMITING DURING CHILDHOOD, YOU SUSPECT NO TRUE ALLERGY.

I. What will be your next step?

A. refer to immunologist ,
B. assume no true allergy and administer medication
C. test by giving small dose
D. refer to a medical practitioner for further assessment of allergy



II. Vitality cold test negative on 37 and slightly respond on 38. What's the other test you do?

A. Probing
B. Xray
C. Percussion
D. Look for sign of pericoronitis

III. OPG given. All 3rd molars appeared impacted. Mesioangularly impacted 38, 37 with secondary caries. What is the indication for extraction of 37?

A. Pericoronitis around 38
B. Pain caused by force exerted by 38
C. Increased risk of caries in 37
D. Displacement of teeth

IV. Other scenario opg showing 38 close to IAN and toward 37 (big caries far to IAN). You want to refer to a specialist for exo 37 why?

A. 38 makes extraction of 37 difficult
B. Closeness of 38 root to IAN
C. large caries on 37 can lead to crown fracture

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ORAL SURGERY

SBQ 2

V. After administering LA and extraction, You notice the patient could not close one of his eyes. What will you do next?

A. Inform and reassure the patient that its transient andno treatment required
B. Refer to hospital emergency
C. Close the eye with tape
D. Give eye drops

VI. He needs to extract all third molars (lower third molars are close to IAN), but the patient cannot afford the general anesthesia and wants to do it under local anesthesia. What will you do?

A. Refer to public hospital system
B. Deny treatment at all
C. Do extraction of upper third molars with consent and refer back to specialist
D. Do extractions of all third molars with consent of patient

P.O.W.E.R NOTES SBQ 2

I.
- Nausea to penicillin is not an allergic reaction rather it's an adverse effect.
- Further assessment of allergy is required by a medical practitioner.
- So, it's always better to confirm with a medical practitioner.
- Immunologist is the specialist. Medical practitioner should refer the patient to the specialist.

II.
- Vitality test is negative on 37 which means the tooth is non-vital.
- Vitality test gives a slight response on 38 which means the tooth is vital.
- XRAY will give you more information for the confirmation.

III.
- Both options (A) and (B) are indications for extraction of 38.
- Caries which is non manageable would be an indication for extraction.
- Among the given (C) is the best.

IV.
- There are few complications associated with the extraction of 37.
- 37 has extensive caries on it. If 37 was present alone in the absence of 38, still extraction of 37 can be managed by a general dentist.
- But in this case, 38 is placed towards the 37. Which is making the extraction of 37 more difficult.
- And also, 38 is so close to IAN. High chance of the occurrence of nerve injury that's why referral to specialist is required.
- Among the options given (B) is the best.

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ORAL SURGERY

P.O.W.E.R NOTES SBQ 2

V.
- Temporary facial nerve paralysis has happened.
- You should inform the patient and reassure the patient.
- Then you should protect the eye by covering it.
- Option (A) is the 1st thing to do.

VI.
- There is no emergency in managing this case.
- As the patient cannot afford it, you can refer the patient to the public hospital system.
- And also, the treatment is planned under GA. So, public hospital system is the best if the patient has financial concerns.
- Option (C) is not the best because financial concerns are still there.
- Lower 3rd molars are close to the IAN. Cannot perform by the general dentist.
- Option (A) is the best among the given.

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ORAL SURGERY

SBQ 3

FEMALE PATIENT GETS HER EXTRACTION DONE BY YOU AND CALLS YOU AFTER 3 DAYS SAYING THAT SHE JUST TESTED POSITIVE FOR COVID VIRUS.

I. What will you do?

A. Tell all your staff to wear masks indoors.
B. Monitor any flu like symptoms for a week
C. Avoid visiting any high risk places like hospitals/nursing homes
D. Avoid close contact with anyone who is visiting the clinic for 5 days

II. You extracted a third molar.Patient is also prone to allergy to various materials While giving sutures what will you keep in mind so that there will be less bacterial accumulation and would facilitate healing?

A. Black silk
B. Chromegut
C. 910 Polyglactin
D. Polypropylene suture

P.O.W.E.R NOTES SBQ 3

I. Reference:

Health workers with a known high-risk COVID-19 exposure

- HWs with a **high-risk exposure** to COVID-19 should test for COVID-19 two and six days after exposure (See *Table 4: Exposure to COVID-19 - Actions required for assigned risk level*)

Health worker with a household contact of COVID-19

If you are a HW and If you live with or have spent a long time with a person with COVID-19 in the community, you are to:

- Attend a RAT or PCR test, if negative and asymptomatic you may attend work.
- Monitor for symptoms, (even minor symptoms) for 7 days.
- Wear a mask for at least 7 days (up to 10 days)
- Notify your employer
- Testing for COVID-19 on day 2 and day 6
- If you develop symptoms, test for COVID-19 leave work and stay home

II.

- Non resorbable sutures will accumulate more bacteria.
- Best healing comes from the absorbable sutures.
- Polyglactin gives the maximum healing and least accumulation of bacteria and plaque.

REFERENCE: given in the above question SBQ 01

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ORAL SURGERY

SBQ 4

A PATIENT CAME TO THE CLINIC WHO WAS SCHEDULED FOR EXTRACTION AFTER 2 DAYS. SHE CAME FOR AN EMERGENCY VISIT WITH PAIN. YOU ARE BUSY WITH YOUR SCHEDULED APPOINTMENTS, SO YOU PRESCRIBED PARACETAMOL AND IBUPROFEN AND IN THE MEANTIME ASKED THE PT TO COME BACK AT THE END OF DAY (SHE WAS ALREADY ON NEUROPATHIC PAIN MEDICATION)

I. Giving nsaids and pcm has many health benefits. Which one is most important in the success of the procedure?

A. Help patients mentally.
B. Help patients open their mouths better.
C. Help patients with neuropathic pain control.
D. Helps in achieving better anesthesia.
E. Helps in post operative pain control.

P.O.W.E.R NOTES SBQ 4

I.
- Option (A) is not an answer related to the question. It's ruled out.
- Trismus can be relieved when the inflammation is addressed with the help of the anti inflammatory medications. But trismus is not the complaint in the scenario. Trismus is not mentioned in the scenario. So, option (B) is ruled out.
- PCM an Nurofen are not helpful in neuropathic pain. So, option(C) is ruled out.
- Effectiveness of LA is reduced in the presence of an infection. Anti-inflammatory medications are helpful in reding the inflammation. During the procedure Anti-inflammatory medications are helping in better anesthesia achievement by reducing the inflammation in the localized tissues. So, option (D) is correct.
- Post op pain management doesn't answer the question. It doesn't matter with the success of management. Option (E) is ruled out.

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ORAL SURGERY

SBQ 5

A PATIENT COMES TO YOU COMPLAINING ABOUT PAIN IN A SPECIFIC AREA AND ULCERATION IN THAT AREA WHEN WEARING LOWER DENTURE. HE STOPPED WEARING IT AND NOW THE ULCER HAS HEALED. HE WANTS TO CHECK ON IT.

I. What will you do to indicate that the denture is causing the problem?

A. Use pressure indicator paste
B. Tell patient wear denture for 2 weeks and come
C. Relining with tissue conditioner
D. Palpate the mucosa over the ridge/ or in some centers denture

II. The same Patient comes after 2 weeks and says the problem is still there. And this time you notice a pimple near that area in buccal mucosa. He says the pimple appears and goes off. You took iopa and found a retained root. What could be the cause of the pimple?

A. Osteomyelitis due to retained root
B. Chronic periapical abscess from the retained root

III. You suggested removing the retained root piece. But the patient doesn't want it. What will you do?

A. Antibiotics
B. Monitor the root with radiographs
C. Forcefully convince him for extraction

IV. Later on he agrees and comes for extraction, how will you plan extraction?

A. Raise the flap and do surgical extraction
B. Elevator extraction
C. Forcep extraction

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P.O.W.E.R NOTES SBQ 5

I.
- Palpating the mucosa which is already healed will not reveal any information. Option (D) is ruled out.
- Using a pressure indicator paste will immediately indicate where the pressure is higher, even on the healed tissue. We can correct those areas in the denture. Option (A) is the best answer.

II.
- Pimple appears and goes off is a sign of chronic periapical abscess.
- Osteomyelitis is a diffuse infection and not a localized one. There will be systemic features associated with it such as fever and malaise.

III.
- Decision making is by the patient, and we can't force him to get it extracted. Option (C) gets ruled out.
- As it's a chronic abscess and draining on its own there's less chance of things getting worse and resulting in a spreading odontogenic infection. Therefore, still you can wait and watch. Monitoring the root with radiographs is the best thing to do.
- It's a localized infection. AB are not indicated. It will be unnecessary exposure to AB.
- Among the given, the best option is (B).

IV.
- Root is clinically not visible. So, we need to raise the flap and do a surgical extraction.

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ORAL SURGERY

SBQ 6

IMAGES OF BOTH UPPER AND LOWER CASTS GIVEN. MISSING 36, 35, 45, 46, 15,16. ROTATED 27 OBSERVED. PATIENT WENT TO ANOTHER DENTIST EARLIER WHO SUGGESTED IMPLANT REPLACEMENT. HE CAME TO YOU FOR A SECOND OPINION.

I. He is asking for a replacement alternative which is esthetic, cost effective and functional. What would you suggest?

A. Upper and lower acrylic
B. Upper and lower metal
C. Upper implant, lower metal
D. Lower implant and upper metal E. Upper implant and lower acrylic.

II. One xray with RCT treated and crowned 22 one week back. He complains of discomfort in the region. What would you do?

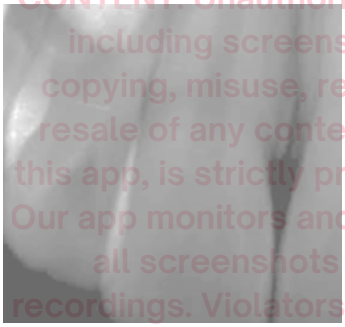
A. Refer to endodontist
B. Retreatment immediately
C. Refer to his treating dentist
D. Endodontic surgery
E. Tell the patient to wait for 2 weeks

III. You think the previous dentist caused perforation during rct. Which location of perforation has the worst prognosis?

A. Furcation
B. CEJ
C. Cervical
D. Apical
E. Coronal
F. Middle

IV. Patient also complains of discomfort in respect to 12. What is the significant finding in the x ray?

A. Dens invaginatus
B. Talon's cusp C. Pdl widening
D. Periapical radiolucency



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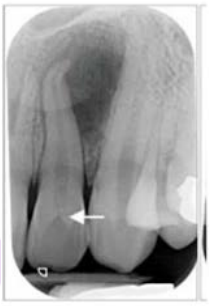
SBQ 6

V. You planned for extraction of 12 (it was already rct treated). After extraction of 12 ,what treatment option would you choose balancing within minimal intervention and maximum longevity?



A. fixed fixed with 11 and 13
B. cantilever ceramic crown 11,
C. cantilever ceramic 13
D. resin bonded 13,
E. resin bonded 11, 13

VI. What will be the first step you will take in regards to treating this patient?

A. Give a written quote for denture
B. Study models for planning of denture design
C. Take upper primary impression

VII. After discussion, the patient agrees for removable partial denture. What will be the next step?

A. Ask technician for occlusal arrangement
B. Cast the metal framework
C. Take primary impression to make custom tray

P.O.W.E.R NOTES SBQ 6

I.
- Patient is looking for a replacement option which is
  1. Aesthetic
  2. Functional
  3. Cost effective
- Implants are aesthetic and functional. But they are not cost effective.
- Based on the cost-effective factor the ideal option is to give both upper and lower metal RPD s.
- Acrylic RPD s are bulky and not aesthetic and functional even though they are cost effective.
- Among the given, the best option is (B).

II.
- There's no pain. And there's only discomfort. So, there's no symptoms of RCT failure.
- Discomfort after a completed RCT and crown placement probably can be due to crown placement, high point or tissue is taking some time to adapt to the new environment.
- So, the best thing to do is get the proper clinical history and doing the necessary investigation and to be in a waiting period of 2weeks.
- Among the given the best answer is (E).

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P.O.W.E.R NOTES SBQ 6

III.
- Apical perforations are with the best prognosis.
- Middle perforations are with fair prognosis.
- Furcation perforations are with fair-poor prognosis.
- (The more you go towards the crown the prognosis is getting poor.)
- Cervical perforations are with the worst prognosis. Because it has the direct contact with the gingival crevicular fluid, saliva, bacteria. Poor seal is achieved in this region. The cervical area is within the marginal gingiva and above the attached gingiva. It lies within the gingival sulcus.
- In normal circumstances CEJ lies in the cervical area. CEJ can be sometimes exposed in the mouth. In that case it's a part of the clinical crown. So, it's not the best indicator.
- So, among the given options (C) is the best answer. If option (C) was not given then option (B) would be the best answer.

PROGNOSIS OF LOCATIONS OF PERFORATION IN ORDER (FROM BEST TO WORST)

CORONAL > APICAL> MIDDLE > FURCATION > CEJ > CERVICAL

- Comparing coronal with the apical prognosis; apical perforations may require surgical involvement, but coronal perforations are easy to manage.

IV.
- "V-shaped" invagination radiopacity is seen in the XRAY. It's a classic sign of "Dense in Dente" (Dense invaginates)
- Talon's cusp is a protuberance of an extra cusp.

V.
- Maximal longevity comes from the FIXED-FIXED. Best option is (A)
- Minimal intervention comes from one side resin bonded. Best option is (D)
- In the question it's asking for an option with Minimal intervention and maximal longevity.
- Both these qualities are fulfilled with a resin bonded bridge. Best answer among the given is option (E).

VI.
- We have decided to give upper and lower metal based RPD s to this patient.
- We are not able to provide a financial quote without planning the design. Option (A) is ruled out.
- Option (C) is an incomplete answer.
- Among the options given (B) is the best answer.

V.
- Now you have started the steps of fabrications. So, you need the custom trays for the final definite impression. We will be using the selective pressure technique here.
- Among the give the best answer is (C).

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SBQ 7

50 YEAR OLD MAN COMES FOR EXTRACTION. RECENTLY DIAGNOSED TYPE 1 DIABETIC WITH HBA1C OF 6.8, HYPERTENSIVE AND USING MEDICATIONS. HE IS UNDER LONG TERM STEROID MEDICATIONS FOR ASTHMA. EXTRACTION BECAME COMPLICATED AND WAS TAKING TIME.

I. During the treatment he starts fidgeting and tells he feels numbness and pricking in his hands and feet and perioral area. Possible diagnosis?

A. Hypoglycemia
B. Presyncope
C. Transient ischemia
D. Hyperventilation

II. Before the procedure what precautions should be taken?

A. Double the dose of steroid in consultation with the MP
B. Ask the patient to take double dose
C. No precautions needed
D. Similar to UAF

P.O.W.E.R NOTES SBQ 7

I.
- Confusion (because brain doesn't have much glucose) and slurred speech are the classic signs of hypoglycemia.
- Light headedness and faintness are the classical signs of syncope/ presyncope.
- Transient ischemia leads to a stroke, which is usually unilateral. Bilateral numbness and pricking cannot be associated because of that. Perioral area are not affected by transient ischemia.
- Fidgeting, numbness and pricking in both hands and feet and perioral area is a classic sign of hyperventilation.

II.
- Patient is on steroids for a longer period. In these patients, adrenal insufficiency and adrenal crisis are the complications associated with surgical procedures.
- Before any surgical procedure it's always better to have a word with the GP regarding the dose strategy/ action plan. Option (A) is the best answer.

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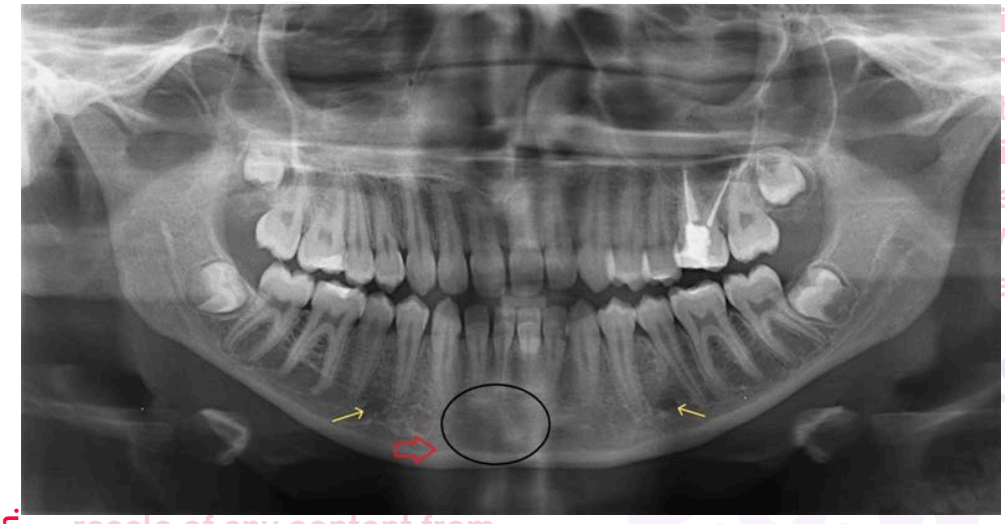
ORAL SURGERY

SBQ 8

OPG SHOWED BLACK RADIOLUCENCY BELOW LOWER ANTERIOR.



What's the red arrow indicating?

A. A Mental Foramen
B. Periapical abscess
C. Filling material
D. Radiographic Artifact
E. Dense bony island

P.O.W.E.R NOTES SBQ 8

I.
- OPG is showing a black shadow underneath the incisors. It's a diffuse radiolucency and well corticated. Bone is still intact around it.
- Mental foramens are highlighted with the yellow arrows bilaterally. Option (A) is ruled out.
- There's no infection. All are healthy teeth. So, it cannot be a periapical abscess. Option (B) is ruled out.
- There's no RCT done. So, there cannot be a filling material. Filling materials will appear radiopaque. Option (C) is ruled out.
- It cannot be a dense bony island as it's not radiopaque. Option (E) is ruled out.
- It can be a radiographic artifact or Stafne's bone defect.
- Among the options given (D) is the best answer.

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WINSPERT

ORAL SURGERY

SBQ 9

PATIENT HAD FEVER, INFRAORBITAL SWELLING.

You decided to give an infraorbital block for extraction of 12 and 13 where would you inject ?

A. Parallel to 13
B. Parallel to 14 (not in some centers)
C. Parallel to 15 (not in some centers)
D. At the bisecting angle(line) of 14 & 15
E. Parallel to 12

P.O.W.E.R NOTES SBQ 9

I.
- Fever and infraorbital swelling are signs of spreading odontogenic infection with severe and systemic features.
- Patient should be managed at a hospital set up.
- All the options given are correct. Parallel to 14 is the shortest route. Therefore option (B) is selected.
- Area of insertion – height of the muco-buccal fold directly over the 1st pre molar (note: the needle may be inserted in to the muco-buccal fold over any tooth from the 2nd premolar anteriorly to the central incisor. The 1st premolar usually provides the shortest route to this target area)

ASA	MSA	PSA	Greater palatine nerve block	Nasopalatine nerve block
Area of insertion height of the muco-buccal fold directly over the 1st premolar (note: the needle may be inserted into the muco-buccal fold over any tooth from the 2nd premolar anteriorly to the central incisor. The 1st premolar usually provides the shortest route to this target area) **Target area** – infraorbital foramen **Landmarks-** muco-buccal fold, infraorbital notch, infraorbital foramen **Orientation of the bevel if the needle** – towards bone	**Area of insertion** parallel to maxillary 2nd premolar **Target area** will anesthetize the mesiobuccal root of the 1st molar **Landmarks** muco-buccal fold above the maxillary 2nd premolar **Orientation of the bevel if the needle** towards bone	**Area of insertion** parallel to maxillary 2nd molar **Target area** PSA nerve **Land marks** Muco-buccal fold, maxillary tuberosity, zygomatic process of maxilla **Orientation of the bevel if the needle** towards bone	**Area of insertion** soft tissue slightly anterior to the greater palatine foramen **Target area** Greater palatine nerve **Landmarks** greater palatine foramen and the junction of the maxillary alveolar process and palatine bone (the foramen is most frequently located distal to the maxillary 2nd molar but it may be located anterior or posterior to its location.) **Orientation of the bevel if the needle** towards bone	**Area of insertion** palatal mucosa just lateral to the incisive papilla **Target area** incisive foramen beneath the incisive papilla **Landmarks** central incisors and incisive papilla **Orientation of the bevel if the needle** towards the palatal soft tissues.