

Oral and Maxillofacial Surgeons Revise Treatment Guidelines for Hypertensive Patients Going Under Sedation, Anesthesia

[Rosemont, IL] — Hypertension affects 20% to 30% of the adult population, and its prevalence increases with age. The risk doubles for African Americans, who are also more vulnerable to its complications. But regardless of age or race, hypertensive patients can rest assured their special needs will be met during oral and maxillofacial surgery, as explained in an article published in the January 2006 issue of the Journal of Oral and Maxillofacial Surgery (JOMS). The article examines a new classification system and reviews treatment recommendations for hypertensive patients undergoing sedation or anesthesia.

Preoperative and postoperative pain control have been shown to be important factors contributing to blood pressure management for oral and maxillofacial surgery patients, the article explains. Managing hypertensive patients during surgery requires controlling stress and anxiety and knowing the uses and adverse interactions of antihypertensive drugs. The article principal author is Stephen Wilford Holm, DMD, Resident, Oral and Maxillofacial Surgery, Carle Foundation Hospital, Urbana, IL.

Before administering pain control to hypertensive patients, oral and maxillofacial surgeons must assess overall cardiovascular status, specific causes of hypertension, and other risk factors. Knowledge of the clinical classification of hypertensive stages and possible drug interactions are essential for determining proper treatment.

The authors present three new, simplified classifications of hypertension: pre-hypertension, stage 1 hypertension and stage 2 hypertension. According to the authors, this reclassification recognizes that patients with pre-hypertension are at increased risk of progression to hypertension and that risks are associated with even mildly elevated blood pressure, even in the range previously considered normal.

The revised classification system is based on the Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood

Pressure (JNC-7), which also assimilates findings from new hypertension studies and clinical trials, and includes clearer, more concise guidelines for clinicians.

According to the article authors, JNC-7 new guidelines for classifying hypertension and list of cardiovascular risk factors are more helpful to oral and maxillofacial surgeons than previous such documents related to diagnosing hypertension and treating patients with this condition. Also presented in the article are eight tables listing risk factors; identifiable causes; classification and management; dosage recommendations for local anesthetics, conscious sedatives and general anesthetics; and drugs/dosages to use in the event of an emergency.

As for the method of pain control, the authors recommend local anesthesia for patients with hypertension because of its ability to decrease pain and increase comfort.

However, they caution there is a risk in administering local anesthesia with epinephrine. In addition, complications involving the use of conscious sedation or general anesthesia for hypertensive patients are discussed.

As always, careful dosage and monitoring during oral and maxillofacial surgery are vitally important. The authors emphasize that prompt diagnosis and treatment can mean the difference between life and death for patients undergoing procedures that involve local, conscious sedative or general anesthetic agents.

Saving Faces, Changing Lives

The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization representing more than 7,000 oral and maxillofacial surgeons in the United States, supports its members' ability to practice their specialty through education, research, and advocacy. AAOMS members comply with rigorous continuing education requirements and submit to periodic office examinations, ensuring the public that all office procedures and personnel meet stringent national standards.