

Reversing the Effects of 2% Lidocaine: A Randomized Controlled Trial

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Dental Anesthesia

- Local anesthesia is a temporary loss of sensation in a specific part of the body
- An important part of out-patient dentistry
 - Each dentist in Canada injects 1800 cartridges per year¹
 - 300 million cartridges in the US yearly²
- Most commonly used anesthetic: 2% Lidocaine, 1:100,000 epinephrine
 - Epinephrine:
 - decreases vascular absorption
 - increases availability of local anesthetic at the nerve membrane



Table 1. Duration of Injectable Local Anesthetics	s in Minutes	
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Maxillan, Infiltration				
waxillary inflitration		Mandibular Block		
Pulp	Soft Tissue	Pulp	Soft Tissue	
60	170	85	190	
25	90	40	165	
60	190	90	230	
20	105	55	190	
90	340	240	440	
	Pulp 60 25 60 20	60 170 25 90 60 190 20 105	Pulp Soft Tissue Pulp 60 170 85 25 90 40 60 190 90 20 105 55	

Adapted from Stanley Malamed, Handbook of Local Anesthesia, Fifth Edition



Patient Perspective



- Average dental appointment is 44 minutes long³
- Soft-tissue anesthesia usually lasts between 3-5 hours after the dental appointment⁴
 - Lip
 - Cheek
 - Tongue
- Patients report:
 - Difficulties eating/drinking/speaking
 - Altered perception of face
 - Inadvertent soft tissue trauma(13-18%⁵) (*especially pediatric population)



Phentolamine Mesylate



- Has been used >50 years for other medical indications^{4, 6}
- A nonselective competitive alpha-adrenergic antagonist⁴
 - Reduces vasoconstriction
- Pharmacological means of reducing soft-tissue anesthesia
- Dental Use: OraVerse
 - FDA approved 2008⁷
 - Approved in Canada since September 2014
 - Available in a standard carpule similar to a local anesthetic



Literature Review

- Rutherford et al. (2009)⁸
 - Systemic toxicity + effects of repeated injections in beagle dogs
 - No SS differences
 - Conclusion: repeated injections of OraVerse are well tolerated in beagle dogs
- Laviola et al. (2008)9
 - Phase 2 trial
 - N=122
 - 4 anesthetics
 - Recovery time of normal lip sensation
 - PM group = 101 minutes
 - Control group = 150 minutes
 - Adverse effects were similar



Tavares et al. (2008)¹⁰

- Phase 2 trial on a pediatric population
- N= 152
- Recovery time for normal lip sensation (p<0.0001)
 - PM group = 60 minutes
 - Control group = 135 minutes
- No differences in adverse events, pain, vital signs etc.

Hersh et al. (2008)¹¹

- Phase 3 trial
- N= 244
- SS reduction in soft-tissue anesthesia:
 - Lower Lip:
 - PM group = 70 minutes
 - Control group = 155 minutes
 - Tongue
 - PM group = 60 minutes
 - Control group = 125 minute
- No differences in adverse events, pain, vital signs etc.

Saunders et al. (2011)¹²

- Compare use in private practice + patient perception + pattern of use
- N=390
- Median time to recovery was 60 minutes vs. 135 minutes
- 84% of patients said that OraVerse improved their dental experience



Previous Conclusions



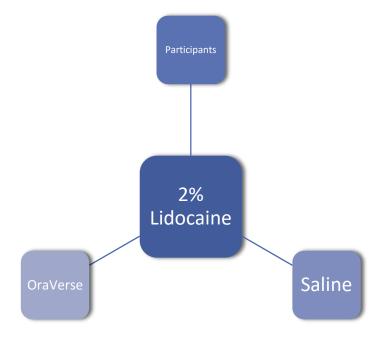
- OraVerse reduces the duration of soft tissue anesthesia
- However, is it the OraVerse that is reducing the duration of soft tissue anesthesia, or is it just a local diluting effect?
 - Inadequate control
 - Sham injections





Purpose

 To evaluate the difference in time required for the return of normal soft-tissue sensation and function in participants who receive an injection of OraVerse versus those who receive an injection of saline





Methodology

- Dental students and dental hygiene students
- Both groups received an IANB using 1.8 ml of 2% Lidocaine,
 1:100,000 epinephrine*
- Random assignment
- Anyone who did not achieve profound anaesthesia was withdrawn from study
- Unidentifiable syringes were used to draw up both OraVerse and sterile water
 - Group 1: injection of 1.8 ml OraVerse at the same site
 - Group 2: injection of 1.8 ml sterile physiological water







ASSESSMENT OF ANESTHESIA

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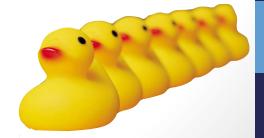
Date:	Participant study ID:
Time of first injection:	Time of second injection:
evaluate the time needed for soft completely gone, it is asked that by using finger palpation and fing	ess of reversing agents for local anesthesia, it is necessary to tissues to revert to their normal state. Until the anesthesia is you evaluate numbness of your soft tissues every 10 minutes ger tapping. Please, note the time when your soft tissues feel numbness). You should compare the sensations on the at did not receive the injection.
At the beginning of this observa	ation period please circle the sensation that most applies:
Lower lip: Numb Tingly	Normal
Tongue: Numb Tingly	Normal
Lower lip: Tongue: Time at which function feels no	_
Smiling:	_
Drinking:	
Speaking:	_
Usefulness:	
Was the second injection comfor	table?
Would you do it again next time	you get local anesthesia?
Why?	
Did you experience any adverse	effects?
Thank you!	

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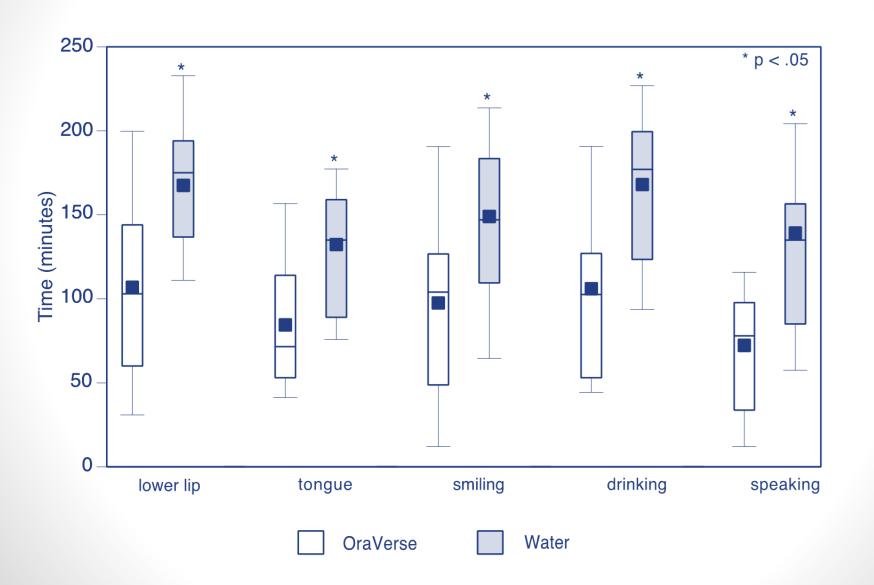
Methodology

- Sample size calculation = 30
- SPSS to do statistical analysis
- ANCOVA to control for time
- Following statistical analysis randomization codes were revealed

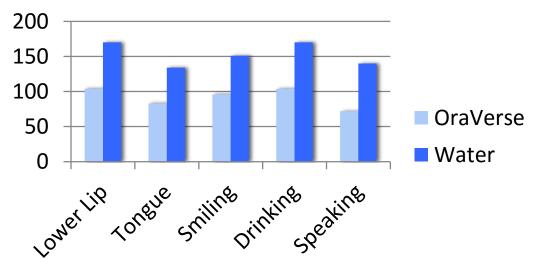




Results







N=36	OraVerse	Water	Difference	P-values
Lower Lip	104	170	66	0.001
Tongue	83	134	51	0.004
Smiling	96	151	55	0.02
Drinking	104	170	66	0.01
Speaking	72	140	68	0.012



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Mepivacaine 3% plain	25	90	40	165
Articaine 4% 1:100,000 epi	60	190	90	230
Prilocaine 4% plain	20	105	55	190
Bupivacaine 0.5% 1:200,000 epi	90	340	240	440

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Discussion

- Pilot study first study with a legitimate injection
 - Flood et al. 57 minutes (sensation)
- Results are similar to past studies
 - Laviola et al.
 - 85 minute reduction to recovery of lower lip sensation
 - Hersh et al.
 - 65-85 minutes reduction to normal tongue and lip sensation
 - Saunders et al.
 - Reduction of 60 minutes
- Limitations:
 - No treatment was done on patients
 - Two different groups injected at different times
 - Different needles than in private practice
 - First (and second) injection ever



Conclusion

 OraVerse hastens the return to normal soft tissue sensation and function by approximately one hour





Future Research Opportunities

- Evaluating various anesthetics
 - Articaine 4% 1:100,000 epi
 - Bupivacaine 0.5% 1:200,000 epi

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References

- 1. Haas, D. An Update on Local Anesthetics in Dentistry. J Can Dent Assoc. 2002; 68(9): 546-51.
- 2. Malamed SF. Handbook of local anesthesia. 4th ed. St. Louis: Mosby; 1997.
- 3. American Dental Association, 2002 Survey of Dental Practice Characteristics of Dentists in Private Practice and Their Patients. American Dental Association, Chicago, IL: 2004.
- 4. Malamed S. Reversing Local Anesthesia. Inside Dentistry. 2008;4:2-3.
- 5. College C, Feigal R, Wandera A, Strange M. Bilateral versus unilateral mandibular block anesthesia in pediatric Population. Pediatr Dent. 2000;22(6): 453-457.
- 6. Hersh EV, Lindemeyer RG. Phentolamine mesylate for accelerating recovery from lip and tongue anesthesia. Dental clinics of North America. 2010;54(4):631-42.
- 7. Novalar Pharmaceuticals I. FDA Request for OraVerse Usage Information Background.
- 8. Rutherford B, Zeller JR, Thake D. Local and systemic toxicity of intraoral submucosal injections of phentolamine mesylate (OraVerse). Anesthesia progress. 2009;56(4):123-7.
- 9. Laviola, M., et al. "Randomized study of phentolamine mesylate for reversal of local anesthesia." *Journal of dental research* 87.7 (2008): 635-639.
- 10. Tavares M, Goodson JM, Studen-Pavlovich D, Yagiela JA, Navalta LA, Rogy S, et al. Reversal of soft-tissue local anesthesia with phentolamine mesylate in pediatric patients. Journal of the American Dental Association. 2008;139(8):1095-104.
- 11. Hersh EV, Moore PA, Papas AS, Goodson JM, Navalta LA, Rogy S, et al. Reversal of soft-tissue local anesthesia with phentolamine mesylate in adolescents and adults. Journal of the American Dental Association. 2008;139(8):1080-93.
- 12. Saunders TR, Psaltis G, Weston JF, Yanase RR, Rogy SS, Ghalie RG. In-practice evaluation of OraVerse for the reversal of soft-tissue anesthesia after dental procedures. Compendium of continuing education in dentistry. 2011;32(5):58-62
- 13. Hersh EV, Hermann DG, Lamp CJ, Johnson PD, MacAfee KA. Assessing the duration of mandibular soft tissue anesthesia. Journal of the American Dental Association. 1995;126(11):1531-6.