Posterior Superior Alveolar Block

- Be sure syringe is positioned 45° below the horizontal plane and 45° lateral to the vertical plane.
- Insert far enough to be posterior to the tuberosity (approx 2/3 of a short needle).
- Overinsertion or malposition may lead to perforation of the pterygoid plexus.
- If the patient is missing third molars, infiltration (supraperiosteal) of the second and first molar may be preferable.
Middle Superior Alveolar Block

- Remember, the MSA is only present 28% of the time
- Insertion point is the second premolar
- Insert approx. 1/3 of a short needle
- After insertion, operator can reposition needle in an anterior and posterior direction without withdrawing from the tissue to deposit anesthetic over a larger area using a single entrance point
Anterior Superior Alveolar Block

- The ASA can be blocked by placing anesthetic in the infraorbital foramen.
- To locate the foramen, palpate the infraorbital notch on the lower orbital rim with the index finger,
- Insert the needle approximately 6-8 mm just medial to the cuspid,
- The ASA can also be blocked by infiltrating at the apices of the maxillary anterior teeth.
Inferior Alveolar Nerve Block

- Palpate the posterior notch of the mandible with the index or middle finger,
- The posterior notch is just anterior to the ear lobe,
- Palpate the internal oblique ridge at the coronoid notch with the thumb,
- Lift the patient’s chin slightly. This will help prevent placement of the anesthetic inferior to the mandibular foramen,
Inferior Alveolar Nerve Block

- Approach the injection site from the premolars on the opposite side,
- The insertion point is just medial to your thumb,
- Aim the tip of the needle towards your index finger,
- Gently insert the needle. If you contact bone, reposition the syringe towards the midline,
Inferior Alveolar Nerve Block

- Insert approximately 20 mm
- Aspirate. Rotate the syringe ¼ turn and aspirate again,
- Slowly deposit the anesthetic, taking approximately 30 seconds for the first half of the cartridge,
- Slowly withdraw and secure needle.
- Ask the patient to hold the mouth open for a minute or so to pull IA nerve against ramus
Lingual Nerve Block

- The lingual nerve is blocked with the inferior alveolar because they are in close proximity,
- A supplemental lingual nerve block can be done by depositing anesthetic in the floor of the mouth adjacent to the premolars if an inferior alveolar nerve block is not performed,
Long Buccal Nerve Block

- Insert the needle approximately 2-3 mm into the vestibule at the level of the second molar
- Deposit approximately 1/8 of a carpule
Mental Nerve Block

- Insert needle in vestibule at the first premolar
- Direct tip of needle towards apex of second premolar
- Insert approximately 5-6 mm.
- Deposit approximately ¼ of a cartridge
- After withdrawal of needle, massage area to help distribute anesthetic into mental foramen
Anterior (Greater) Palatine Nerve block

- Look for a small blue dot on the palate near the second molar,
- Place a small amount of topical anesthetic on a cotton applicator,
- Place the applicator on the blue dot with enough pressure to bend the applicator
- Leave the applicator in place for at least one minute,
Greater(Anterior) Palatine Nerve block

- Place the bevel of the needle against the tissue under the edge of the applicator tip,
- Press the bevel against the tissue until the needle flexes,
- Slowly deposit a few drops of anesthetic and slowly insert the needle,
- Barely insert the needle into the tissue while applying pressure with the applicator
- The needle only needs to be inserted a few millimeters.
- Aspirate.
- Inject approximately a quarter or less of anesthetic.
Nasopalatine Nerve Block

- The landmark for the injection site is the incisive papilla,
- Follow the same technique as the greater palatine nerve block