

MANAGEMENT OF GAG REFLEX

NON SURGICAL MANAGEMENT

PATIENT POSITIONING-KEEP PATIENT IN SEMI-UPRIGHT POSITION TO FACILITATE EASIER BREATHING

COMMUNICATION-EXPLAIN THE PROCEDURE AND ENCOURAGE THE PATIENT TO EXPRESS DISCOMFORT

DESENSITISATION-GRADUAL EXPOSURE TO THE DENTAL INSTRUMENTS AND PROCEDURES

CONTROLLED BREATHING-INSTRUCT THE PATIENT TO TAKE SLOW, DEEP BREATHS

TOPICAL ANESTHETICS-APPLY NUMBING AGENT TO SOFT PALATE OR BACK OF THROAT

DISTRACTION TECHNIQUES
RUBBER DAM USE
AVOIDING TRIGGERS
PATIENT EDUCATION

SURGICAL MANAGEMENT

PALATOPLASTY-SURGICAL ALTERATION OF SOFT PALATE TO REDUCE SENSITIVITY

SURGICAL REDUCTION OF UVULA-REMOVAL OR SHORTENING OF UVULA MAY HELP REDUCE GAG REFLEX

NEURECTOMY-SURGICAL CUTTING OF NERVES RESPONSIBLE FOR TRIGGER OF GAG

BOTULINUM TOXIN INJECTION INTO SOFT PALATE OR THROAT CAN REDUCE GAG REFLEX

RESECTION OF HYPERPLASTIC TISSUE-REMOVAL OF EXCESS TISSUE IN THE THROAT OR SOFT PALATE

PHARMACOLOGICAL MANAGEMENT

ANXIOLYTICS-DIAZEPAM, LORAZEPAM-REDUCE ANXIETY

ANTIHISTAMINES-DIPHENHYDRAMINE, PROMETHAZINE-DRYING EFFECT ON MUCOUS MEMBRANES

ANTIEMETICS-ONDANSETRON, METOCLOPRAMIDE-USED TO PREVENT NAUSEA AND VOMITING

TOPICAL ANESTHETICS-LIDOCAINE, BENZOCAINE-TEMPORARILY NUMB THE AREA

CENTRALLY ACTING AGENTS-REDUCE GAG REFLEX BY ACTING ON CNS TO DIMINISH REFLEX SENSITIVITY