

## Maxillofacial Unit

# Oro- Antral Communication (OAC) Advice Leaflet

This leaflet has been designed to improve your understanding of an oro-antral communication and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation, please ask.

### What is an oro-antral communication?

This is a communication (hole) between the mouth and the air-filled space either side of the nose inside the cheekbones. This space is called the maxillary sinus or maxillary antrum.

### Why does it occur?

This sometimes happens when an upper molar, wisdom or premolar tooth is extracted, as the roots can be naturally positioned breaching the floor of the sinus. It can also occur when trying to retrieve a fragment of tooth root that may have broken off during an extraction.

Sometimes your surgeon will advise you to follow these instructions even though an obvious hole into the sinus has not been created. This can be because the tooth was positioned very close to the maxillary sinus and sometimes a small communication into the sinus can be created days after surgery, for example by firmly blowing the nose. This can be avoided by following the instructions below.

If left untreated it can form what is called an “oro-antral fistula” (OAF). Sometimes the maxillary sinus can become infected. This is called maxillary sinusitis.

### What might I feel?

If a hole is created, liquids can move from the mouth into the sinus and out through the nose. You may feel air or bubbles in the mouth, or you may feel liquids in the nose when you have a drink. Some people get a nasty taste in the mouth and symptoms of sinusitis on that side. This condition is not dangerous and often is treated by simple surgery at the time of the dental extractions, though it is important to follow the instructions carefully afterwards to prevent the hole from re-opening.

### What are the aims of treatment?

If an oro-antral communication or oro-antral fistula is created, then the main treatment is surgery to seal over the hole between the sinus and the mouth. This helps the tissues to heal in such a way that a layer of bone and gum will form a permanent barrier that will separate the mouth from the sinus. If the hole is small, then it can be treated with simple sutures over the socket. In most cases the treatment involves mobilising some of the gum from alongside the site of the tooth extraction and some of the sulcus skin (the skin of the mouth that joins the base of the gum to cheek). This is a painless procedure and is carried out under local anaesthetic (numbing injection into the gum).

You will have some dissolving stitches placed to hold the gum in its new position to cover the hole whilst it heals underneath. These stitches usually dissolve in 14 days. This surgery is effective in 95% of cases, although a small minority may require revision surgery.

If the defect is very large and/or a piece of root becomes loose and floats about in the sinus then the sinus will have to be explored and washed out. The defect will be repaired with fat from the inside of the cheek, skin from the roof of the mouth or a synthetic membrane. Such procedures normally are normally carried out under sedation or general anaesthetic (asleep) in hospital.

## What instructions should I follow?

For the next **2 weeks**;

### **Avoid blowing your nose**

If you sneeze, allow yourself to **sneeze with an open mouth**.

**Avoid sneezing with pinched nostrils/ covering your nose**, as both actions increase the pressure in the sinus and could cause the repaired wound to breakdown.

It is important to **avoid the following for the next 2 weeks**;

- **smoking** / vaping
- sucking / **drinking through straws** or sports bottles
- **blowing up balloons**, or air mattresses
- **playing a wind or brass musical instrument**
- **swimming, snorkelling or scuba diving or going on a plane**

It is also advisable to keep to a soft diet and avoid any sharp /hard foods that may interfere with the healing wound.

Generally, after 2 weeks the mucosa (skin) in the mouth would have healed over the area to create an airtight seal between the mouth and the sinus, it can take many months for the layer of bone underneath this to repair fully. Your surgeon will advise you if you need to follow these instructions for any longer period of time, depending on your risk factors and the type of surgery you have had.

## Post operative medication?

It is normal to experience pain and swelling after these procedures, usually this is worse after 2-3 days and improves over 2 weeks, take regular over the counter painkillers as needed.

Bacteria from the mouth may contaminate the wound or the sinus; therefore, your dentist or surgeon may prescribe the following medication:

- A short course of an appropriate antibiotic is generally only required for larger procedures.
- A nasal decongestant-such as Ephedrine or otrivine nasal spray, (to be used with caution with patients that suffer from cardiovascular disease, hypertension, diabetes and who are being treated for depression with medication). Nose drops are used in the nostril on the affected side only and **should never be used for more than 7 days**.
- Steam inhalations- an aromatic substance such as menthol or eucalyptus (Vicks Vapour rub) should be used. Usually, one teaspoon to be added to 500mls of hot water in a bowl with the head 6-12 inches away and a towel placed over the head for maximum inhalation. This should be done for 5-6 minutes and repeated every 6 hours. This will moisten the airways and prevent crusting of blood and mucus in the sinus.

## Will I need another appointment?

You will be offered a review appointment if you have had surgery to repair an oro-antral communication. However, if you have been discharged after having a dental extraction and think you may have symptoms of an oro-antral communication, then please contact the department for a review.

This leaflet is specific to the practice of Oral and Maxillo-Facial Surgery in the United Kingdom and is in addition to the generic guidance given in the GMC publications of Good Medical and Surgical Practice 2001 & 2002.

**If you have any comments about this leaflet or the service you have received you can contact :**

Maxillofacial Unit  
Huddersfield Royal Infirmary  
Telephone (01484) 355737

[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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