

Erratum to “Wisdom Tooth Surgery Complications—Local Anaesthesia versus General Anaesthesia”, [Open Journal of Stomatology, 9 (2019) 51-63]

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The original online version of this article (Hui Woon Lim (2019) Wisdom Tooth Surgery Complications-Local Anaesthesia versus General Anaesthesia. Volume 9, 51-63. [doi:10.4236/ojst.2019.93006](https://doi.org/10.4236/ojst.2019.93006)) needs some further amendments and clarification.

Abstract

Results: “Preoperative antibiotics were given before all L3M removal under GA, while only 23 out of 296 L3M removal under LA had antibiotics”. The figure 23 out of 296 L3M should be changed to 33. Conclusion: The sentence “L3M removal under LA may have a higher risk of SSI when compared to GA. This raises the possibility that a single prophylactic antibiotic dose may prevent SSI in LA procedures.” should be changed to “L3M removal under GA may have a higher risk of SSI when compared to LA. This raises the possibility that daycare surgery can be introduced to prevent SSI in GA procedures”.

3. Results

Table 3

All L3M patients in GA procedures were given preoperative antibiotics while 23 L3M patients in LA procedure were prescribed with antibiotics. The figure 23 should be replaced with 33.

In the sentence “Severe pain was also one of the complications recorded in our study (8.3% for LA; 14.3% for GA)”, the figures should be changed to (8.3% for GA; 14.3% for LA).

In the sentence “For severe swelling and trismus, it was found to be 16.7% in

LA and 2% in GA.” The figures should be 16.7% in GA and 2% in LA.

4. Discussion

Surgical Site Infection

As in our previous discussion in SSI discuss about LA group is higher in our study, but actually it is GA group that is higher in the study, a new discussion is made.

Incidence of SSI among patients in the GA group is higher in this study. This can be attributed to health care associated infection during the perioperative period in the ward. This is supported by Hughes 2005 [17] which reported a nosocomial infection prevalence of 13.9%. Patients undergoing MOS under GA in our centre were required to be hospitalized one day prior to the procedure and were normally discharged the day after the procedure. The exposure to potentially multi-drug resistant organisms in the ward during the preoperative stay would have contributed to the higher incidence of SSI in this group. Williams *et al.* (2009) [18] reported that one or more species of bacteria were isolated in 86% of laryngoscope handles. Bacterial contamination of the oral cavity during intubation can potentially increase incidence of SSI in the GA group. Poor oral hygiene and smoking as mentioned by Bouloux *et al.* [1] are also plausible causes for SSI in both our LA and GA group.

8. Limitations

We would like to add the following sentence into our limitation segment:

“We could not elicit regarding post operative wound care in all our patients as these factors can have a significant effect on the result of SSI in our study.”

9. Conclusion

As in our previous conclusion, we noted that GA procedures had less surgical site infection, but actually GA group had higher surgical site infection in the study, a new conclusion is made.

In conclusion, we compared the complications arising from removal of third molar extraction in both GA and LA procedures and note that GA procedures had higher SSI while there is no significant difference in the incidences of pain, nerve injury and dry socket in our study. The higher SSI in GA procedure may be due to health care associated infection during preoperative stay in ward for GA cases and bacterial contamination of oral cavity during intubation. More preventive measurements are warranted to reduce this complication. A prospective study would be ideal to further validate this audit’s finding. Introduction of daycare sessions and broader spectrum of antibiotic prescription can be given for GA cases to prevent risk of health care associated infection.

References

Reference [17] to [30] must be removed and replace with reference below:

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