

# Recommendations in the the event of a hypochlorite accident

## Prevention

Ensure the tip of the irrigation needle is not engaged in the canal and is freely moving. Keep irrigation pressures low to reduce the risk of hypochlorite extrusion.

In the event of hypochlorite extrusion, the patient may not feel pain immediately. It could come on 24-48-hours after the incident depending on the location of the root within bone and surrounding tissues.

## Immediate management

The following advice aims to reduce injury:

1. Act calmly and sympathetically.
2. Immediate and **copious canal irrigation** with saline or water for 15-minutes
3. **Cold compress**, 10-15minutes on, then 10-15-minutes off. Continue for 24-hours followed by **warm compress** for another 24-hours
4. **Analgesics** to manage the pain. Ibuprofen 400-600mg, four times a day, with or after food. Continue for 72 hours or longer if necessary. If medically contraindicated then 1g paracetamol for the same frequency and duration
5. **Antibiotics** to prevent secondary infection. Amoxycillin 500mg, three times a day for 5 days or 400mg metronidazole, three times a day for 5 days if penicillin is contraindicated
6. Consider steroid therapy and referral
7. Document contemporaneously with as much detail as possible.

## Follow-up

1. Detailed notes are accurate, detailed and contemporaneous
2. Call the patient the daily until symptoms start to subside then weekly or monthly until resolution of symptoms. It is important to ensure they feel looked after and that all conversations are documented.
3. Give the patient contact details to reach you should they need to, especially out of hours
4. Ensure accident books are completed and the case is discussed at the practice meeting to allow lessons to be learnt openly and constructively.
5. Consider taking advice from your indemnity organisation to try and prevent or mitigate medico-legal issues in the short, medium or long-term.