

Poor oral hygiene in elective surgeries and the plight of anaesthesiologists: Ignorance or obliviousness?

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Dear Editor,

Oral hygiene of patients posted for elective surgeries is a seldom-discussed topic and is often viewed as unimportant among anaesthesiologists. The association of patients' poor oral health during airway management is appalling with scant literature available. The importance of oral care has always been advocated from the surgical point of view and has been limited to postoperative surgical patients and chronically debilitated and intubated patients in intensive care.^[1] Few studies have assessed the effect of perioperative oral hygiene in preventing surgical site infections.^[2,3] The oral microbiota is an important source of respiratory tract infections and becomes dislodged during airway management techniques like laryngoscopy and intubation.^[4] Translocation of microbes from the oral cavity to the gastrointestinal tract is a proven route for causing infection and poor oral hygiene.^[5]

Hence, it is high time that all anaesthesiologists conduct a pre-anaesthetic assessment on patients to give impetus to good oral hygiene to the concerned attendants, nursing staff, and surgery team before shifting the patient to the operation room. Oral care can be done simply by using a toothbrush and toothpaste and 2% chlorhexidine or povidone-iodine (0.23%–1%) mouth gargle which, when administered prior to shifting to the operating room, will reduce the microbial load of the patient. Oral care was advocated following the onset of the coronavirus disease (COVID-19) pandemic^[6] German Standard VDI 3940 Odor Intensity Scale must be added to the anaesthetist's operation records.^[7] To conclude, oral hygiene assessment and care should be considered as part of preoperative preparation for patients undergoing surgery.

Ignorance may be bliss but obliviousness is certainly not!

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Conflicts of interest

There are no conflicts of interest.

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