

***‘syncope is a SYMPTOM not a disease’***



# DEFINITION

- SYNCOPE is defined as  
*‘sudden and transient loss of consciousness which is secondary to period of cerebral ischemia’*  
greek :- *‘ to interrupt’*



# SYNONYMS

- Artrial bradycardia
- Benign faint
- Neurogenic syncope
- Psychogenic syncope
- Simple faint
- Swoon
- Vasodepressor syncope
- Vasovagal syncope



# PREDISPOSING FACTOR

## PSYCHOGENIC

- Fright
- Anxiety
- Emotional stress
- Unwelcome news
- Pain(sudden and unexpected)
- Sight of blood or of surgical
- Dental instruments

## NON PSYCHOGENIC

- Sitting in an upright position or standing
- Hunger
- Exhaustion
- Poor physical condition
- Male sex
- Hot,humid,crowded environment
- Age b/w16-35



# PRESYNCOPE

## EARLY SYMPTOMS

Feeling of warmth  
Loss of colour:pale or ashen  
grey skin tone  
Heavy perspiration  
Complaint of feeling bad or  
faint  
Nausea  
Blood pressure aprox . At  
baseline  
tachycardia

## LATE SYMPTOMS

Pupillary dilatation  
Yawning  
Hyperpnea  
coldness in hands and feet  
Hypotension  
Bradycardia  
Visual disturbances  
Dizziness  
Loss of consciousness

# SYNCOPE

- breathing irregular; jerky, gasping
- Pupil dilate, death like appears
- Bradycardiya
- Pulse weak and
- Decreased blood pressure.



# POSTSYNCOPE

- Pallor,nausea,weakness.sweating from few min. to many hrs.
- Short period of mental confusion
- Disorientation
- Blood pressure and heart rate- normal
- Tendency of second attack if allowed to stand or sit too soon



# PATHOPHYSIOLOGY

stress



release of catecholamine



change of tissue perfusion ,decrease  
peripheral vascular resistance,increase  
blood flow



Pooling of blood





decrease in circulatory volume  
↓  
decrease in cerebral blood flow

**SYNCOPE**

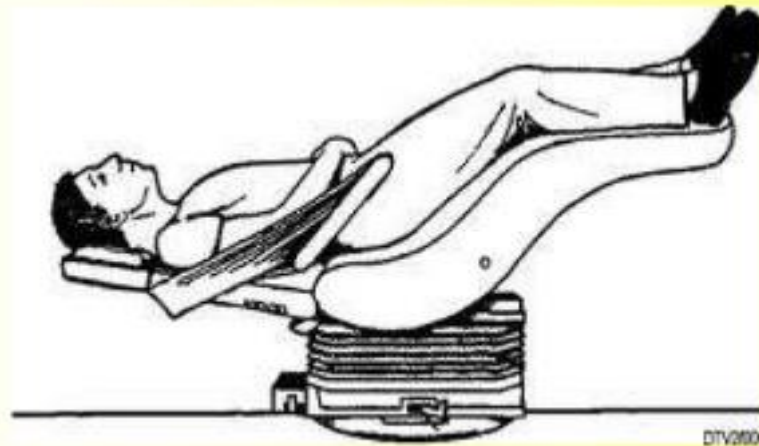
↓  
decrease in blood pressure

↓  
compensatory mechanism are  
activated



# PRESYNCOPE

- Procedure should be stopped
- P-Patient placed into the supine position with the legs slightly elevated



- A- airway
- B- breathing
- C- circulation
- D- drugs



# SYNCOPE

- Step 1:- Assess consciousness
- Step 2:-Call for assistance
- Step 3:-Position the patient:- placing the patient in supine position
- Step 4:-Assess and open airway
- Step 5:-Assess airway potency and breathing
- Step 6:-Assess circulation



# DEFINITIVE MANAGEMENT

- Loosening of clothes
- Respiratory stimulant:-aromatic ammonia
- Cold towel on patient's forehead.
- Blanket placed
- If bradycardia persist:- anticholinergics  
atropine-0.5mg or max 3 mg



# TREATMENT

- Immediately stop any dental treatment going on
- Loosen tight clothing
- Place the patient in head low position With lower limb elevated (**trendelenburg position**)
- monitor pulse
- If pulse is normal
  - Sprinkle cold water
  - Carry a gauge dipped in aromatic spirit of ammonia close to patients nostrils
- If bradycardia
  - Injection of **atropine** 6mg i.v.
  - Injection of **mephentramine** 10-30 mg i.m.
- If patient is still not responding support respiration (start oxygen)

