

## **Cold Therapy: Psychological or Real Benefits?**

Last Saturday evening at 10:15 P.M. my answering service paged me. “Call Ms. \_\_\_\_\_. URGENT!! When I called my patient she said, “Sorry for calling you so late; but I forgot to ask you yesterday, should I use ice to my face to prevent swelling? “Yes, I said”, but wondered does it make a difference. Cold has long been said to help control inflammation, pain, and edema and to facilitate movement. It was hypothesized that applying cold facial packs after third molar surgery would minimize facial swelling, pain, and trismus more effectively than not applying ice. Immediately after oral surgery I provide the “instant ice packs” for my patients and they tell me that they had less swelling than their friends. So it must help. Right?

An Internet search led me to a recent study, which compared two groups of patients undergoing the removal of bilateral impacted third molar teeth under general anesthesia. Using random assignments, facial ice therapy was applied bilaterally during the first 24 hours after surgery in one group. The second group received no form of cold therapy. The ice packs were applied within 15 minutes of completing the surgery and used continuously by the patients for 24 hours. Measures of post-operative pain were obtained hourly for 4 hours, later that evening, as well as the next day. Preoperative degrees of facial swelling and trismus were compared with the findings 24 hours after surgery.

**RESULTS:** Both groups had their highest level of pain 1 hour postoperatively, than levels gradually declined over the next 4 hours after surgery. The levels of pain, degree of facial swelling, and mouth opening ability measures did not differ significantly between the two groups. Interestingly, the patients’ *subjective* perception of postoperative pain and discomfort after surgery differed significantly between the two groups. *Sixty (60%) per cent of those patients receiving the icepacks rated the control as excellent in comparison to only twenty seven (27%) per cent of those patients not receiving ice therapy.*

**IMPRESSIONS:** Contrary to expectations, no significant differences in swelling, pain, or trismus was noted between the two groups. *Ice may not reduce pain and swelling; but perhaps should still be used on behalf of your patient because of the perceived subjective benefits.*

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