

What is Conscious Sedation?

A very small needle is placed into a vein in the hand or arm. The sedationist administers one or more drugs into the vein. The amount of drug varies according to the individual patient's needs and weight. This produces a sedation lasting between 1-1.5 hours. It is accompanied by local anaesthetic injected to the area being treated and this is the main reason why the patient will not feel any pain during the treatment.

This type of sedation is very effective and leaves most patients slightly sleepy for the rest of the day. It produces excellent amnesia (loss of memory of the events during the procedure) and this means normally the patient feels that the time spent under sedation was shorter than it actually was.

Conscious sedation is **not** a replacement for general anaesthetic. At no time is the patient unconscious during the procedure, and will respond to command from the clinical staff and may even hear the conversations taking place. This may not be recalled afterwards due to the amnesia.

The patient is constantly monitored throughout the procedure to ensure the optimum level of sedation is achieved.

Certain patients are not suitable for this type of treatment. Some patients will be able to remember some of the treatment received. This is not detectable beforehand and will only become apparent once the procedure starts.

Please ask your dentist or sedationist, should you need any more information.

I have read and understand the above.

Signed _____

Name _____

Date _____

If this information was mailed to you, please sign and return it on the day of your appointment, together with your medical history form.

ADVICE & INFORMATION FOR PATIENTS **UNDERGOING TREATMENT UNDER SEDATION**



PLEASE READ THIS DOCUMENT CAREFULLY

1. PRE-TREATMENT PREPARATION

DO NOT have anything to eat, drink or smoke for 4 hours before your appointment time.

If you are diabetic have a light meal 2 hours prior to appointment eg: Tea & Toast.

Please also test your blood glucose levels 1 hour prior to treatment.

Please do not starve for prolonged periods, because it may make you feel unwell.

The only exception to this rule is for medicines, take all medicines as normal with a small amount (50ml) of water only.

Please inform the clinic of any medication or drugs taken.

Please **wear loose clothing** so that we can apply the routine monitors to watch you blood pressure, breathing, pulse and heart etc. **Resist heavy make up**, apply none if possible. **Avoid lots of jewellery. Wear sensible shoes** as you may be unsteady on your feet following the sedation (no high heels).

2. RECOVERY AND RETURN TO WORK

We **HAVE** to advise patients that a **MINIMUM of 24 hours** is required for you to get over the effects of sedation. However well you feel, within that time you should **NOT**:

- * Drive a vehicle * Operate machinery * Do any exercise etc * Cook (including handling boiling kettles)
- * Sign legal or important documents * Look after children * Use telephone.

When you feel well enough to go out, then **be escorted**. This should offer a reasonably safe margin. It may mean you having to have the next day off work or school.

ALCOHOL: The effects of alcohol will be much greater whilst you have an anaesthetic drug left in your body. We suggest you avoid it **ENTIRELY** for at least 12 hours. You may feel perfectly well but your reactions will not be as good as normal.

DRIVING: within this period is classed as driving under the influence of drugs, and will be treated as such by the police and the courts. We are also advised that your insurance may be void in these circumstances.

3. ESCORTS AND AFTERCARE

Escorts must remain on the premises at all times.

You must be accompanied by a responsible adult, who will be able to look after you. We **cannot** begin treatment until that responsible person is present in the clinic (in case they are unavoidably delayed). **It is better if neither the carer nor the patient has the additional responsibility of, say, small children**, as the responsible person needs to be able to concentrate their care on you, and get you home safely. In case of children it is advisable to have a second person to look after the child if they have to drive. This will avoid any distraction.

Because of the residual effect of sedative drugs, you are a hazard to yourself (and others) on the street in the immediate post treatment period. We therefore insist that you can either arrange to be driven home, or take a taxi home with your escort. You will not be allowed to go home via public transport.

For your own safety you need someone responsible in the house with you for a **minimum** of 12 hours, certainly until you feel fully recovered, and preferably for 24 hours. Remember that because your reactions may be blunted, you should avoid hazardous task for 24 hours (see above).

PLEASE FEEL FREE TO ASK THE DENTIST OR DOCTOR ANY QUESTIONS

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4. PAYMENT

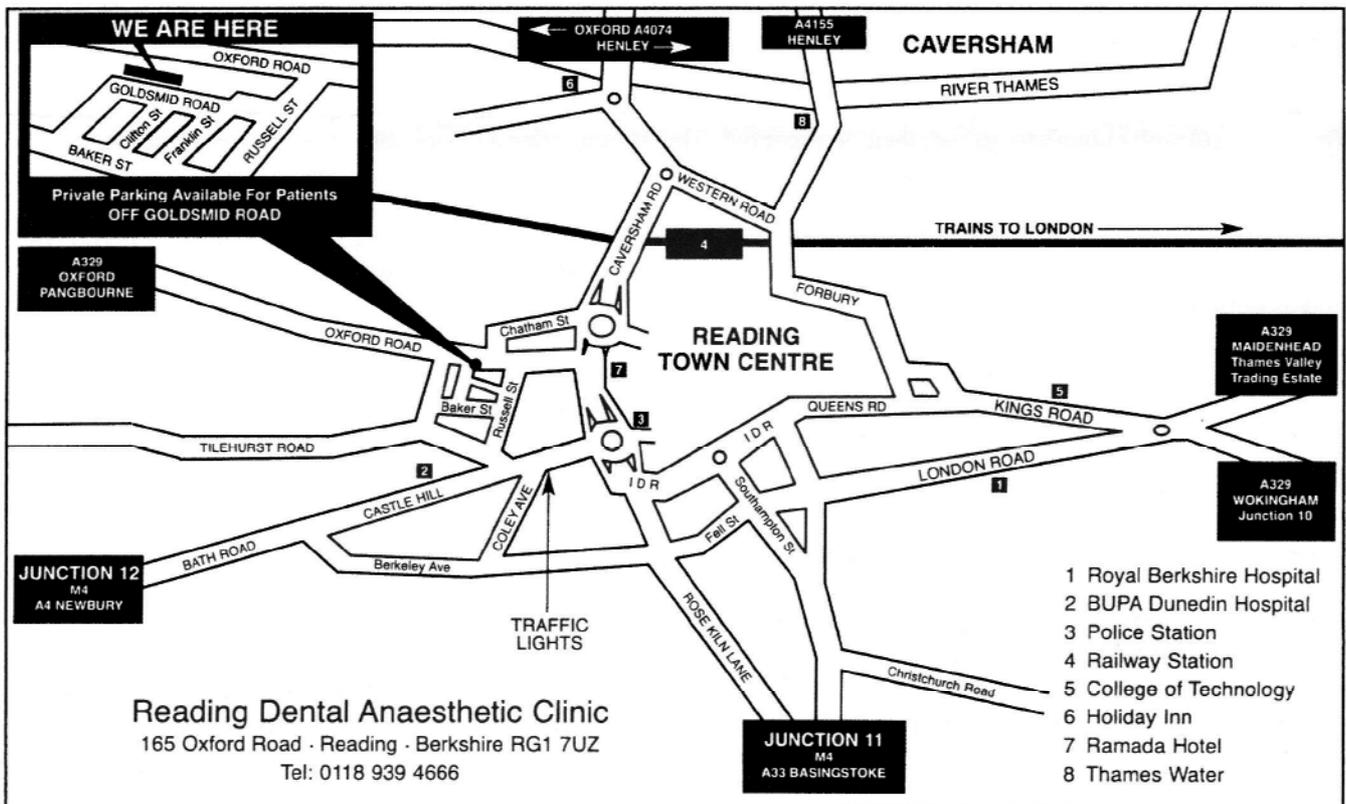
1. There will be **NO** charge for exempt NHS patients that are referred from an NHS dentist claiming benefits, eg: Income Support, Family Credit, Under 18's, Job Seekers Allowance, Nursing Mothers etc.
2. All paying patients will have to pay **IN FULL BEFORE** commencement of treatment.
3. There **WILL** be a charge if less than 24 hours is given for a cancellation or if a patient fails to attend an appointment.

FAILURE TO ATTEND POLICY

- Any patient failing to attend **ONE** appointment, or give less than 24 hours cancellation notice will not be routinely offered another appointment.
- Should this happen **TWICE** no further appointments will be offered, and patients will be referred back to their own dentist for further treatment. No further referral will be accepted.

VISIT OUR WEBSITE ON www.readingdental.co.uk

HOW TO FIND US



Consent for Treatment under Sedation

Patient details:

Surname _____

Forenames _____

Address _____

Contact Tel No's. _____

Date of Birth _____ Age _____ Weight _____ Sex: Male Female

PATIENT / PARENT / GUARDIAN

- Please read this form carefully
- If there is anything that you don't understand about the explanation, or if you want more information, you should speak to the dentist or the doctor
- Check that all the information on the form is correct
- ➔ I am the patient / parent / guardian
- ➔ I agree to what is proposed and which has been explained to me by the doctor / dentist named on this form to the use of the type of anaesthetic that I have been told about
- ➔ I understand that any procedure in addition to the treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told the doctor or dentist about any additional procedures that I would NOT wish to be carried out straightaway without my having the opportunity to consider them first.

Signature _____ Date _____

Name and address (if the person signing is not the patient): _____

Dentist doing treatment Dentist's name

DESCRIBE THE OPERATION, INVESTIGATION OR TREATMENT

I confirm that I have explained the treatment and the type of anaesthetic or sedation proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature _____ Date _____

CONFIDENTIAL MEDICAL HISTORY (PLEASE ANSWER ALL THE QUESTIONS)

Please look at the following list, and tick any of the conditions that might apply to you.

| 1. | Medical conditions | Yes | No | If YES please give details |
|------|---|-----|----|----------------------------|
| 1.1 | Heart attacks, angina, strokes? | | | |
| 1.2 | Rheumatic fever, heart "murmurs", heart operations? | | | |
| 1.3 | Been told you have a heart complaint? | | | |
| 1.4 | Do you have high blood pressure? | | | |
| 1.5 | Difficulty with breathing, or lung operations? | | | |
| 1.6 | Asthma or similar problems? | | | |
| 1.7 | Ever given systemic steroid treatment? | | | |
| 1.8 | Muscle problems (myopathy, dystrophy, paralysis)? | | | |
| 1.9 | Neurological (nerve) diseases ("neuropathies" MS etc)? | | | |
| 1.10 | Diabetes? | | | |
| 1.11 | Epilepsy (Fits or Convulsions)? | | | |
| 1.12 | History of Thrombosis or Embolism? | | | |
| 1.13 | Abnormal haemoglobin (sickle-cell, thalassaemia etc)? | | | |
| 1.14 | Do you bleed excessively from cuts or tooth extractions? | | | |
| 1.15 | Are you taking anticoagulant treatment? | | | |
| 1.16 | Gastro-intestinal ulcers or serious indigestion? | | | |
| 1.17 | Do you have any kidney problems? | | | |
| 1.18 | Jaundice, hepatitis, or liver problems? | | | |
| 1.19 | Allergies to medicines or tablets? | | | |
| 1.20 | Allergies to anything else? | | | |
| 1.21 | Severely over or underweight? | | | |
| 1.22 | Are you attending or receiving treatment from a Dr, hospital, clinic or specialist? | | | |
| 1.23 | ANY serious medical problems ever? | | | |
| 1.24 | FEMALE PATIENTS: are you, or might you be pregnant? | | | |

2. Major operations,

Yes

No

if YES please state what operations:

3. Are you taking or receiving any tablets, medicines, or treatments now?

Yes

No

if YES please write them down here:

4. ANAESTHETICS: if you have had a general anaesthetic, however simple, we need to know how long ago it was: MORE THAN ONE YEAR? or: HOW MANY MONTHS AGO? _____ or NEVER?

Have you or any member of your family ever had a reaction of any sort to anaesthetics? Yes No

if YES describe what happened:

5. Inoculations / immunisations in the last 3 months?

Yes

No

Please say what and when

Yes

No

Please say why

Any further information Concerning your medical history. If there is anything that you would like to discuss with the doctor, but prefer not to write down please tick the box. You should at least tell the doctor if you drink regularly, smoke heavily or use other drugs socially or for pleasure.

Sedationist name: _____

I confirm that I have read this medical history, and undertaken any further questioning or examination as appropriate. I have explained to the patient the proposed method, and the options for anaesthesia and sedation available to them, in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature _____ Date: _____

Consent for Surgical Procedures and Root Canal Treatment

Warnings and Information for Oral Surgery

If the gum or other tissue has to be cut during your surgery, you may expect the following:

Bleeding - In most cases you may expect oozing for up to 24 hours. In rare cases, if heavy bleeding occurs you should contact the clinic.

Swelling - This can range from virtually nothing to severe (as in the case of wisdom teeth removal) but is highly variable. It resolves usually 7 days after surgery.

Pain - Do not forget that any surgery is accompanied with varying degrees of pain. Pain from wisdom teeth removal can often take up to 2 weeks to resolve.

Limited jaw opening - After surgery this is due to muscle spasm and usually resolves in a few weeks.

Numbness of the tongue, lip or chin - Two nerves are involved during the extraction of lower wisdom, posterior molar or premolar teeth. One is inside the jawbone next to the roots of the teeth, the other runs next to the jawbone. Where possible, these nerves will be located and protected. In rare cases these nerves may be bruised during the procedure resulting in tingling or numbness of the tongue, lip or chin. All nerves can take up to 18 months to recover. Should numbness occur, it may be permanent in **less than 1 % of cases**.

Displacement into sinus - Upper teeth are in close proximity to the maxillary sinuses and during an extraction, they can be displaced into these hollow areas, this however is rare. To remove them will require referral to hospital for a general anaesthetic.

Oro-antral Fistula - Some upper teeth have roots that protrude into the maxillary sinuses. After extraction, a hole between the mouth and the sinus may persist, 95% of these will heal spontaneously within 6 months. Those that do not will require further surgery to close the hole.

Apicectomies - These are not guaranteed to be successful. However, as a rule, the closer to the front of the mouth, the easier the procedure and there's a better chance of success.

Displaced fillings - During extractions, fillings or crowns in adjacent teeth in 20% of cases can become loose and will be removed for your safety. This stops the possibility of inhaling them whilst under the influence of sedative drugs. A temporary dressing will be placed to protect the tooth and you will need to visit your own dentist for the replacement.

These warnings apply to all surgical cases, but apart from bleeding, swelling and pain, these warnings are all VERY UNLIKELY TO OCCUR.

Warnings for Root Canal Treatment

- Root canal is a complicated treatment and may not be possible in some cases due to a number of factors, such as calcification of the nerve space, very 'curvy' canals inside the roots or extensive decay prior to the treatment.
- Due to the nature of the procedure, perforation through the side of the root is possible, but very unlikely and could result in losing the tooth.
- The files used for the treatment may separate (fracture) during the procedure, which may lead to extraction of the tooth. The chance of this happening varies according to the complexity and configuration of the nerves in the tooth.
- No root treated tooth can be guaranteed to last forever, although most do last very well long term. Future problems may occur, which may result in losing the tooth.
- Using the latest technology means the complications are minimized, but they cannot be totally ruled out.

I have read, understood and accept the warnings given.

Name: _____ Signature: _____ Date: _____