



The Hub Dental Practice

Intravenous Sedation



What Happens

The definition of conscious sedation as practiced in the UK is as follows:

A technique in which the use of a drug or drugs produces a state of depression of the central nervous system, enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. This definition describes a state of sedation and does not prescribe how this is achieved. There are a number of drugs which can be used in the process of sedation, either on their own or in combinations. The most commonly used sedatives are members of the benzodiazepine family of drugs. They are often combined with drugs such as opioids, which are both analgesic and also enhance the sedative effect of the benzodiazepines.

All dental treatments can be carried out under sedation. Intravenous sedation is very predictable and can be tailored to suit the specific needs of individual patients. The drugs are titrated to effect and therefore sedation is suitable even for the most anxious patients, including those who in the past had treatment done under general anaesthesia. It is also *very* suitable for longer procedures such as complicated crown and bridge work or implants.

During treatment patients tend to feel much more relaxed and are generally very comfortable with having dental treatment performed. As mentioned above the patient retains the ability to communicate with the dentist and respond to requests the dentist may have.

During longer procedures patients may even drift into a natural sleep due to their relaxed state. If needed the dentist can easily rouse them by speaking to them.

Most patients remember very little, if anything, of their treatment. The rate of distribution and elimination of the drugs used, varies, depending on the specific drug used, the length of the procedure, medical history and constitution of the patient and the interaction with other drugs taken by the patient.

After sedation patients tend to feel a bit drowsy and would usually choose to take a nap when they get home. Most patients will have fully recovered from the effect of the sedative drugs after six to eight hours. However, the literature mentions that it can take as long as 24 hours to clear your system and therefore patients are advised to avoid driving or using machinery etc. for 24 hours after their procedure. Besides drowsiness, other side effects are extremely rare.

Patients are required to be escorted home by an able bodied adult as their reaction time will be affected and there may also be a degree of memory loss during this period.

Before your sedation the anaesthetist will discuss your medical history with you and answer any questions you may have regarding the sedation.

By signing this form, I you are agreeing that you have read this description of sedation and have understood its contents and we have answered any questions you may have regarding the sedation.

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____



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Practice Consent Form For Treatment Under Sedation

We have made an appointment for sedation at this practice for the treatment outlined on the accompanying treatment plan

This treatment will be carried out with sedation with Dr Etienne Deysel. We have given you a separate consent form from Dr Deysel to sign (overleaf), as well as a treatment plan as well. We have also given you a leaflet on sedation.

Feel free to discuss with us the treatment itself, the choices and options available as well as why we made we are offering sedation and the other choice options instead of sedation.

I understand that any procedure in addition to what has been agreed will only be carried out if it is absolutely necessary and in my best interest and can be justified for medical reasons. I have informed the dentist about any additional procedures that I would NOT wish to be carried out straight away without the opportunity to consider them first. I have informed you on my medical history of any medical problems or allergies that I am aware of.

Signing this does not mean that you are obliged to have any treatment. It is simply an acknowledgement of the fact that you are aware of the appointment for sedation, and has been given an opportunity to ask questions and seek explanations about both the treatment and the sedation etc, and that you can change your mind and decline either/both the sedation and treatment.

Patients may cancel their appointment but please note that NO REFUNDS are given if appointments for sedation are cancelled once they have been made.

Feel free to contact us at any time in the future for more information etc.

Patients must understand that SEDATION IS NOT THE SAME AS A GENERAL ANAESTHETIC.

Patient having sedation are not asleep. A better way to describe them is being "drunk and high". All sedation patients are aware of what is happening, but they usually are in such a state of intoxication that they do not care.

Patients having sedation will still require anesthesia (a needle into the gum) to give pain relief during treatment

Patients often have no memory of what happened afterwards, ("drunk and high"), but this not always the case.

If a patient does not want to feel any pain, not have a needle, nor remember anything at all then they should not have sedation but ask instead for a referral for General Anesthetic.

Patient's Signature Date

Name

Home number Mobile Number Email Address

Address

(If you are not the patient)

Name Signature Date

Relationship

Address



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Dr Deysel's Consent Form For Treatment Under Sedation

Dr Etienne Deysel
 MBChB (Pret) PDD.Sed (Stel)
 GMC no. 4562333

7 Vache Lane
 Shenley Church End
 Milton Keynes

Home: 01908 524744
 Mobile: 078 5580 7493

Dr Etienne Deysel's Consent Form For Treatment Under Sedation

I am the patient / parent / guardian (delete as appropriate)

I understand the definition of intravenous sedation as explained to me by Dr Deysel.

I agree to the proposed dental treatment and request that it be performed under sedation.

I understand that any procedure in addition to what has been agreed will only be carried out if it is absolutely necessary and in my best interest and can be justified for medical reasons.

I have informed Dr Deysel of any medical problems or allergies that I am aware of.

I have informed the dentist about any additional procedures that I would NOT wish to be carried out straight away without the opportunity to consider them first.

Patient's Signature Date

Name

(If you are not the patient)

Name Signature Date

Relationship

Address

.....
 Dr Etienne Deysel