

## **INSTRUCTIONS TO PARENTS OF PEDIATRIC PATIENTS WHO ARE TO RECEIVE OUTPATIENT GENERAL ANESTHESIA FOR DENTAL TREATMENT**

**GENERAL:** It is important for your child's safety that you follow these instructions carefully. Failure to follow these instructions could result in serious complications or even death. If you are unsure of our recommendations, we always encourage a second professional opinion.

**GENERAL ANESTHESIA:** This renders your child completely asleep. This would be the same as if he/she was having their tonsils removed, ear tubes or hernia repaired. This is performed in a hospital or surgical setting only. While the assumed **RISKS** are greater than that of other treatment modalities, if this is suggested for your child, the benefits of treatment this way have been deemed to outweigh the risks. Most pediatric medical literature places the risk of a serious reaction in the range of 1 in 25,000 to 1 in 200,000, far better than the assumed risk of even driving a car daily. The inherent risks if this is not chosen are multiple appointments, potential for physical restraint to complete treatment and possible emotional and/or physical injury to your child in order to complete their dental treatment. The risks of **NO TREATMENT** include tooth pain, infection, swelling, the spread of new decay, damage to their developing adult teeth and possible life threatening hospitalization from a dental infection.

**CHANGE IN HEALTH:** Please notify us of any change in your child's health. Do not bring your child for treatment with a fever, ear infection, or cold. **If your child becomes ill, please call** the office immediately and reschedule the appointment. We will contact the hospital for you. A 24-hour notice will allow us to schedule another needy child.

**EATING AND DRINKING:** To avoid complications and nausea, **DO NOT** allow your child to eat or drink prior to the surgery. The following dietary schedule **MUST** be followed:

1. **NO** milk or solid food after midnight prior to the scheduled procedure. This means **NO BREAKFAST**.
2. Clear liquids **ONLY** (water, apple juice, Gatorade):
  - up to 4 hrs. prior to the procedure (children less than 3 yrs. old)
  - up to 6 hrs. prior to the procedure (children 3-6 yrs. old)
  - up to 8 hrs. prior to the procedure (children older than 6 yrs. old)

**MEDICATIONS:** Give your child only those medications that he/she takes routinely such as seizure medications, antibiotics, or other medications prescribed by your child's physician. **DO NOT** give any other medications before or after treatment without checking with our office.

**ARRIVAL AT THE HOSPITAL:** Allow enough time to arrive at the hospital/surgical center on time. The hospital will notify you with the appointment time. A parent or legal guardian **MUST** accompany your child for all appointments. **DO NOT** bring any other children with you to your child's appointment. He/she will require your full attention prior to and following treatment. Please dress your child in loose fitting clothing. A monitor may be placed on your child's finger or toe, so please remove any toe/fingernail polish prior to the appointment. It is the hospital/surgical center's decision whether or not to allow one parent back during the induction (initial delivery) of anesthesia. You will however be required to remain in the waiting room during treatment.

**DURING TREATMENT:** The anesthesiologist will place a special breathing tube, IV and monitors to maintain the anesthetic. This will be done once your child is safely asleep. This allows the anesthesiology staff to carefully monitor your child while Dr. Moran and/or Dr. Brooks performs the dental treatment.



**AFTER TREATMENT:** Once the dental treatment is complete, the anesthesiologist will remove the breathing tube and discontinue the anesthetic. Even though treatment is complete, it may be 15-30 minutes before your child is moved to the recovery area to see you. You and your child will remain in the recovery area until he/she is awake, alert, and can sit up unaided, and move with minimal assistance. Because all treatment was completed in one visit, expect a small amount of bleeding/redness from the gums around the teeth that were fixed or removed. It is also common for the lips to be swollen, have a slight fever and complain of a sore throat. This is all normal and should stop within 12-24 hours. Some nausea is also expected. Your child should experience only minor discomfort, if any, as a result of the dental treatment. You will also be given a detailed list of "POST-OP INSTRUCTIONS" following treatment and an emergency contact number if needed.

**RETURNING HOME:** Your child **MUST** be supervised by a responsible parent or legal guardian. He/she should be closely observed for breathing difficulty and carefully secured in a car seat or by a seat belt during transportation.

**ACTIVITIES: DO NOT** plan or permit activities for your child after treatment. Allow your child to rest. Closely supervise any activity for the remainder of the day.

**DRINKING/EATING FOLLOWING TREATMENT:** Be sure that your child starts to drink liquids as soon as you leave the hospital. This will prevent dehydration. We suggest that the first drink following treatment is plain water. Clear liquids such as apple juice or Gatorade are preferable next. Small drinks are better than allowing your child to fill up all at once. Feed your child a light, normal diet when he/she is ready.

**TEMPERATURE ELEVATION:** Your child's temperature may be elevated to 101 degrees F / 38 degrees C for the first 12-24 hours after treatment. Give Tylenol or Motrin/Advil pain relievers if needed every 4-6 hours and encourage drinking to alleviate this condition.

**SEEK ADVICE:**

1. If vomiting persists beyond 4 hours or occurs greater than 3 times.
2. If the temperature remains elevated beyond 12-24 hours or goes above 101 degrees F / 38 degrees C.
3. If there is any difficulty breathing
4. If there is any persistent bleeding.
5. If any other matter causes concern.

**CANCELLATION POLICY:** A \$200 deposit is required before scheduling the surgery and will be applied to the treatment. If the hospital staff cancels the appointment because the patient has eaten/drank against instructions, you have failed to follow the directions outlined above, or if you fail to show for the appointment, the appointment will be rescheduled. If this occurs, the deposit is non-refundable will be applied to the entire "Hospital Call" fee to be charged i.e. \$200 deposit + additional \$200 for total charge of \$400. Also, if you cancel without 48-hour notice, the appointment will be rescheduled and the deposit forfeited. An additional \$200 deposit will be required to re-schedule. Significant preparation and time is required to treat your child on an outpatient basis. **Please address all questions and/or explain the procedure to dad/mom if they were not present at the initial visit BEFORE the day of treatment.** This allows the appointment to run smoothly and is in the best interest of your child.

**FUTURE RISK FOR DECAY:** A recent study has since confirmed our observations that preschool children who develop decay at an early age and required treatment with outpatient general anesthesia are at high risk for future cavities. The study suggested that 8 out of 10 children (79%) developed new cavities within 2 years after all the treatment was completed and that almost 2 out of 10 (17%) required additional outpatient treatment. For this reason, we recommend that all children who receive treatment with general anesthesia return for periodic examinations, cleaning and fluoride treatments 4 times per year for the next year after treatment.

The information contained in **"INSTRUCTIONS TO PARENTS OF PEDIATRIC PATIENTS WHO ARE TO RECEIVE GENERAL ANESTHESIA FOR DENTAL TREATMENT"** has been explained to me including the **CANCELLATION POLICY**. I have been given a copy of these instructions to read before beginning the procedure. All my questions have been answered to my satisfaction regarding these instructions. I will follow these instructions and understand that failure to do so may be life threatening to my child. I understand the risks of general anesthesia to my child. The proposed treatment and alternatives to treatment, including **NO TREATMENT**, have also been explained to me including the option to seek a professional second opinion.

SIGNATURE: \_\_\_\_\_ RELATION TO PATIENT: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that I explained the above procedures to the parent(s) or legal guardian before requesting their signature.

DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_