Information For Patients Undergoing Intravenous Conscious Sedation

What is intravenous (IV) conscious sedation?

Intravenous conscious sedation is sometimes referred to as sleep dentistry, twilight sedation or procedural sedation. A small plastic tube (IV cannula) is placed in your hand or arm, and sedatives and pain-relieving medication are given directly into your bloodstream. The medications make you sleepy so you can go for a light nap. For most procedures, local anaesthetic will also be given inside your mouth so that your teeth and gums are numb and you will not feel pain. The sedative medication will take effect first so that by the time injections for local anaesthetic occur in the mouth, you will not be bothered or notice them.

Your memory and ability to keep track of time will become blurred. You may remember a little at the beginning or at the end of the appointment but generally not in the middle, unless your cooperation is required. You will not be paralysed during your appointment so you can respond or signal if you are in pain or in discomfort. You will be connected to monitoring equipment throughout your sedation appointment. You will be given supplementary oxygen through a small plastic tube that sits in your nostrils (nasal cannula).

Who normally considers conscious sedation?

Many patients are anxious or fearful about dentistry (dental phobia). Others have a strong gag reflex. Patients may have had unpleasant dental experiences including difficulty achieving anaesthesia. Often, it is more comfortable to be sedated for surgical procedures such as wisdom teeth extractions or dental implants. Sedation makes long procedures such as root canal treatment and crowns feel shorter and minimises multiple dental visits.

What are the benefits?

Patients who are otherwise anxious or fearful about dentistry can have their dental treatment completed in a comfortable and relaxed manner. Having dental treatment completed earlier rather than avoiding or postponing treatment, can result in easier and less costly treatment.

What are the risks?

Risks and complications regarding IV conscious sedation vary with each individual patient. For healthy patients, the risks and complications associated with sedation are minimal, but not zero. You need to inform us about any medical conditions, any medications or allergies to ensure you have a safe sedation.

Common risks and complications include bruising, tenderness, or swelling, near the site of the cannulation. You may also experience nausea, vomiting, dizziness, shivering, headache, sore or dry throat and lips, or feeling faint.

Uncommon risks and complications include an allergic reaction to medication or exacerbation of an existing medical condition, which may require transfer to a hospital. Rare risks and complications include a severe allergic reaction (anaphylaxis), heart attack, stroke, seizure, brain damage or death.

What are my alternatives?

Most dental procedures are performed under local anaesthetic alone; that is, you will be numb and will not feel pain, but you will be completely awake and alert. Nitrous (happy gas) or oral sedation may be available at your dentist and will make you feel relaxed and lightheaded; however, it is a lighter form of sedation compared with IV conscious sedation. General anaesthesia can only be done in a hospital setting. This option is often necessary for special needs patients, young children or elderly patients with complex medical conditions.

How do I pay or claim for sedation?

You can pay by cash, debit or credit card on the day of the sedation appointment. You can take the receipt to your private health fund to claim a rebate. Rebates are variable and depend on your health fund and level of cover. Item codes for sedation are 949, 928 and 942. You will not receive a rebate from Medicare.

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Before and After Sedation Instructions

Before Sedation Instructions

- You must have a **responsible adult** to accompany you after your sedation appointment.
- **Private car or taxi transport** must be organised; patients cannot travel home after sedation via public transport.
- **Solid food** may be taken **up to 6 hours** prior to your sedation appointment.
- You can only have **clear fluids** between 6 hours and 2 hours prior to your sedation appointment.
- **Clear fluids** may be taken **up to 2 hours** prior to your sedation appointment.
  - ✓ Clear fluids: clear apple juice, clear cordial, black tea (no milk), black coffee (no milk)
  - × **NOT** Clear fluids: cloudy apple juice, orange juice, milk-based drinks, jelly
- It is not recommended to fast longer than 6 hours for solid foods and 2 hours for clear fluids as it may lead to dehydration and low blood sugar.
- Your appointment may be **cancelled** if you fail to follow the fasting instructions.
- Do not smoke or drink alcohol for at least 24 hours before your appointment.
- If you feel unwell, have a cough or runny nose, notify your dentist and sedationist as soon as possible.
- Remove contact lenses before your appointment and wear regular prescription glasses.
- Take any prescription medicines with a small sip of water in the morning as normal, unless otherwise told by your sedationist.
- Notify your dentist and sedationist if there are any changes to your medications, medical history or general health.
- Wear warm comfortable clothing that allows easy access to your arms (e.g. **short sleeved t-shirt**).
- Wear **flat-heeled shoes** as you will be unsteady on your feet for a couple of hours following the sedation visit.
- Remove all makeup, jewellery and nail polish (one finger) before your appointment.
- For patients who are needle phobic, you can purchase Emla numbing patches from a pharmacy and place them on the inside of your elbow and the back of your hand 1 hour prior to your appointment.
- If you suffer from hay fever or nasal congestion, you can take your regular antihistamine medication or use nasal decongestant spray before your sedation appointment.

After Sedation Instructions

- Do not **drive a vehicle or operate machinery** for at least 24 hours.
- Do not make any important decisions or sign any legal documents for at least 24 hours.
- Do not consume alcohol or sleeping tablets for 24 hours following sedation as these may interact with sedatives that are still in your body.
- Have a responsible adult accompany you for the next 24 hours.
- Be careful with stairs and getting in and out of a car.
- Do not drink any hot liquids or eat any solid foods until local anaesthetic has worn off (about 2-3 hours afterwards). Appropriate food and drinks include ice cream, yoghurt, smoothie or other cold drinks.
- Take pain relief medication (Panadol and/or Nurofen) before local anaesthetic has worn off.
- You will be provided with separate post-operative instructions regarding your dental procedure.

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IV Dental Sedation Sydney

Medical History Questionnaire

Please return your completed medical history questionnaire via email within 2 weeks of booking your sedation appointment.

Patient Details

Patient Name:		Sex:
Address:		DOB:
		Age:
Phone:		Height (cm):
		Weight (kg):

Have you ever had general anaesthesia or sedation before?

☐ Yes. Please list any past hospitalisations or operations

☐ No

Year	Operation or Reason for hospitalisation

Have you or any close family members experienced any complications related to anaesthesia or sedation?

☐ Nausea / vomiting

☐ Dizziness

☐ Prolonged recovery

☐ Awareness or unpleasant experience

☐ Other

Do you or have you experienced any of the following issues?

General Health

☐ Chest pain

☐ Difficulty breathing

☐ Palpitations

☐ Fatigue

☐ Unintentional or sudden weight loss / gain >10kg

☐ I can get short of breath after climbing 2 flights of stairs (ground floor to first floor).

Head and Neck

☐ Nasal congestion / sinusitis

☐ Hay fever / seasonal allergies

☐ Strong gag reflex

☐ Difficulty swallowing

☐ Limited mouth opening

☐ Limited neck movement

☐ Neck and back pain

Mobility and safety

☐ Motion sickness or vertigo

☐ Vision loss / impairment (glasses or contact lenses)

☐ Hearing loss / impairment (hearing aids)

☐ Recent fall

☐ I am wheelchair bound and / or I have mobility issues.

☐ I live alone.

☐ I care for others, e.g. children, elderly, disabled.

Do any of the following statements about Obstructive Sleep Apnoea (OSA) apply to you?

☐ I have been diagnosed with sleep apnoea. Mild / Moderate / Severe

☐ I use a CPAP machine when I sleep.

☐ I have been told I snore when I sleep.

☐ I have been told I stop breathing when I sleep.

☐ I often feel tired during daytime.

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Have you had any issues during blood tests?
☐ Difficulty finding veins
☐ Needle phobia / Fainting
☐ Other

Have you had an allergic reaction or other adverse reactions to any medications, foods or allergens? Please describe reaction or treatment required.
☐ Latex
☐ Soy / Egg / Milk
☐ Penicillin
☐ Chlorhexidine
☐ Other: ____

Do you consume or have consumed any of the following?
☐ I prefer to discuss this in person or over the phone.
☐ Smoking / Ex-Smoker ___ cigarettes per day for ___ years
☐ Alcohol ___ standard drinks per day / week
☐ Recreational drug use

Are you pregnant (confirmed or suspected) or breastfeeding?
☐ Yes
☐ No

Do you have any of the following medical conditions?
☐ I do not have any medical conditions, listed below or otherwise.

☐ Heart murmur	☐ Diabetes	☐ Autoimmune disease
☐ Heart valve problems	☐ High / Low thyroid hormone	☐ Organ transplants
☐ Heart surgery / stent	☐ Hepatitis	☐ Cancer
☐ Pacemaker	☐ Cirrhosis	☐ Chemotherapy
☐ Angina	☐ Fatty liver	☐ Radiation therapy
☐ Myocardial infarction	☐ Impaired liver function	☐ Hepatitis B / C
☐ High / Low blood pressure	☐ Kidney stones	☐ HIV / AIDS
☐ Stroke	☐ Impaired renal function	☐ Tuberculosis
☐ Deep vein thrombosis (DVT)	☐ Dialysis	☐ Anxiety / Depression
☐ Transient ischemic attack (TIA)	☐ Gastric reflux	☐ Schizophrenia
☐ Asthma	☐ Stomach ulcers	☐ Bipolar disorder
☐ COPD / Emphysema	☐ Crohn’s disease	☐ ADHD
☐ Pneumonia	☐ Seizures / Epilepsy	☐ Psychiatric treatment
☐ Prolonged bleeding	☐ Migraines	☐ Osteoporosis
☐ Anaemia	☐ Parkinson's disease	☐ Joint operations
☐ Blood transfusions	☐ Glaucoma	☐ Other

Please use blank space on the next page to provide additional details regarding your medical condition such as year of diagnosis, status (current/past), and management plan (medications/surgery).

Do you see your GP or a specialist regularly for management of any medical condition?
☐ Yes. For multiple doctors, blank space is available on next page.
☐ No

Doctor Name			
Practice Address			
Phone		**Email**	

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Are you taking any medications? Include prescription, over the counter, herbal, and/or supplements. If you are taking many medications, please attach a list of your current medications from your GP

☐ I am not taking any medication including prescription, over the counter, herbal and/or supplements.

Medication	*Medical Condition*	*Dosage*	*Frequency*

Space for Additional Information

Patient Name	
Patient Signature Or Legal Guardian	
Date	

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IV Conscious Sedation Consent Form

Please initial each box below	This page can be completed on the day of sedation. Please arrive 15 minutes before your appointment time.	
	I have been informed and given the opportunity to ask questions regarding:	
	• the nature of intravenous (IV) conscious sedation,	
	• the risks and benefits of this form of sedation,	
	• the alternatives available,	
	• the BEFORE sedation and AFTER sedation instructions, and	
	• the medical history questionnaire.	
	I have made appropriate arrangements for a responsible adult to collect me from the dental practice and accompany me home.	
	Name	
	Contact Number	
	Relationship to patient	
	Notice Required	
	I have fasted appropriately as detailed in *Before and After Sedation Instructions* (Page 2).	
	Stopped solid foods at:	_______ AM / PM TODAY / YESTERDAY
	Stopped clear fluids at:	_______ AM / PM TODAY / YESTERDAY
	I have discussed with my dentist advantages and disadvantages of each treatment option. I understand this is the appropriate treatment. I hereby give consent for dental treatment to be performed under intravenous conscious sedation.	
	Dentist Name	
	Planned Treatment	
If the dental treatment can not be completed in the allocated time, I would prefer:		
	The remaining dental treatment to be completed in an additional sedation appointment. Interim measures such as temporary fillings or sutures will be used.	
	The remaining dental treatment to be completed under local anaesthesia during the recovery period (you will still be mildly sedated but additional sedatives will be not be given).	
Patient Name		
Signature of Patient or Legal Guardian		
Date		

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