

## Information and Consent

Have a good read through the information enclosed so you are fully aware of what is going to be involved with your sedation. Just a few key points to remember:

**Make sure you bring someone responsible with you** who has signed the consent form. They don't have to stay for the appointment but it would be useful to have their mobile or contact number so we can contact them if we finish a bit early or running a bit late. It's preferable to meet them before we start treatment.

**Make sure you aren't planning to do anything important** or something that involves responsibility **for the rest of the day** - most people go home after the appointment and have a pleasant snooze for a few hours

**Be honest on your Medical Form**, sometimes it's difficult to fill in these confidential forms with someone else close to you watching, especially if there is something sensitive in your Medical History. Things like recreational drug use are important for us to know about, they affect how easy it is to get you sedated. We won't be judgemental, just let us know confidentially beforehand.

Above all, **don't worry!** We won't do any dentistry on you unless you are really relaxed and ready to start.

We will go through these forms with you at your appointment if you have any questions at all.

Otherwise we look forward to seeing you very soon. With best wishes

**Name** .....

**Date of Birth** .....

**Name of Chaperone/Escort** .....

**Carer mobile number** .....

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have or medications that you may be taking could have an important interrelationship with the dentistry you will receive.

Thank you for answering the following questions as honestly as possible, if you need more privacy to go through this, please just ask us.

**Have you ever had IV Sedation before? If so, please give details**

**Are you undergoing any doctor or hospital treatment at the moment?**

**Do you have any allergies?**

**Do you suffer from Sleep Apnoea? If so, do you have a CPAP machine?**

**Do you regularly take Cannabis or any other recreational drug?**

**Do you have any Chronic Health Condition that requires regular medication?**

**Do you take medication for Depression / Stress / Anxiety**

**Have you ever had a problem following Sedation, General or Local Anaesthetic (in dental setting or in hospital)?**

**Is there a possibility you may be Pregnant?**

**How many units of alcohol would you say you drink per week?**

**What is your approximate weight?**

**Have you ever had any serious illness not previously discussed?**

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental practice of any changes in medical status.

**Patients Signature** ..... **Date** .....

## **Consent For Intravenous Conscious Sedation**

You have chosen I.V. Conscious Sedation for your Dental Work. This sedation will be a conscious sedation where you maintain your protective reflexes however, you will be less aware of your environment and of any discomfort. We will of course make sure you are thoroughly numb but anxiety will be greatly reduced anyway.

The drug used is Midazolam. . For complex surgery we sometimes use Paracetamol and Dexamethasone (a steroid) to help with discomfort and swelling. Please let us know if you are unhappy with us using any of these drugs.

**Patients under IV sedation are not completely asleep but are very very relaxed. It is not a General Anaesthetic.**

Amnesia is extremely common and towards the end of the procedure you may be more aware of what is happening. Thankfully you will be still very relaxed and we will monitor to you throughout to make sure you are comfortable.

### **Risks**

- Nausea and vomiting. (very low risk)
- Bruising or tenderness of the veins or vessels into which the medications are placed (medium to high risk).
- Slower Breathing. (low risk)
- Extremely remote possibility that complications may require transport to a hospital for treatment.

### **Alternatives**

Local Anaesthetic only or Relative Analgesia (gas and air requiring referral). General anaesthesia administered by an anaesthetist in a Hospital setting. This may involve additional cost, arrangements and lab work other than what has been required in the dental practice setting.

## Before Surgery

- You can eat normally.
- Report to the practice any recent changes in health or any onset of symptoms of sickness, especially fever or respiratory illness such as colds or flue like symptoms.
- Take prescribed medications with a sip of water unless previously instructed otherwise.
- Wear loose, comfortable clothing.
- Remove all jewellery and leave at home.
- A responsible adult (18 years or older) must accompany you, be accessible to the practice during surgery and available to drive you home.

• Failure to comply with these instructions may result in cancellation of surgery.

## After Surgery

• Arrange for a responsible adult (18 years or older) to come with you, drive you home and stay with you for at least six hours after surgery. Do not use a taxi!

• Call the practice if you have any questions or concerns.

I hereby consent to and authorise that sedation be administered. I understand that Dr Nadim Safdar will be carrying out the sedation and the dentistry will be carried out by my usual dentist. If the dental work involves Implant or reconstructive work, it may be carried out by Dr Nadim Safdar.

I consent to paying for the treatment **before commencement** so that I am not paying whilst under the influence of the sedation.

I certify and acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the anaesthesia service and that all of my questions have been answered fully to my satisfaction. I understand the treatment that I am having done today, I have had the risks explained to me and the alternative treatments I could have, to my satisfaction.

I understand that there are rare circumstances where the planned treatment may have to altered during the procedure, e.g. when placing a filling, it may be that the decay goes too deep or there is a crack in the tooth. I give my consent for remedial work to be carried out to stabilise the situation. so that the situation can be discussed later. Tooth removal will not be carried out unless prior consent is reached with yourself.

Your Signature ..... Date .....

## Consent for Responsible Person

Thank you for agreeing to help the patient after the sedation session. Could you please read the document below to give you some basic do's and don'ts when looking after the patient.

Please arrive with the patient and it is preferable if you could stay for the session or be contactable and within easy reach.

### After IV Sedation:

- No alcohol until the next day.
- Walk with crook of your elbow around the crook of the patient's elbow. No other way is secure enough
- Be careful of stairs up to and inside of your home. Do not allow the patient to negotiate them on his/her own. Always walk behind the patient when ascending stairs.
- Do not discuss anything important on the way home. Do not sign any documents. The drug used for sedation causes temporary amnesia and your charge simply won't remember most of any conversation you may have on the way home.
- Do not let the patient use heavy machinery or DIY tools, boil kettles or attempt to cook!
- Do NOT let the patient drive until the next day.
- Do not let the patient wander out into the garden or the street unaccompanied

It is usually preferable to put the patient in the living room at home in front of the TV where he/she will most likely fall asleep and where you can keep a close eye without having to run up and down the stairs all the time.

I agree to the above advice given.

**Signed by Responsible Adult** ..... **Date** .....