

Anaesthesia and sedation for dental and oral surgery

Dr Stuart Keynes BE(Hons) BMBS
FANZCA

Specialist Anaesthetist



pulse
anaesthetics





Hospital vs In Rooms

Where should the procedure be
done?

What can be provided in rooms?

- Anxiolysis
- Analgesia
- +/- Amnesia
- Conscious sedation
 - Midazolam
 - Fentanyl
 - +/- Propofol



What equipment etc?

- On site Equipment
 - Oxygen and pharyngeal suction at site
- Anaesthetist/On site
 - Monitoring equipment
 - Airway equipment
 - Drugs (incl. emergency)
 - Defibrillator
- Other requirements
 - Suitable space and access
 - Recovery nurse



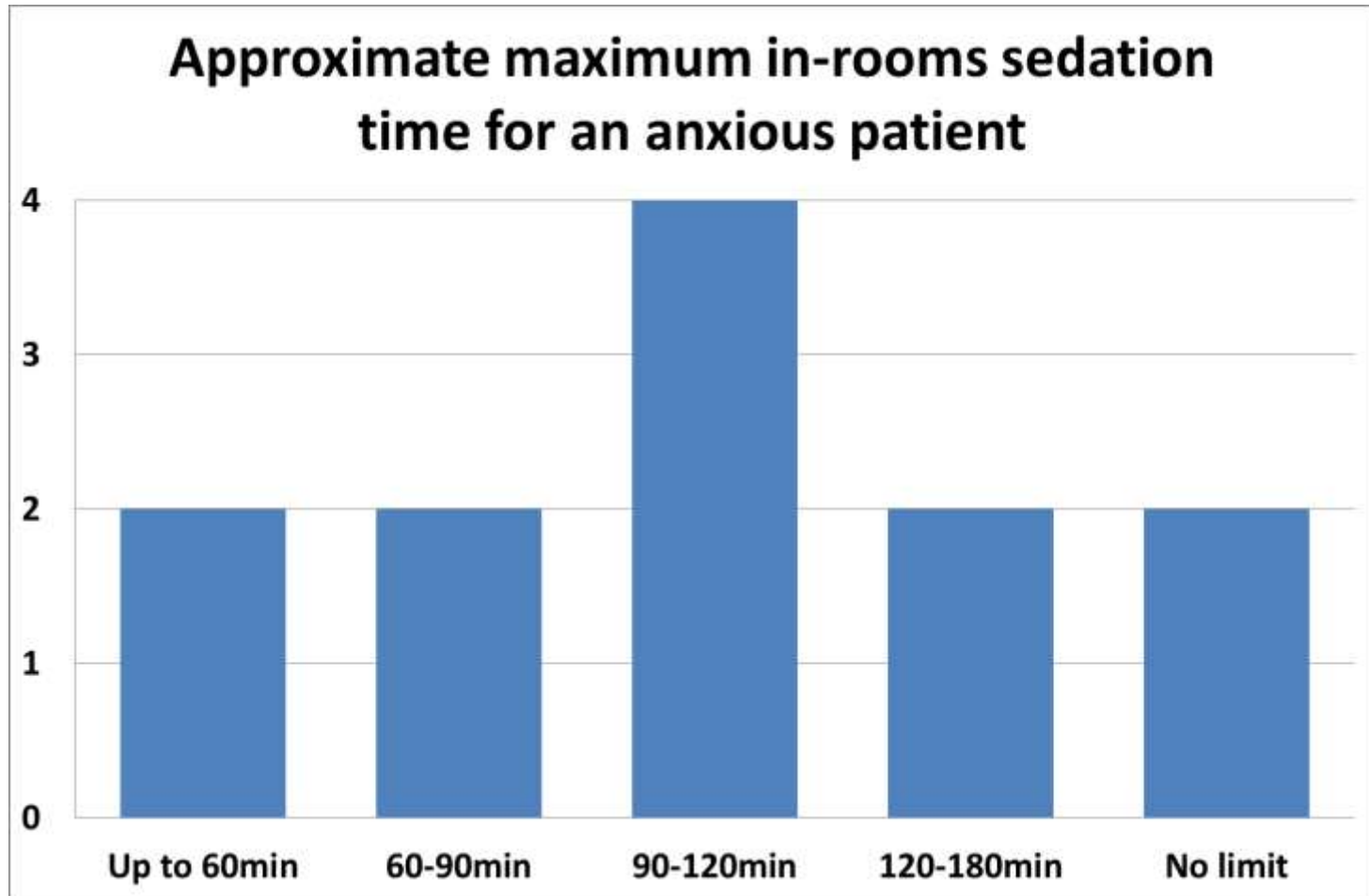
Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures

What is suitable for in rooms sedation?

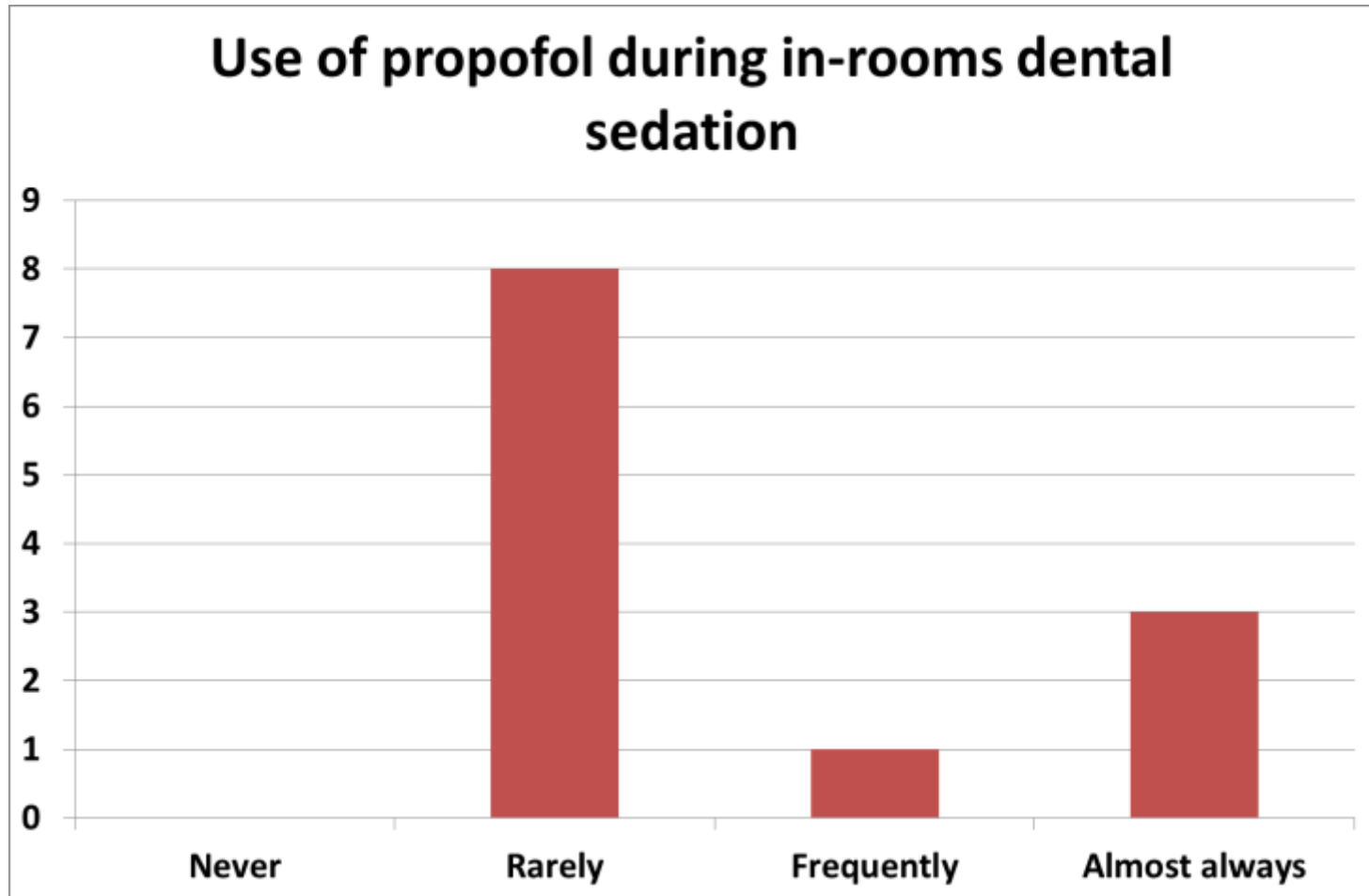
- Procedure factors
 - Length
 - Manoeuvres, dental props etc



Poll of Pulse Anaesthetists



Poll of Pulse Anaesthetists



What is suitable for in rooms sedation?

- Procedure factors
 - Length
 - Manoeuvres, dental props etc
- Patient factors
 - Medical status
 - Mental status!
- Surgeon factors
 - How fast?



Identifying the medically suitable patient

The ASA score

- 1 – Healthy patient
- 2 – Mild systemic illness
- 3 – Severe systemic illness
- 4 – Severe systemic illness that is a constant threat to life
- 5 – Moribund patient not expected to survive without the operation
- 6 – Brain dead patient, organ donation

The ASA score



Preparing your patient

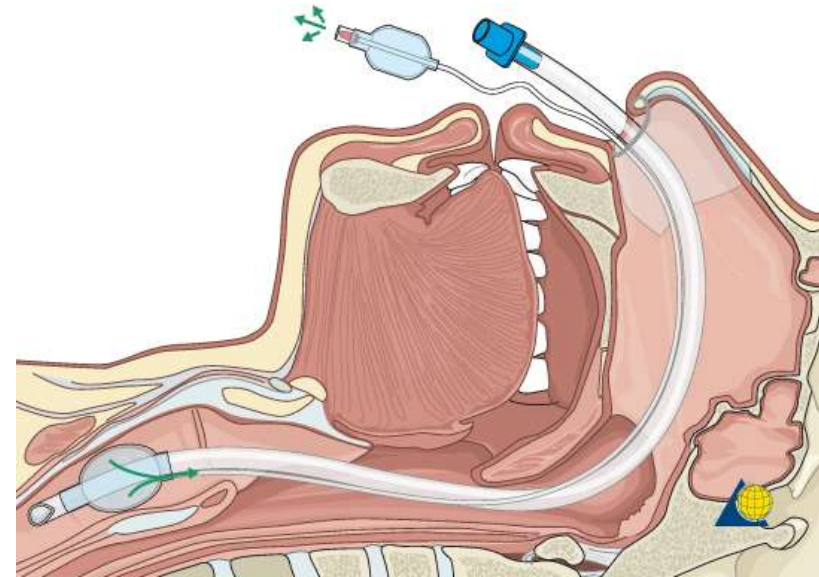
- Fasting
 - No solids for 6 hours prior
 - Clear fluids up until 2 hours prior
- Medications
 - Default should be to continue at usual times
 - Targeted cessation or altered administration of drugs that impact bleeding and blood sugar control

What can in-hospital procedures offer?

And what are the problems?

In-hospital procedures

- Anaesthetic
 - 100% patient cooperation
 - Positioning
 - Greater physiological control
- Post-operative
 - Monitoring, eg bleeding
 - Analgesia and anti-emetics
- Problems
 - Availability
 - Equipment



Take home points

- Conscious sedation can be undertaken safely in your rooms with the right patient, procedure, and equipment
- The ASA score is a simple tool to stratify risk and identify patients that need referral prior to the procedure
- No solids for 6 hrs, then nothing but water until 2 hours before, BUT
- Continue their meds unless a good reason not to!

References

- ANZCA 2014; PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures;
- ANZCA 2010; PS15 Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery;
- Saklad M. Grading of patients for surgical procedures. *Anesthesiology*. 1941;2:281–84. <http://journals.lww.com/anesthesiology/toc/1941/05000>.
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- Prause G1, Ratzenhofer-Comenda B, Pierer G, Smolle-Jüttner F, Glanzer H, Smolle J.; Can ASA grade or Goldman's cardiac risk index predict peri-operative mortality? A study of 16,227 patients.; *Anaesthesia*. 1997 Mar;52(3):203-6.
- Menke H , Klein A , John KD , Junginger T; Predictive value of ASA classification for the assessment of the perioperative risk; *International Surgery* [1993, 78(3):266-270]
- Mak, P H K; Campbell, R C H; Irwin, M G.; The ASA physical status classification: Inter-observer consistency; *Anaesthesia and Intensive Care* 30.5 (Oct 2002): 633-40.