General Anaesthesia for Dental Treatment

This information is for patients, families, guardians, carers and advocates.

For further information about your general anaesthetic or appointment please call:

Dental treatment involving fillings and simple extractions can often be carried out using injections to numb the mouth, sometimes with sedation to help you feel more comfortable.

A general anaesthetic may be the only option for some young children or people who cannot cope with routine dental.

What is a general anaesthetic?
• a state of controlled unconsciousness
• anaesthetics are the drugs (gases and injections) used to start (induce) and maintain anaesthesia.

When the treatment or operation is completed, the anaesthetic ends and you ‘wake up’, regaining consciousness.

Who gives the anaesthetic?
Anaesthetics are only given by a specially trained anaesthetist who stays with the person during the operation and carefully monitors them. They are experts at looking after anaesthetised patients.

Before the Anaesthetic

What should I tell the person having the treatment about the anaesthetic?
It will depend on the age of the person and their level of understanding. Do ask medical staff for advice.

What should I do if the person having the treatment is unwell?
If they have a cough, cold, running nose or are not well, it may not be possible to go ahead with the anaesthetic and operation. If this is the case, do contact us preferably at least the day before to discuss as your appointment may need to be rearranged. If we know in advance it means another person can be offered treatment instead.
Why is it important for the person not to eat or drink before the anaesthetic? (‘Nil by mouth’). To prevent the risk of vomiting.
It is vital those due to have treatment do not have anything to eat or drink for a certain period of time prior to their appointment. This includes sweets or chewing gum, these fill the stomach with saliva and increases the risk of vomiting.
Food or liquid in the patient’s stomach during the anaesthetic could result in choking or serious lung damage.
Specific instructions will be given as to when the patient must stop eating and drinking, depending on their appointment time. It is essential these are followed.

The Anaesthetic

How will the anaesthetic be given?
In one of two ways:
• Either as an anaesthetic gas inhaled through a face-mask, or a small mask placed over the nose or
• an injection through a canula. This is a thin plastic tube which is placed, using a needle, into a vein on the back of the hand or arm. Once a cannula is in place, the needle is removed.

Can I choose how the anaesthetic is given?
The anaesthetist makes the final decision, after discussion with you and the person having the treatment. Treatment will only take place if you understand and agree with the procedure and give your consent.
If the person having the treatment has had an anaesthetic before and would like to ‘go to sleep’ in the same way, or alternatively, has had an unpleasant experience, please tell the anaesthetist.

Can I stay with the person while the anaesthetic is given?
We encourage a parent, relative, guardian or carer to stay with the person having the treatment until they become unconscious. The anaesthetic can often be given to young children while they are on your lap.
Once it takes effect and the patient is unconscious, the child is transferred to the trolley.
You will then be asked to return to the waiting room.

Can I be there when they regain consciousness?
Once the operation is over, the patient is taken to the recovery area where a nurse will look after them.
Once the patient has responded to the nurse’s voice, you will be able to join them.

What will the person feel like?
They may be confused and cry when they wake up. Pain relieving drugs are usually given in the operating theatre as injections or suppositories.

Afterwards

How soon will they be able to go home?
This will depend on the time of their operation and how long it takes for them to recover. Nursing staff will let you know when the person can go home. Plan to be there for the whole, morning or afternoon session.

After-effects
It is common for people to feel dizzy and nauseous for a few hours and if blood has been swallowed, they may be sick. Pain and discomfort will depend on the treatment carried out and you will be given instructions on what is advised as well as what pain relief has already been administered.
In general, allow 48 hours before planning a return to school or day centre.
A child may be unsteady on their feet, so bicycle riding is not advised for at least 24 hours after anaesthetic. If teeth have been extracted, avoid swimming for at least the following week.
Risk and Safety

Why does treatment involving a general anaesthetic need to take place in hospital?
General anaesthetics for dental treatment may only be given in hospital where all appropriate safety facilities are available. General anaesthetics cannot be given at your dentist's surgery.

How safe is general anaesthesia for dental treatment and what are the risks?
With modern anaesthetics, risks are minimised. Serious problems are uncommon, though any anaesthesia carries a small risk. When a patient is fit and healthy and the operation is a small one, as most dental operations are, the risk of a life-threatening problem is about 1 in 400,000. It is much less than that of being seriously injured in a road accident. For the last 10 years there have been no local incidents to report linked to dental procedures.

If the person due to have dental treatment has serious medical problems they may need to be admitted to the hospital before and after the operation and would not be suitable for a general anaesthetic on a day-stay basis. Pre-assessment will enable the anaesthetist to decide on their suitability and alternative arrangements if they need to be made.

Possible complications of planned dental treatment
• **Bleeding** after extractions: sometimes the sockets are packed to control this and occasionally may be sutured. You will be advised about this at the time.
• **Infection**: can occur if the blood clot is lost early in the healing process and can happen within after the extraction. It results in pain and a bad taste in the mouth and it's wise to contact the dental team.
• **Broken teeth**: you will be advised if a fragment of tooth is left, which is sometimes the case to avoid tissue damage. Teeth beside those to be extracted can sometimes chip or their fillings come out and in these cases repairs will be done there and then.
• **Pain relief** is offered and details given of what to expect later though, of course, people's pain thresholds vary.
• **Discomfort on eating**: may be due to tenderness where teeth have been extracted or getting used to eating in a different way if several teeth have been extracted.
• **Loss of space**: If first molars are removed, teeth further back may move forward to take up the resulting space of extracted first molars. At a later date an orthodontist may need to move the teeth around to compensate for this.
• **Fracture to the bone**: is rare when extracting teeth in adults.
• **Swelling**: may occur in the soft tissues around the mouth following extractions, and is a natural reaction to extraction. They usually subside without any lasting effects.
Contact us

If you would like to speak to someone about any aspect of our dental service please contact:

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