

Dear Parent

This information letter is written in follow-up to our conversation today regarding completion of your child's dental treatment in the hospital operating room (OR) under general anesthesia.

Generally, children are only considered for treatment in the OR under general anesthesia if the child requires extensive dental treatment (i.e., multiple teeth with "cavities" in different areas of the mouth). The child is also of a young age, either physically or mentally, and unable to cooperate adequately as an outpatient within the dental clinic treatment room.

Treatment under general anesthesia is not to be taken lightly and is not without risks. One death occurs for every two hundred and fifty thousand (250,000) anesthesia cases each year. These deaths are generally attributed to allergic reactions, undiagnosed cardiac problems or other systemic conditions. If a child is of good general health with no underlying systemic medical condition, no untoward event is anticipated. The anesthesia staff will be more than happy to address all your questions.

The advantage of hospitalized treatment will be that all dental treatment will be completed at one time with minimal discomfort and psychological fear of dentistry. Treatment in the OR is generally considered a "one time" procedure to bring the child to a level of optimal dental health of which the child and parent can then maintain with improved home oral hygiene and periodic follow-up.

Alternatives to hospitalization include completion of treatment in the dental clinic with the use of physical restraints for a non-cooperative patient. This is generally considered for short or emergency procedures. In-house sedation (i.e. sedation outside the hospital setting, but within the dental office) is available. The disadvantage of the latter is that it may still require more than one appointment and may be without the safety net of on-site physician and nursing staff.

NOTE: As a parent you must seriously consider the extent and immediacy of your child's dental needs and realize that dental decay in children's progresses very quickly. Dental care is still based on space availability (involving waiting lists). Treatment delays may not be in the best interest of your child.

For additional questions, please contact our office at (330)-491-7777.

Thank You,
Stephen P. Girdlestone, DDS

GENERAL ANESTHESIA INFORMATION

General Information

After careful evaluation of your child's oral condition, we have decided that the needed dental care can best be accomplished in the hospital operating room under general anesthesia. This will allow us to provide the highest quality care in a controlled environment. As a parent, you naturally will be somewhat apprehensive about your child's hospitalization. Please read the following information and instructions carefully, to familiarize you with what to expect during the hospital stay. Please feel free to ask whatever questions you may have before you leave the clinic.

The Procedure: is called "oral rehabilitation". It is an elective surgery, which means that it should be done only when your child is in optimal health. If he/she has a fever, ear infection, runny nose, bad cough, congestion, or diarrhea, please notify us immediately. Also call us immediately if your child becomes exposed to a contagious illness (such as chicken pox). We will need to reevaluate their condition, and if needed, reschedule their surgery date. Doing this early not only allows us to reappoint your child early, but also allows us to fill our limited time in the operating room with another patient with similar needs.

Getting Ready for the Hospital

An often time, going to the hospital is a fearful situation. Children who have been prepared for the hospital experience have few behavioral problems afterwards. If asked, give your child reassuring and honest explanations to their questions. State the facts, as clearly and simply as you can in terms they can understand. A simple statement such as "while you are sleeping the dentist is going to wash and polish your teeth" is often sufficient for pre-school children. Avoid using fear-provoking words such as, hurt, needle, shot, bleed and drill. Also avoid discussing your hospital experiences in front of your child. Do make sure that your child understands that you will not leave him/her, and that you will be waiting close by.

The Pre-Admission Appointment

Your next appointment will be at least one week before the scheduled surgery. At this time Dr. Girdlestone will ask you to return to the Dental Clinic to discuss with you any questions. Generally, we prefer to have the child examined by the pediatrician and cleared for the surgery, before completing the admission procedures.

What to Expect After the Procedure

After the procedure is complete, your child will be transferred to the recovery room. At that time, we will discuss your child's condition with you in the waiting area outside the operating rooms. When the recovery room staff is ready, you may be invited to stay with your child as he/she wakes up. Expect your child to have intermittent periods of drowsiness and hyper-excitability. Over time, these episodes will diminish. This is common with a normal recovery from the anesthetic agents.

When Can We Go Home?

We will be able to send your child home when he/she has no fever, can and has taken fluids and eaten foods without vomiting, can urinate and has no breathing problems. While most children are send home on the same day as the surgery, some may have to spend an additional night in the hospital in order to fully recover from the anesthesia.

POSTOPERATIVE INSTRUCTIONS AFTER GENERAL ANESTHESIA

Following the general anesthetic used today in your child's surgical care, several

Restrictions are essential during the next 24 hours.

1. **DIET:** Your child should be started on a liquid diet progressing toward a regular diet as tolerated by the child, Suggested are such things as popsicles, 7-up, water, and Jell-O. If clear liquids are tolerated, soft foods such as soup, ice cream, and mashed potatoes may be added the day of surgery, and a regular diet may be resumed the next day. It is very important for the child to consume adequate fluids during this healing period. Failure to do so may lead to dehydration, which may require rehospitalization of your child. If dental extractions or soft tissue surgery was performed, the diet should remain soft for 24 hours. Avoid foods like chips, crackers, and sucking on a straw.
2. **ACTIVITY:** Your child should not be allowed to play actively without your supervision until he/she is fully recuperated from the general anesthesia. this usually takes about 24 hours.
3. **SUTURES:** If your child receives stitches, please do not let him/her pick or pull at the stitches for the first 3-4 days. The stitches will either dissolve or will be removed at the follow-up appointment.
4. **VOMITING:** It is not unusual for a child to have episodes of vomiting after general anesthesia. This is especially so if teeth have been extracted. Mild vomiting is tolerable. If nausea and vomiting should occur, hold all foods and liquids for a short period of time (30 minutes) and then start again with clear liquids and gradually progress to regular food. If there are repeated or prolonged vomiting for more than several hours, please call us at the phone number below.
5. **PAIN:** It is unusual for a child to experience pain following a dental procedure. However, a scratchy or “dry” throat is a common response of the airway following general anesthesia. This will rapidly subside with recovery. Generally Children’s Tylenol or Motrin is sufficient for most pain related complaints for children. We may have prescribed additional medications for additional needs and these should be taken as directed.
6. **CARE OF THE MOUTH:** Wait one day before brushing teeth (or rinsing) vigorously. A washcloth may be used to clean the mouth on the first day. If extractions were performed, a small amount of bleeding is to be expected. If the bleeding does not stop, place a gauze pad or wetted tea bag over the extraction site and have the child bite with gentle pressure for 15 minutes. If bleeding persists call you dentist.

7. **CONTACT PHONE NUMBER:** If you become concerned about anything during your child's recovery period, either while at the hospital or after returning home, please call Dental Clinic during duty hours, or call me at home.

Clinic: 330-491-7777

Cell: 330-806-5203

8. **FOLLOW-UP APPOINTMENT:** A very important part of your child's dental rehabilitation is the Post-operative check-up visit. At this appointment, your child will be re-evaluated and future needs and treatment plan will be discussed.

Your child's follow-up appointment is scheduled for:

_____ at
The Dental Clinic.

**Thank you,
Dr. Stephen Girdlestone
Your Pediatric Dentist.**



Date _____

As a courtesy, we have contacted your medical insurance company to request benefits for “outpatient surgery” and to see if there is a need for pre-certification or predetermination. We have explained to you, and you understand, the response we have received from you insurance carrier.

This is not a guarantee of benefit. Pediatric Dental Specialist, Inc. is not responsible for claims or services your medical insurance does not cover. We suggest that you also call and check your benefits. We do not bill for the facility or anesthesia charges.

If you have any questions please contact your medical insurance carrier

Signature: _____

PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

FULL MOUTH DENTAL REHABILITATION

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be **EXAMINATION, CLEANING, X-RAYS, LOCAL ANESTHESIA, LAUGHING GAS, FILLINGS-WHITE & SILVER, BABY ROOT CANALS, EXTRACTION OF HOPELESS BABY TEETH, SPACE MAINTAINERS, AND ANY FURTHER DENTAL PROCEDURES REQUIRED**

Which is to be performed by or under the direction of Dr. **GIRDLESTONE**

2. I request the performance of the above-named operation or procedure and of such additional operations as are found to be necessary or desirable, in the judgment of the professional staff of the medical facility, during the course of the above-named operation or procedure.
3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the medical facility.
4. Exceptions to surgery or anesthesia, if any, are: **NONE**
5. I request the disposal by authorities of the medical facility of any tissues or parts which it may be necessary to remove.
6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:
 - A. The name of the patient and his/her family is not used to identify said pictures.
 - B. Said pictures are used only for purposes of medical/dental study or research.

C. SIGNATURES

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure (s), attendant risks involved, and expected results, as described above.

(Signature of Counseling Dentist)

2. SPONSOR OR GUARDIAN: I, _____
Sponsor/guardian of _____ understand the nature of the proposed procedure (s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)