



Dr. Stephen H. Munroe, DDS

Diplomate, American Board of Periodontology

1000 West Washington Street Suite One San Diego, CA 92103

Tel 619.297.0700 Fax 619.704.0688 www.hillcrestperiodontics.com Email: info@hillcrestperiodontics.com

PRE-OPERATIVE/POST-OPERATIVE INSTRUCTIONS

Sedation will make your dental treatment a very pleasant experience. It is suitable for most people, but if you are not in good health or taking medication, please tell us so the sedation can be modified to suit your needs.

Therefore, you must report :

Any and all personal illness or allergies – no matter how insignificant they may seem to you.

Any medication you have taken within the last three weeks.

Preceding your appointment, you must plan your day so that the following instructions can be observed :

1. Someone must escort you **TO** our office, and wait inside the building until your sedation has begun. Someone must escort you **FROM** the office when the sedation is complete. If you arrive at our office unescorted, we will not be able to perform the sedation.
2. Do **not** eat or drink anything for at least 6 (six) hours preceding your appointment.
3. Wear loose fitting clothing with sleeves that can be drawn up past the elbow, and wear low heeled shoes.
4. Remove contact lenses.
5. Be absolutely on time for your appointment.
6. No fingernail polish or artificial nails.

These instructions are so important that failure to observe them will automatically result in cancellation of your treatment that day.

The sedative drugs used will cause drowsiness for several hours and alter your judgment and reflexes substantially. They will also alter the actions of certain other drugs.

Therefore, following your appointment you must specifically agree:

1. Not to drive or operate machinery.
2. Not to undertake responsibilities, actions, or decisions (including watching children and cooking).
3. **ABSOLUTELY NO ALCOHOL** 24 hours before or after treatment.
4. Not to take any other drugs without prior approval.

I have read the above instructions and agree to follow them.

Signed _____

Date _____



Dr. Stephen H. Munroe, DDS

Diplomate, American Board of Periodontology

306 Walnut Ave, Suite 38 San Diego, CA 92103

Tel 619.297.0700 Fax 619.704.0688 www.hillcrestperiodontics.com Email: info@hillcrestperiodontics.com

CONSCIOUS SEDATION

What Is It?

Conscious sedation is an altered state of consciousness, where you become disassociated with your surroundings. Memory, anxiety levels, and perception of pain are greatly reduced, and you become very relaxed and comfortable. For example, most people having conscious sedation “think” they have been asleep because they cannot remember anything that went on from the time the sedation was started to the time they left the office.

How Is It Different From Being Asleep?

“Being asleep” for dental treatment is called general anesthesia. It differs from conscious sedation in many ways. First of all you are unconscious and your reflexes are diminished considerably, to the point where you must have someone breathe for you through a tube placed down your windpipe. Secondly, the drugs used are very potent and may have undesirable side effects during and after the procedure. Complications tend to increase the longer you are asleep, and you may wind up very nauseous afterwards. This adds up to more risk and considerably more personnel to monitor you during and after the procedure. For this reason, it is usually done in a hospital setting where proper support is available.

Who Is It For?

Any reasonably healthy person can have conscious sedation with ANY dental procedure, whether it is having your teeth cleaned or surgery.

How Will It Feel?

Essentially, you are awake, but you will remember very little and feel no discomfort. What you do recall will not be unpleasant. For example, most people do not recall or feel any part of the procedure, including numbing of the teeth.

When your appointment is over, the effects of the sedatives may last for several hours and you may be groggy most of the day of your appointment, however, the sedatives will not make you sick to your stomach.

How Is It Done?

Most of the time the sedatives are administered intravenously. This way your dentist can be sure you receive the right amount of sedation. Pre-medication is given to help relax you before your appointment, and may be prescribed for you to take the night before.

Because you may feel groggy, it's important to have someone available to take you home from the office on the day of your appointment and stay with you for the remainder of the day.

Is It Safe?

Yes, but it is very important that you let us know about any and all medications you are taking (including alcohol) and any medical problems that you may have had so that the sedation procedure can be altered to reflect your special needs. For some, a consultation with your physician will be helpful in preventing unanticipated problems.

CONSENT FOR I.V. CONSCIOUS SEDATION

Diagnosis. I have been informed that my treatment can be performed with a variety of types of anesthesia. These include local anesthesia as normally used for minor dental treatment, local anesthesia supplemented with IV conscious sedation, and general anesthesia in the hospital or out-patient surgical center. My periodontist has recommended IV conscious sedation in addition to other possible forms of anesthetic because a long and stressful procedure is to be undertaken, certain medical or physical conditions of mine may so indicate, or I am subject to significant anxiety and emotional stress related to dental procedures.

Recommended Treatment. I understand that in IV conscious sedation, small doses of various medication will be administered to produce a state of relaxation, reduced perception of pain, and drowsiness. However, I will not be put to sleep as with general anesthesia. In addition, local anesthetics will be administered to numb the areas of my mouth to be operated and thus further control pain. I understand the drugs to be used.

I recognize that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating or drinking for six (6) hours before my dental appointment.

Expected Benefits. The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension, and stresses sometimes associated with these procedures.

Principal Risks And Complications. I understand that occasionally complications may be associated with IV conscious sedation. These include pain, facial swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction. I further understand that, in extremely rare instances, damage to the brain or other organ supplied by an artery, and even death, can occur.

To help minimize risks and complications, I have disclosed to my periodontist any and all drugs and medications that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse and any unusual reactions to medications or anesthetics.

Alternatives To Suggested Treatment. Alternatives to IV conscious sedation include local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or a surgi-center --- either as an inpatient or as an outpatient. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a greater risk. There may be less control of proper dosage with oral sedation than with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

Necessary Follow-Up Care and Self-Care. I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a twenty-four (24) hour period following administration of IV conscious sedation. I also understand that a responsible adult should drive me home and remain with me until the side effects of the sedation have worn off and that I should not drive or operate dangerous machinery for the remainder of the day on which I receive sedation.

No Warranty Or Guarantee. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, there are risks and potential complications in the administration of IV conscious sedation.

Publication Of Records. I authorize photos, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

Additional Questions. I have the following questions that need to be answered prior to the use of I.V. conscious sedation or the procedure to be performed:

1. _____
2. _____
3. _____
4. _____
5. _____

I do not have any additional questions _____
[Signature of Patient, Parent or Guardian]

[Printed Name of Patient, Parent or Guardian]



Dr. Stephen H. Munroe, DDS

Diplomate, American Board of Periodontology

306 Walnut Ave, Suite 38 San Diego, CA 92103

Tel 619.297.0700 Fax 619.704.0688 www.hillcrestperiodontics.com Email: info@hillcrestperiodontics.com

PATIENT CONSENT

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risks and benefits of this form of sedation, the alternatives available, and the necessity for follow-up. I have had an opportunity to ask any questions I may have in connection with the procedure and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of IV conscious sedation as presented to me during consultation and in the treatment plan presentation as described in this document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

Date

[Printed Name of Patient, Parent or
Guardian]

[Signature of Patient, Parent or Guardian]

Date

[Printed Name of Witness]

[Signature of Witness]