

DENTAL TREATMENT UNDER SEDATION

What happens?

- Sedation is not the same as a General Anaesthetic.
- The sedative is administered through a tube into the hand or arm or through nose/mouth.
- The sedative will make you feel very relaxed.
- You will be able to talk and respond to instructions.
- We may also use a local anaesthetic injection to numb the teeth that need treatment.
- You will be with us for 2- 4 hours depending on the procedures necessary
- **You will not be asleep.**
- If you have any further questions, please feel free to ask us. It is important that you understand the advice and the treatment we recommend.

Before your appointment

- If you have a cold or any infectious illness, please phone and let us know so that we can reschedule your appointment.
- Inform us if you are or have recently taken any medication especially asthma drugs, sleeping pills, steroid preparations and antidepressants
- Inform us if you are being treated for ANY medical conditions, or suffer from ANY medical disease or bleeding disorder.

On the day of your appointment

- Please bring a responsible adult with you who is able to wait while you have treatment, is able to escort you home by car and will stay with you all evening.
- **Sedation cannot be given if you have nobody to take you home and stay with you.**
- Have a light meal with clear, non alcoholic fluids 4 hours before your treatment.
- Take any routine medicines at the usual times.
- Wear flat heels, comfortable clothing and make sure all coloured nail varnish is removed.
- If you wear spectacles or contact lenses, please bring an appropriate case for them.
- Do not drink any alcohol on the day of and 24 hours after.

For the 24 hours following treatment:-

- Stay resting quietly at home.
- Do not use complex machinery for example a cooker or power tools.
- Do not drive a motor vehicle or bike.
- Do not sign legal or business documents or make important decisions.
- Do not look after young children

«patient.title» «patient.firstname» «patient.lastname» «patient.dob»

I hereby consent to undergo dental treatment under sedation, to the nature and effects of which have been explained to me.

I also consent that if further treatment such as root canal treatment or additional decay are found clinically necessary, I would like the dentist to proceed with prescribed treatment. I understand there will be additional costs for these items.

I understand that it may NOT PERMITTED for parents/relatives or friends to remain in the surgery whilst treatment is provided.

Reason for sedation- please delete as appropriate

Anxiety about dental treatment/patient preference

Signed:.....

Date:.....