



Intravenous Sedation Information Sheet and Consent Form Created: February 2018

For review: February 2020

The following information sheet explains what you need to know before undergoing conscious sedation for your dental treatment. It gives specific instructions that must be followed before and after your procedure. There will be an opportunity on the day of treatment to discuss the sedation process with your Consultant Anaesthetist before giving consent for your dental treatment and sedation.

What is conscious sedation?

Conscious sedation makes you relax and allays anxiety during your procedure. You will be sufficiently awake to be able to converse with your surgeon throughout but you will usually have little, if any, recollection of events afterwards.

Sedative drugs are given as an injection in your hand or arm. The sedation technique used for your treatment needs to be administered by an anaesthetist. An anaesthetist is a medically qualified doctor who undertakes extensive postgraduate training in the field of anaesthetics and sedation. All our anaesthetists are Consultants with years of experience.

Are there any risks?

There is a small chance that you may become over sedated. This may require the procedure to be temporarily stopped. To make the procedure as safe and as comfortable for you, the Consultant Anaesthetist is with you throughout. He is constantly adjusting the amount of sedative you receive depending on how you respond.

Occasionally following the procedure, a slight bruise or a small lump may appear at the site of the injection in your hand or arm. This is normally nothing to be concerned about, but should you be concerned or the area is painful please contact the surgery for advice.

Before your treatment you will need to let us know if you are:

- Pregnant or breastfeeding
- Diabetic
- Undergoing treatment for a medical condition

On the Day of Treatment

You **MUST** bring a responsible adult with you who is able to escort you to and from the appointment. They will be expected to remain in the waiting room until you are ready to leave and they must be able to stay at home with you for the remainder of the day after treatment.

Please ensure that children are not brought to this appointment with you. Sedation will not be given if you arrive without an escort or with children present.

- **You must** avoid eating solid food and milky drinks for 6 hours prior to your appointment for sedation. Water, squash and black tea or black coffee can be consumed up to 2 hours before your sedation appointment.
- **You must** take your routine medicines at the usual time and bring them with you (including inhalers).
- **You must** wear flat heeled shoes and loose clothing that does not constrict breathing or the ability to roll up your sleeves.
- **You must not** drink any alcohol for 24 hours prior to your appointment.
- **You must not** wear false nails as a monitor will be placed on your finger.
- **You must** phone and inform the dental surgery if you develop a cold or chest problems or if there is any change to health or medication before your appointment.

For 24 hours after your treatment

- **You must not** drive.
- **You must not** take a bus or taxi or be unescorted home without a responsible adult.
- **You must not** be driven home as a passenger on a motorcycle or bicycle.
- **Do not** operate machinery (this also means cooking and making hot drinks).
- **Do not** make any important decisions (e.g. sign business or legal documents).
- **Do not** undertake any strenuous activity.
- **Do not** consume alcohol.



- **You must not** be responsible for children

Please note we will not be able to treat you unless all the pre- and postoperative instructions are adhered to.

PLEASE BRING THIS FORM ON THE DAY OF YOUR SEDATION APPOINTMENT. IT WILL NEED TO BE SIGNED BY BOTH YOURSELF AND THE DENTIST/ANAESTHETIST PRIOR TO TREATMENT COMMENCING

I (Print name).....Signature.....

agree to and understand the above pre- and postoperative instructions and give consent for the sedation and dental treatment to be carried out.

Date:

Dentist/Anaesthetist.....Signature.....