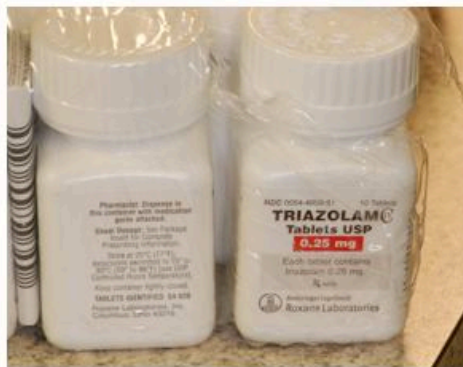
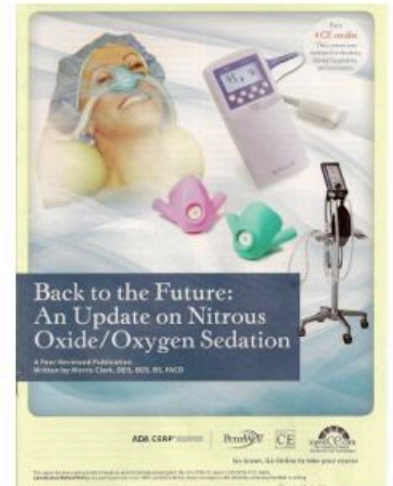
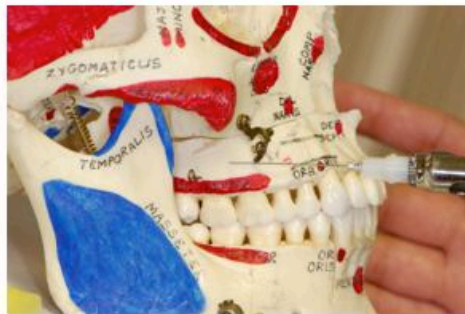
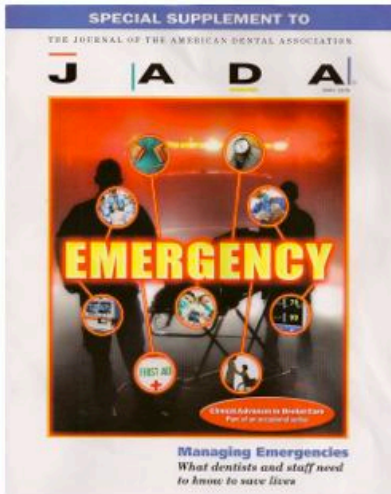


Marc Gottlieb DDS
3601 Hempstead Tpke Suite 420
Levittown, NY 11756
516-796-6600



Enteral Sedation getting started

marc@AnxietyFreeDental.com



Dental Care of the Apprehensive, Unmanageable and Medically Compromised Patient

MarcGottlieb@mac.com



Other courses teach you how to medicate.. This course pulls it all together.



Course Description.

Dental care for the apprehensive, unmanageable and medically compromised patient is designed for the general practitioner as well as all specialists. Everyone from your receptionist to the veteran about to retire will benefit from this course. Over twenty five percent of the dental population do not visit a dentist on a regular basis out of fear. In order for the dentist to treat this unique population he or she must understand the unique challenges they present. As patients get older and through the advances of modern medicine we encounter patients with a laundry list of medical problems. This course will address the management of this special group. Imagine more compliant patients. Patients who trust you and will follow your instructions. I will discuss and demonstrate through actual case studies all the available options you have to treat that type of patient. Treating the apprehensive man ,woman or child can be very rewarding. When managed properly they remain loyal for life and often refer their friends and family. Treating patients using Tender Loving Care, Local Anesthesia, Nitrous Oxide Sedation, Hypnosis, Oral Sedation, I.V. Sedation and General Anesthesia will be covered.



Objectives.

- Understand the challenges of the apprehensive patient.
- Know what type of local to use and how to use them.
- Review sedation techniques currently available.

Sedation Dentistry

- Who is a candidate?
- Will I be unconscious?
- How long does sedation dentistry last?

Absolute needs.

- Positive Pressure Oxygen fixed and portable.
- Suction fixed and portable.
- IV Access.

Risk Assessment.

- ASA classification.
- Exercise tolerance.
- Size of the patient.

Emergency Kit.

- Asthma
- Raise and lower blood pressure.
- Control Heart rate ???
- Glucose levels
- Reverse Sedative agents.
- Chewable aspirin.

Medical Emergencies.

- Obstruction, Respiratory depression, Apnea
- Low Blood Sugar.
- Chest Pain
- Asthma, Allergic reaction.
- Syncope

Laryngospasm.

Etiology

It is a complication associated with anesthesia. The spasm can happen often without any provocation, but tends to occur after tracheal intubation.

Treatment

Laryngospasm in the operating room is treated by hyperoxygenating the patient's mask and administering assisted ventilation with 100% oxygen. In more severe cases it may require the administration of an intravenous muscle relaxant and intubation.

Chest pain

- Oxygen
- Aspirin
- BP and Nitroglycerin
- Start and IV
- Call 911 or local EMS



Number one reason.

- Pain
- Really good at giving local.
- Give it again. My technique. Stats. on lingual paresthesia.

Local anesthetics.

- Carbocaine 3% plain
- Lidocaine 2% with 1:100,000 epinephrine.
- Carbocaine 2% with 1:20,000 Neo-Cobefrin
- Septocaine 4% with 1:200,000 epinephrine
- Don't use long acting locals.

The Basics.

- Topical with common flavor.
- Painless injection.
- Be compassionate.
- Calming almost hypnotic voice.
- Wait for the topical and local to work.



Anesthetic techniques.

- Inferior Alveolar Block.
- Closed mouth mandibular block.
- Infiltrations, Mental, Infraorbital blocks
- PSA posterior and palatal approach
- Middle Superior block and Nasopalatine.



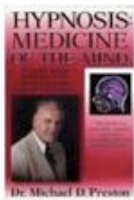


Nitrous Oxide Sedation and Analgesia.

- Contraindications
- Diffusion hypoxia
- Carbon dioxide drive.
- Potentiation of all medications.

Nitrous precautions.

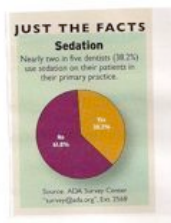
- Scavenger system to outside the office.
- Always work in a well ventilated area.
- Proper sized mask, no talking , rubber dam.





Induction E. Woods Ver. 2.2

- Take the back of their hand and press your fingernail.
- Eyes closed, I cover them with damp 3X3
- Progressive relaxation to the chin.
- Stretch the cheek
- In a moment I will give you a cherry candy
- On the count of three I'm going to check your gums and cheek with my fingernail.



Methods

- Local tlc tell show do
- Alcohol and self medication
- Hypnosis
- Nitrous Oxide
- DOC's Oral Sedation
- IV vs IM / SC

Oral Sedation Advantages.

- Ease of administration
- Easily accepted by Adults? with Children
- Low cost
- Slow onset so you have time to get prepared for an emergency
- No needles or specialized equipment.

Oral Route Disadvantages.

- Patient compliance and ability to swallow pills.
- Prolonged latent period.
- Erratic absorption from day to day.
- Cannot be titrated.

Contraindications

- Acute narrow angle glaucoma.
- known hypersensitivity
- Psychosis
- Pregnancy - nursing.
- Alcohol abuse.

Cautions

- Antidepressants will potentiate the drug?
- Tagamet and Antacids.
- Erythromycin, vitamins and OTC medications.

Mentally Disabled

- Usually strong dental history.
- Many managed with TLC and Oral Sedation. IV sedation challenging.
- Must use local anesthesia.
- Supervised neglect very common.

Scheduling

- Sample schedules.
- First appointment for the patient.
- Lunch hour end of day.
- Pt. calls for a 2 hour appointment for DOBL #30.

Consultation and Consent.

- Talk to the patient alone.
- Referred by radio, ins. plan, patient
- Write down a simple plan.
- Always have a second adult.
- Don't overwhelm the patient.
- Second adult present for treatment?



Train your team.

- NPO after? Review medical hx.
- How are they getting to your office?
- Written Post op instructions.
- Paperwork before the appt.



Dry them up.



Different levels of fear.

- None
- Slight
- Moderate
- Severe
- Phobic

Review Medical & Dental History.

- Only extractions
- Mix of decay and some Tx.
- Crowns and Bridges.
- Partials or Full Dentures
- Cosmetic Dental care.
- Was it done under anesthesia.

Routes of Administration.

- Enteric about 15 - 60 minutes.
- Subcutaneous or Intramuscular
- Inhalation 1-3 minutes: rapid induction time dependent recovery.
- Intravenous (IV) about 1 minute onset and recovery drug and patient dependent.



Levels of Sedation.

- Mild - anxiolysis.
- Moderate - sedation.
- Deep.
- General Anesthesia.

Contraindications.

- Medically unstable ASA IV limitations .
- Sensitivity to proposed medications.
- Pregnant or planning on getting pregnant.
- Use extreme caution with the elderly.

How to reverse sedation.

- Flumazenil
- Naloxone
- Oxygen

Diprivan / propofol

- Anesthesia induction 2-2.5mg/kg IV 40mg per 10 seconds until induction.
- Hypersensitivity to egg/egg products
- Also Soy/soy products
- Avoid succinylcholine bradycardia.

Monitoring

- Electrocardiogram
- Pulse Oximetry - Precordial stethoscope
- Blood Pressure
- Carbon Dioxide
- BIS

Discharge Criteria

- Stable Vital Signs
- Able to tolerate Fluids.
- Absolutely no Nystagmus.



Pain management.

- Narcotic with oral sedation and tell them what they are getting and why.
- Ibuprofen 600 - 800 mg while in the chair
- Stronger narcotic medications as needed with a two refill limit.

Why General Anesthesia.

- Allergic to local anesthesia.
- Try to bite you during exam.
- Throw objects at you.
- Foul language, wearing a helmet.

Prior to O.R.

- Attempt a Panorex
- Restraint for exam.
- Prior approval for tx.
- Medical clearance depends on age ASA status and hospital.

Available .pdf files

ADA Sedation definitions. <http://dl.dropbox.com/u/26257563/ADA%20Sedation%20definitions.pdf>

ADA Sedtion Guidelines. <http://dl.dropbox.com/u/26257563/ADA%20Sedation%20guidelines.pdf>

Dental Anesthesiology: A guide to the Rules and Regulations of the USA by Dr. Sean G. Boynes. <http://dl.dropbox.com/u/26257563/Dentanesrulesandregs2008.pdf>

Successful Treatment of the Pediatric Patient wit Oral Sedation and Hypnosis:A Case Report. FNDC 2011 by Dr. Marc Gottlieb <http://dl.dropbox.com/u/26257563/Successful%20sedation%20and%20hypnosis.pdf>