

Intravenous sedation in dental treatment

Guideline for Parents

- Your child must be fasted before the operation. Please make sure that he/she does not eat 5 hours before and drink 4 hours before the operation.
- It is necessary for you to know the up-to-date weight of your child.
- Please bring with you the child's favourite drink (juice, coke, tee) which will be mixed with premedication. Please note that milk drinks are not suitable.
- Please make sure that your child has urinated before receiving premedication.
- In case of longer operations, it is good to cover the child with a warm blanket while on the dental chair.
- If your child is in care of a specialist (neurologist, cardiologist, endocrinologist, etc) it is necessary to arrange a preanesthetic evaluation.

Should you have any further questions please contact the anaesthesiologist:

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Course of intravenous sedation in children during dental surgery

Aimed at healthy children who do not cooperate with the dentist, are afraid of the treatment or refuse to be treated. Parent's written consent form is always necessary.

To minimise or remove the stress a child may feel from the environment of the dentist's office, premedication is administered 30 minutes before treatment in his/her favourite drink. This calms the child down, causes amnesia (loss of memory) and lowers perception of pain. Premedication is a combination of substances Midazolam and Ketamin, very safe and tested anaesthetics. The dosage is customised according to the child's weight, which is why it is necessary for the up-to-date weight to be known. After the inhibitory effects start to work, a children's intravascular cannula is inserted into the arm of the child, which starts to release the anaesthetic Propofol just like with adult patients. In children only deep intra-vascular intravenous sedation is suitable, which induces peaceful sleep. This type of sedation is suitable even for pre-school children and for children weighing up to 30-35kg. During the operation, the child's basic vital signs are being monitored. Waking up is slower due to the administered predication, and takes 15-30 minutes. The child is left to rest for a little longer after the effects cease. Before he/she wakes, the intravascular cannula is removed from the arm. In 1 to 2 hours the child and his/her parents are allowed to leave. The inhibitory effects only wear off in 3 to 4 hours, during which the child requires more attention. On the day of sedation, it is not possible for the child to go to school or pre-school.

The child's waking up is often accompanied by crying, which is a result of the change in perception of his/her surrounding environment. It is not due to pain or fear.

Before treatment and before the administration of intravenous sedation it is necessary that the child is fasted for 5 hours and does not drink 4 hours prior to the operation. If the child is monitored by a paediatrician for a long term disease or by a specialist, it is necessary to consult the paediatrician or specialist and an anaesthesiologist before dental treatment in deep intravenous sedation.

It is not suitable for intravenous sedation to be administered during and an ongoing illness of the upper or lower respiratory airways (viral infection, tonsillitis, cough or expectoration) Before deep intravenous sedation, parents are asked to fill in an anaesthesiology form and with their signature consent to the administration of sedation.

It is possible to administer intravenous sedation to mildly mentally disabled patients.

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