

Your child's general anaesthetic for dental treatment

Information for parents and guardians



patient **information**



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Slovak

Ak vy alebo niekto koho poznáte potrebujú pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

كوردى سۆرانى
نهگهر تۆ يان كهسێك كه تۆ دهبناسى پێویستی بهیارمانى ههیهت یۆ نهوهی لهم بهانگهنامه به تێیگهات یان بیخوینتێهوه، تکلیه پهپوهندیمان پێوه بکه لهسهه نهو ژمارهیهی سهروههدها یان بهو نیمهیه.

عربی

Arabic

إذا كنت انت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Your child's general anaesthetic for dental treatment

This booklet explains what to expect when your child has a general anaesthetic for dental treatment. It is part of a series about anaesthetics and related topics written by a partnership of patient representatives, parents and anaesthetists.

You can find more information in other leaflets in the series. You can get these leaflets, and large print copies, from www.rcoa.ac.uk in the 'For Patients' section of the website. They may also be available from the anaesthetic department in your hospital.

The series will include the following:

- Anaesthesia explained
- You and your anaesthetic (a summary of the above)
- Your Child's anaesthetic
- Your spinal anaesthetic
- Epidurals for pain relief after surgery
- Headache after an epidural or spinal anaesthetic
- Local anaesthesia for your eye operation
- Your tonsillectomy as day surgery
- Your anaesthetic for aortic surgery
- Anaesthetic choices for hip and knee replacement

Your child's general anaesthetic for dental treatment

Introduction

Dental treatment involving fillings and simple tooth removal can often be carried out using injections to numb the child's mouth.

For some children however, especially the very young, a general anaesthetic may be the only option.

You may have some concerns and questions about general anaesthesia and this leaflet is designed to help you.

If you would like further information then please ask your dentist or the nurses and anaesthetists at your hospital. They are here to help.

What is a general anaesthetic?

- General anaesthesia is a state of controlled unconsciousness during which your child feels nothing
- Anaesthetics are the drugs (gases and injections) that are used to induce (start) and maintain anaesthesia

When the operation is finished the anaesthetic is stopped and your child regains consciousness ('wakes up').

Your child's general anaesthetic for dental treatment

Who gives the anaesthetic?

Anaesthetics are only given by anaesthetists. They are doctors with specialist training and are experts at looking after patients when they are anaesthetised. The anaesthetist stays with your child all the time during the operation and carefully monitors him or her.

Risk and safety

Why does my child have to go to hospital to have a general anaesthetic?

Government regulations state that general anaesthesia for dental treatment may only be given in hospital where all the appropriate safety facilities are available. General anaesthetics cannot be given at your dentist's surgery.

How safe is general anaesthesia for dental treatment and what are the risks?

With modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely but when a patient is fit and healthy and the operation is a small one, as many dental operations are, the risk of a life-threatening problem is about 1 in 400,000. This risk is considerably less than that of your child being seriously injured in a road accident.

My child has learning disabilities and / or has special medical problems. Are there any extra risks with the anaesthesia?

Yes, there may be an increase in risk depending on the medical condition but this risk should be outweighed by the benefits of your child's treatment. Each child is different and will be assessed before their operation so that their treatment can be tailored to their needs.

Sometimes children with serious medical problems who need a general anaesthetic for their dental treatment need to be admitted to hospital prior to their general anaesthetic for special preparation, or may need to be referred to the Children's Hospital. Your dentist should make this referral.

Before the anaesthetic what should I tell my child about the anaesthetic?

This will depend on the age of your child and how much you judge they can understand.

It may be enough to explain that some of their teeth are poorly and need to be removed before they cause pain. You can explain that the doctor will give them some medicine which will make them go to sleep while their teeth are removed. Afterwards they will wake up.

Older children may want to know more. Do encourage your child to talk about the operation. Books, games and stories can help.

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Children are seen at a pre-assessment clinic prior to the date of surgery to discuss the medical history and to answer any questions you may have, and to finalise the treatment plan.

What should I do if my child is unwell?

If your child has a chesty cough, cold or a running nose or is otherwise unwell it may not be possible to go ahead with the anaesthetic and operation.

If you have any doubts please contact the hospital for advice before attending for the appointment.

Why is it important for my child not to eat or drink before the anaesthetic?

If there is food or liquid in your child's stomach during the anaesthetic, it could come up into the back of the throat and then go into his or her lungs. This would cause choking, or serious damage to the lungs, and **CAN BE VERY DANGEROUS.**

Your hospital will give instructions about when your child must stop eating and drinking. Failure to follow these instructions can have very dangerous consequences for your child, and the procedure will have to be postponed.

Please do not let your child have sweets or chewing gum as these fill the stomach with saliva and increase the risk of vomiting.

The anaesthetic

How will my child be given the anaesthetic?

Your child can either have:

- Anaesthetic gas to breathe through a face-mask or a small mask placed over the nose. This smells pleasant and the anaesthesia comes on after just a few breaths. Recovery is rapid
- Occasionally older children may prefer an injection through a cannula. (A cannula is a thin plastic tube placed using a needle into a vein on the back of the hand or arm. Once the cannula is in place the needle is removed.)

Can I choose how the anaesthetic is given?

The final decision is usually made by the anaesthetist, after discussing the options with you and your child. Nothing will happen unless you understand and agree with what has been planned.

If your child has had an anaesthetic before and would like to 'go to sleep' in the same way, or alternatively, has had an unpleasant experience, **please tell the anaesthetist.**

Can I stay with my child while the anaesthetic is given?

We encourage a parent, adult relative or guardian to stay with the child until anaesthetised. However a **PARENT** or **LEGAL GUARDIAN MUST** accompany your child to hospital as only such a person is able to give written consent for the procedure to be performed.

Your child will usually be anaesthetised ('go to sleep') in a dental chair or trolley.

If you're your child is unhappy to leave you, it is usually possible to start the anaesthetic with your child on your lap and then transfer him or her to the chair when unconscious.

Once your child is unconscious you will be asked to return to the waiting room or recovery room.

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How long will my child be unconscious for?

This depends on the length of the operation.

- Simple removal of teeth may only take one or two minutes
- Recovery will occur quickly, usually within about five minutes

If the operation takes longer, then your child will receive more anaesthetic and recovery will take a little longer.

Your child will usually be conscious within several minutes after the completion of treatment

Can I be there when my child regains consciousness?

Once the operation is completed your child will regain consciousness. Once your child is sufficiently awake he or she will be returned to you. You will be asked to wait until he or she is recovered sufficiently before you leave.

What will my child feel like?

When your child first wakes up he or she is likely to be a bit confused and may cry for a short time. Children will have had local anaesthetic injected around the sockets of the teeth extracted, while anaesthetised. They are unlikely to wake in significant pain.

Afterwards

How soon will I be able to take my child home?

Most children will be able to go home within a short while following the procedure.

Will my child have any after-effects?

It is common for some children to:

- Feel dizzy and a bit sick for a few hours
- Be sick occasionally, especially if they have swallowed a little blood
- Have some pain or discomfort for a few hours

You can help by giving your child pain relieving medicine regularly as prescribed rather than waiting for him or her to complain.

If you have any concerns about your child when you get home, you should contact the hospital using the telephone number provided.

Should I keep my child away from school?

You will have to be guided by how your child feels. Some children still don't feel quite right the following day and may need to stay of school.

It may be advisable to avoid taking part in vigorous exercise or sports for a few days after treatment.

Useful organisations

Association of Anaesthetists of Great Britain and Ireland

21 Portland Place
London WC18 1PY
Phone: 0207 613 1650
Fax: 0207631 4352
Email: info@aagbi.org
Website: www.aagbi.org

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

Royal College of Anaesthetists

48-49 Russell Square
London
WC18 4JY
Phone: 020 7813 1900
Fax: 020 7813 1876
Email: info@rcoa.ac.uk
Website: www.rcoa.ac.uk

This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK.

British Dental Association

64 Wimpole Street
London W1G BYS
Phone: 0207 563 4563
Fax: 0207 487 5232
Website: www.bda-dentistry.org.uk

A national professional association for dentists Society for the Advancement of Anaesthetic in Dentistry

This society for the advancement of Anaesthesia in Dentistry promotes and encourages the study and extends the practice of improved methods of administration of anaesthesia, sedation and all forms of anxiety and pain control in dentistry.

Phone: 020 7631 8893

Email: saad@aagbi.org

The dental association promotes the science of anaesthesia and sedation for dentistry and provides a forum for discussion. Membership is open to medical and dental practitioners approved by Council.

Questions you may like to ask your anaesthetist

- Who will give my child's anaesthetic?
- Is this the only type of anaesthetic possible for treatment?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?
- Does my child have any special risks?
- How will my child feel afterwards?
- What medicines can be used to provide pain relief?

How to contact us

Rotherham Hospital Switchboard

Telephone 01709 820000

Useful contact numbers

If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 4.00pm

Email: your.experience@nhs.net

This leaflet has been modified by NHS Rotherham from the original published jointly by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland to reflect the particular circumstances at the Rotherham NHS Foundation Trust. These modifications have been permitted by the AAGBI and RCA.

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the 1990s, the number of people with a diagnosis of schizophrenia has increased in many countries (1).

There is a growing awareness of the need to improve the quality of life of people with schizophrenia. This has led to a focus on the development of psychosocial interventions, which aim to help people with schizophrenia to live more independently and to participate more fully in society (2).

One of the most common psychosocial interventions is cognitive remediation, which aims to help people with schizophrenia to improve their cognitive skills (3).

Cognitive remediation is based on the idea that people with schizophrenia have difficulties with certain cognitive skills, such as memory, attention and problem-solving (4).

By practicing these skills, people with schizophrenia can improve their ability to function in everyday life (5).

Cognitive remediation is often delivered in a group setting, and can be tailored to meet the needs of individual people (6).

There is growing evidence that cognitive remediation can help people with schizophrenia to improve their cognitive skills (7).

For example, a recent study found that people who received cognitive remediation had significantly better memory and attention skills than those who did not (8).

These findings suggest that cognitive remediation may be a valuable intervention for people with schizophrenia (9).

However, there are still many questions about cognitive remediation that need to be answered (10).

For example, it is not clear how long the benefits of cognitive remediation last (11).

It is also not clear how well cognitive remediation works in the long term (12).

Therefore, it is important to conduct further research on cognitive remediation (13).

One of the most important areas for research is the development of new cognitive remediation programs (14).

These programs should be based on the latest research and should be tailored to meet the needs of individual people (15).

It is also important to evaluate the effectiveness of cognitive remediation programs (16).

This can be done by comparing the results of people who receive cognitive remediation with the results of people who do not (17).

Finally, it is important to make cognitive remediation more widely available (18).

This can be done by training more people to deliver cognitive remediation (19).

It is also important to make cognitive remediation more affordable (20).

By doing this, we can help more people with schizophrenia to live better lives (21).

References

1. World Health Organization. (2002) *World Health Report 2002: Mental Health: Promoting Mental Health – Preventing Mental and Substance Use Disorders*. Geneva: WHO.

2. Marder, D.R., & Eckman, T.L. (2004) *Psychosocial Interventions for Schizophrenia*. Washington, DC: American Psychiatric Press.

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