



Dental Specialists
OF AMERICA

Asleep or Awake: Who Should Be Put to Sleep

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Sleep Dentistry is a word that has crept into our dental marketing vernacular. One or two day courses arm the clinician with the credential to advertise “Sleep Dentistry” for his or her practice. But is it the same sleep as the patient might understand or is it simply a pill to allay dental anxiety? If it is a pill, then advertising “sleep dentistry” is simply a way to get patients into the office and is misleading to the patient. If it is truly a general anesthesia (sleep) protocol, then a one or two day course will not qualify the practitioner to provide the service. An anesthesia team must support the service.

It is not unusual for a patient who is about to have surgery to express concerns if not show frank anxiety over possible pain or discomfort during surgery. A frank discussion with the surgeon or anesthesiologist is important to help put the patient at ease.

Before getting into anesthesia options, let look at the issue of simply putting the patient at ease. If the patient is comfortable about the impending anesthesia experience, the body will respond more favorable to the anesthesia drugs, less drugs will be needed, and the patient will have a safer anesthetic experience.

Patients, who come to the operating room so fearful of pain, will evoke physiologic responses that can lead to life threatening anesthetic complications. The anesthesiologist is trained to deal with these complications, but it is much better to prevent them than to treat them. Therefore, it is important that the patient understands the anesthesia procedure.

Type of Anesthesia:

Local anesthesia refers to drugs that are placed on the source of pain (Nerve ending). General anesthesia refers to the use of drugs that affect the interpretation of pain (brain). Local anesthesia occurs when we apply topical (benzocaine/lidocaine) ointment on an ulcer. The dentist injects lidocaine around the nerve that transmits pain sensations to the brain. The patient feels that their lip is numb. We caution the patient not to bite their lip while it is numb. The nerve will not send pain sensations (chewing on the lip) to the brain. Unfortunately, children will chew on their numb lip only to have severe pain when the anesthesia wears off.

General anesthesia treats the interpretation of pain. It's like having the 911 operator sound asleep and the switch board lit up with emergency calls. General anesthesia means the operator (brain) is not taking any calls (from nerves) even though all the nerves are sending pain messages. The more calls coming in (painful stimuli), the more drugs (general anesthesia) are necessary to keep the operator asleep.

If the operator is in such a deep sleep so that he can't recognize any calls, he may also be too deep to even recognize that his own building is on fire. If general anesthesia is so deep as to eliminate all painful stimuli, it may also block message from the brain to keep the heart beating or lungs breathing. Cardiac or respiratory arrests are the life threatening complications of general anesthesia. A well-trained anesthesia team is paramount to successful safe general anesthesia.

Often, the surgeon will use local anesthetics in addition to general anesthesia in order to prevent these anesthetic complications. It is important to remember that local anesthesia shuts the nerve down...it turns off the smoke alarm. No message is sent to the 911 operator. General anesthesia shuts down the whole 911 system. They don't pay attention to any messages from the smoke alarm.

Sedation instead of General Anesthesia

Sedation procedures have become quite popular because of a lower risk to the patient. In many cases, doctors are not required to have postgraduate training in order to offer these options. A pill, nitrous oxide (laughing gas), or IV drugs are offered as sedation for the patient. Sedation does not get rid of painful stimuli. It only makes them more tolerable. For sedation to be most effective, it must be combined with good local anesthesia.

To equate to our example of the 911 operator, sedation techniques allow the 911 operator to dose (doesn't care too much) but it doesn't matter because the smoke alarms have all been turned off (local anesthesia).

Who has to be put to sleep?

General anesthesia is required when the surgery cannot be completed safely and comfortably with local anesthesia. That is the simplest or purest answer. However, it is not the most practical answer. The medical and emotional status of patient, general and specific risks of anesthesia, and the clinical skills and comfort level of surgeon working with an awake patient all factor into "who has to be put to sleep." The decision must be right for the surgeon and the patient.

How many times have you questioned the pilot on your flight regarding his credentials? We assume he can get the plane off the ground. We assume he will get us to the right destination and most importantly, we assume he will land the plane safely. We are not aware of all the risks of flying. The weather changes, the plane needs maintenance, and the crew needs to be well rested and alert. These are all variables that are dealt with in order to get you there safely.

What about general anesthesia? We assume there is little risk because so many people get put to sleep. In reality, there are risks just as there are in flying. The anesthesia team is trained to provide a safe anesthesia experience. The anesthesia technique, however, must fall within acceptable risks. No different than if you wanted the pilot to fly into a dangerous storm or land the plane on a short runway. You may be exceeding the pilot's skill level or accepted flying risks. I was taught in anesthesia, as I have taught my teams, to place all the odds of success in the favor of the patient. If you know there is a storm ahead, don't take off. If the procedure can be performed safely and comfortable w/o the risks of being put to sleep, why take the risk.

Reasons or excuses:

It is interesting that some patients "have to" be put to sleep for an extraction of one tooth and other patients refuse to be put to sleep for the extraction of 20 teeth. The criteria for "sleep dentistry" becomes very subjective. Let's look at some of the reasons we have seen for the use or rejection of general anesthesia/IV Deep sedation for the dental patient. These reasons may not be justified but they are valid, very real, and even personal to the patient or doctor who accepts them.

Reasons some patients want to be put to sleep for dental extractions:

1. Everyone I know has been put to sleep.
2. I don't know of any other alternatives.
3. I don't want to hear or see anything.
4. I don't want to remember anything
5. I just like the buzz.
6. My insurance only covers surgery if I'm put to sleep.
7. I have to be put to sleep for all my dentistry.
8. I'm afraid I will have pain.
9. Novocain doesn't work on me.

Reasons the surgeon wants to have patients asleep for dental extractions:

1. I can't perform the surgery safely if the patient is awake.
2. I don't have to talk to the patient during surgery.
3. The patient will not have surgery unless asleep.
4. It shortens surgeons time with patient.
5. General Anesthesia increases profits for practice.
6. Insurance only covers treatment if the patient is asleep.
7. All my patients expect to be put to sleep...and wake up.
8. My referrals are all for general anesthesia.
9. I'm trained for it so why not use it.

Reasons patients don't get put to sleep for dental extractions:

1. They prefer not to be put to sleep...request alternatives.
2. Afraid to be put to sleep

3. Medical conditions increase the risks for safe anesthesia procedure.
4. Physical status: obesity, potential difficult airway management, etc.
5. Trust surgeon's skill level to perform painless surgery
6. Parents refuse to have their child put to sleep.
7. Insurance won't cover it, someone else won't pay for it.
8. They can't afford additional costs.
9. They are not comfortable with the clinician's facility or skills.

Risks of Anesthesia on the consent form that you will sign:

All people have to sign the informed consent form but most people do not read it. Not much different than the disclosures on our mobile phone purchase agreement. But they are there for your protection and understanding.

Below is section 7 re: anesthesia risks, which is a standard part of the informed consent form for the extraction of teeth with IV deep sedation/general anesthesia.

*__7. Anesthetic Risks include: **discomfort, swelling, bruising, infection, prolonged numbness or, dizziness, nausea, and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause discomfort and/or disability and may required special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure, and although considered safe, does carry with it the rare risk of heart irregularities, heart attack, stroke, brain damage, or even death.***

Questions for the surgeon:

1. Can you perform this surgery safely and comfortably without putting me to sleep? Most surgeons can.
2. Why do you recommend general/IV deep sedation?
3. Do you consider this the safest way for me to have the surgery?
4. Will you be doing both the anesthesia and surgery? Surgeons should not do both the surgery and IV or general anesthesia.
5. How many people on your team have ACLS certification? Should be at least two members of the anesthesia/surgical team.
6. Do you have emergency backup support for your anesthesia service?

Conclusion:

Who should be put to sleep? When the pre anesthetic evaluation reports a low risk, when the surgical procedure requires general anesthesia, and when the patient is fully informed to the indications and contra indications of the anesthesia procedure, than a safe general anesthesia/IV deep sedation is expected and can be performed. This is still a decision made between the surgeon and patient.

Even though General anesthesia/IV deep sedation is an accepted service, it does come with certain risks to the patient. Even with well-trained and highly skilled

clinicians, anesthesia complications can occur. The successful management of these complications will depend on that training.

It is like choosing a pilot for your next trip. You want a pilot who has more experience with landings than with takeoffs...a pilot who has successfully completed every mission. You want an anesthesia team that can prevent, recognize and manage anesthesia complications...thus provide a safe anesthesia experience.

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