

# Enter sandman

Patients are now able to sleep through their dentist appointment, with a growing number of dentists offering intravenous sedation in the surgery. **Alethea Mouhtouris** reports.

**T**he story was enough to scare anyone. Last month the *Sydney Morning Herald* reported on an inquest by the coroner into the death of a patient at a suburban clinic. The patient, an obese man who, the paper reported, was also a heavy smoker, died from excessive sedation: 100mg of fentanyl, 140mg of propofol and 17mg of midazolam. These sedatives, common in sleep dentistry, were suddenly portrayed in a dangerous light. Which is a pity because the proper sedation of patients can lead to greater case acceptance and more, and better, procedures.

A growing number of dentists are now offering intravenous sedation in the surgery during dental procedures as simple as a clean and scale or as complicated as root canal therapy.

It is also popular among people who are time-poor because they can undergo as much work as possible during a longer session rather than having to repeatedly return to the surgery.

Dr Bree Belford identified a niche for sedation in dentistry, and switched from a career as an emergency medicine doctor to build a full-time mobile practice, Sleep Dentistry, in Sydney. He now moves between 100-plus dentists, including Dr Fadi Yassmin, with a portable anaesthetic workstation complete with all the equipment.

Dr Fadi Yassmin incorporated sleep dentistry into his practice at Broadway Dental Centre almost four years ago.

“There’s a percentage of patients, no matter how good you are or how gentle your technique, that aren’t going to walk into your practice. I wanted to fill that gap and be able to provide that service without compromising the dentistry,” says Yassmin.

“A lot of people do their own sedation and the dentistry, and I feel that compromises the dentistry. By getting someone who is just focused on sedation, I’m totally focused on the dentistry.”

He finds that when he promotes the sleep dentistry option, patients who are fearful of undergoing dental treatment “come out of the woodwork”.

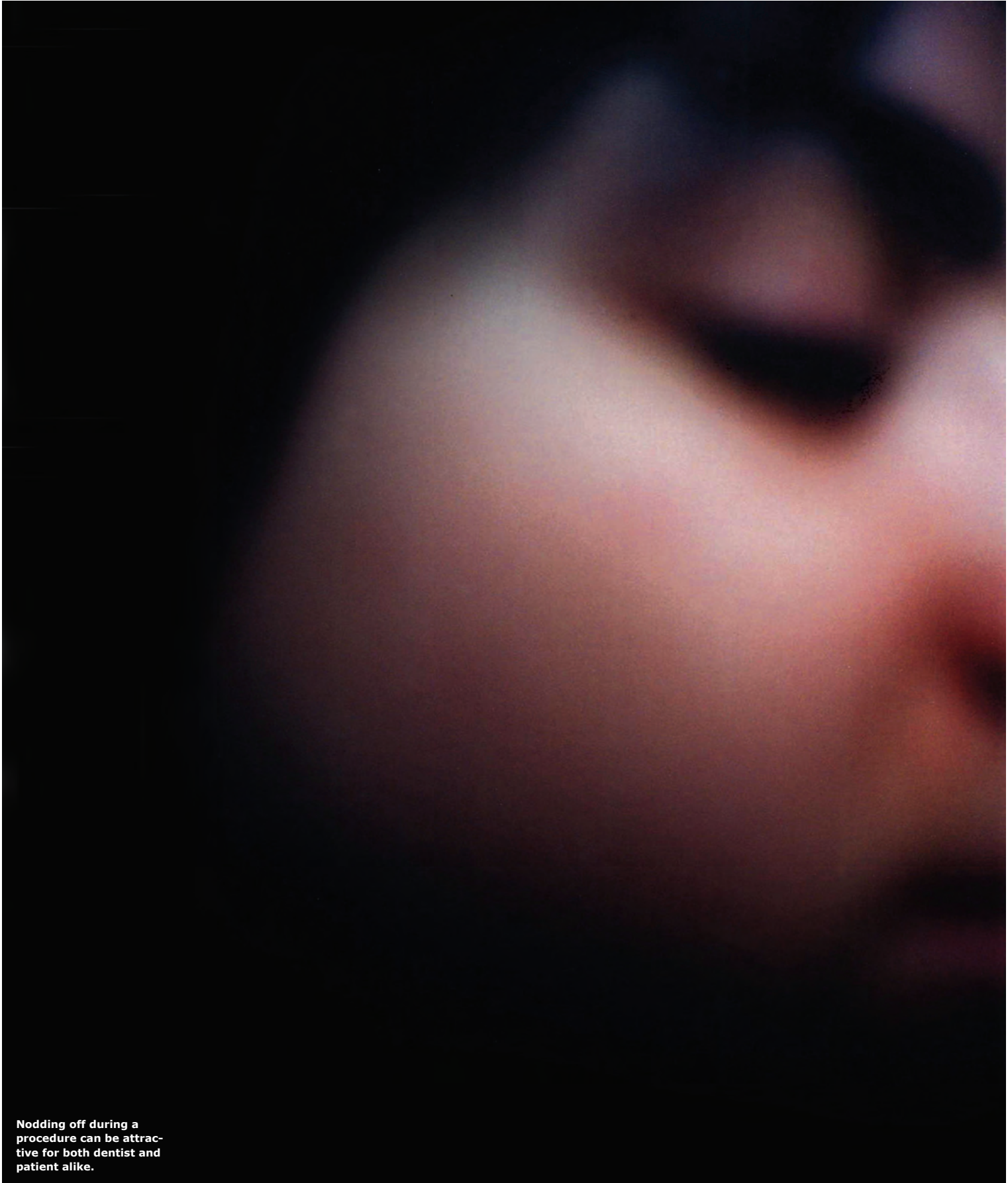
“I had some patients who wouldn’t even have a consultation because they didn’t want to walk into the surgery. We had one young man who had his initial consult in the waiting room and from then on the next visit was the sedation and I had to do my charting and diagnostics while he was sedated.” As with other dental phobic patients, he became less apprehensive and as time went on some had procedures without sleep dentistry.

“The psychological phobia is slowly getting better because they feel they are in a safe environment; even though they are asleep for it they feel they are going somewhere where they will be safe,” says Yassmin. “It’s also good for cosmetic dentistry where you’re doing a lot of work for a period of time.”

The amnesia is also an attractive feature. “When they first come out of it, they say, ‘I heard this and that’, and ‘I could remember you saying, pass me this, or talking to Dr Belford about the stock exchange’,” says Yassmin.

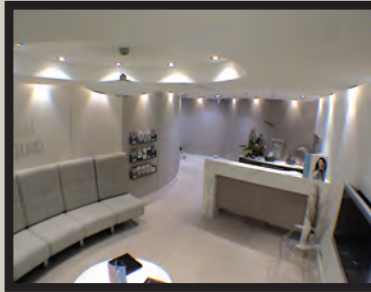
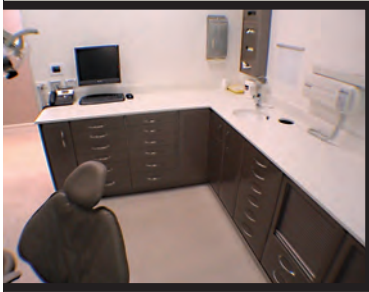
“But then when you ask them at the following visit, they don’t remember. Some don’t remember getting home, others remember sitting in the recovery room.”

“Sedation dentistry is becoming more and more popular,” says Belford. “Dentists are realising it makes people more comfort-



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## SPECIAL REPORT

able in the dental chair. For the vast majority of people it's a viable option and they're able to be sedated in the dental surgery and go home after a short recovery period.

"Someone has to drive them of course but it saves them from a full day or even an overnight stay in hospital with a general anaesthetic, which is riskier, definitely more invasive, more severe complications can happen, and it can knock you around a bit—people can feel quite sick after a general anaesthetic.

"This sedation, however, is very well tolerated. Patients tend to feel quite good, it can enhance their sense of well-being and they can even experience euphoria. In the post-operative instructions, you have to be careful that people rest at home afterwards because they feel like they can go out and conquer the world," he adds.

Dental phobia is quite a serious oral health care problem. The Dental Phobia Treatment Centre in New York, for example, reports that about nine to 15 per cent of Americans avoid dental care because of fear and anxiety. A 2002 paper from the Australian Dental Association states that dental phobia affects more than 10 per cent of Australians.

However, patients who would ordinarily avoid the dental chair are returning to the surgery for follow-up work. "We often see patients who haven't been to the dentist for 10 or 20 years, who willingly come back every six months for a clean and scale, get all their work done and keep their maintenance work up because they know they're going to be comfortable and relaxed and not remember much about it," says Belford.

He administers a combination of fentanyl, propofol and midazolam in a dosage unique to each patient. "In addition to sedating the patient, the midazolam will also provide some amnesia so that the patient—even though half asleep—tends not to remember later, so when it's finished they believe they were fully asleep even though they weren't."

Also known as twilight sedation or twilight sleep, intravenous sedation brings with it the same risks as any anaesthesia, such as compromised breathing, airway obstruction, hypoventilation and cardiac arrhythmia, all of which are unusual in extreme form, according to Belford. During the procedure he monitors physiological functions such as breathing, blood pressure, oxygen saturation and ECG.

Intravenous sedation isn't for everyone—patients need to be medically fit and it's unsuitable for people with complex medical problems, children or the aged.

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Another method of relief is an analgesic drug called Pentrox, which is manufactured by Medical Development International Ltd. (MDI) in Victoria. Pentrox, introduced into dentistry in 2005, is the combination of a pharmaceutical product and a custom-designed inhaler device that is self-administered by the patient by inhaling through the mouthpiece, and provides safe and effective pain relief within about 30 seconds. The inhaler device is commonly referred to as the 'green whistle' and is said to smell like fruity chewing gum.

Dr David Komesaroff, medical director of MDI says one of the advantages of Pentrox is that it is totally patient controlled once the dental assistant 'charges' the inhaler and hands it to the patient. "The first couple of breaths need to

**"The patient doesn't remember later, so when it's finished they believe they were fully asleep."**

*Dr Bree Belford, Sleep Dentistry*

be gentle so the patient can get used to it. After six to 10 breaths they will get a sensation of relief of pain and anxiety, so that when the dentist begins work, the patient is unfazed. Pentrox is being used in initial examinations if the patient is in pain, for analgesia before a local injection,

and during uncomfortable procedures.

"The inhaler is looped loosely around the patient's wrist. If during the procedure the patient is uncomfortable, for example the injection has not worked perfectly, they can put the inhaler back in their mouth to relieve any discomfort."

A specialist anaesthetist and an honorary consultant physician to Royal Melbourne Hospital, Komesaroff says while its major effect was as a powerful pain reliever, it also relieves anxiety about dental procedures.

"They may not need to use it again during the procedure, but sometimes the patient needs more relief, so they can take further inhalations as required. The device is single patient use. Apart from advising that patients should not drive or operate heavy machinery until the next day, there are no after effects," says Komesaroff.

"Occasionally people don't like the smell of it and very occasionally people may not like the taste because it leaves a bit of a bitter aftertaste in their mouth, but overall we are seeing patients who are happier about going to the dentist." □

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\*Glasgow Dental Hospital and School. Abstract BSDR meeting, Leeds, April 1999.

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