

WHAT IS INTRAVENOUS SEDATION?

Intravenous (IV) sedation is a modern technique used in dentistry to help patients overcome their fear of dental treatment and make it a comfortable experience.

IV sedation is suitable for most patients, but if you have any health conditions or are taking medication, be sure to inform your dentist so that the sedation can be adjusted to suit your needs.

A small amount of sedative will be injected into a vein in your arm. The injection is painless, and the sedative takes effect quickly. You'll become very relaxed and drowsy, allowing the dentist to perform the necessary treatment with comfort for you. Local anaesthetic injections will also be given once the sedative has taken effect.

You will not be fully unconsciousness ("put to sleep"), which requires general anaesthetic with an anaesthetist in an operating theatre. You may, however, feel like you've been asleep for most of the treatment due to the amnesia (loss of memory) effect of the sedation drugs, even though you will be conscious and relaxed the whole time.

After the treatment, you will rest for a short while before your escort takes you home.

Although you may feel like you're back to normal, it takes your body several hours to eliminate all the sedative. That's why you

must have someone to take you home and stay with you for 2-3 hours.

IV sedation is a pleasant way to undergo dental treatment. Your dentist will be happy to explain the procedure in more detail.

BEFORE YOUR SEDATION APPOINTMENT

- Please let us know if you are taking any drugs, particularly sleeping pills, tranquillisers, or cortisone preparations.
- Please tell us if you take recreational drugs and/or alcohol. This information is **very important for us**. Please be assured that we are not here to judge you and your privacy is protected by **doctor/patient confidentiality**.
- Please let us know if you may be pregnant.
- Do not eat any food for 6 hours prior to your appointment time, but drinking water is allowed up until 2 hours before.
- Do not drink any alcohol the day before.
- Avoid wearing tight clothing, especially sleeves that cannot be easily drawn up past the elbow.
- Dress warmly for your comfort.
- It's best to remove your contact lenses beforehand.
- Visit the restroom before entering the surgery.

Additional Instructions

- Before accepting a sedation appointment, you must agree:
 - Not to drive a vehicle or operate machinery on the same day, after the sedation.
 - Not to undertake responsible or important business matters on the same day, after the sedation.
 - Not to drink any alcohol, until the next day.
- You must be escorted home afterwards and looked after by a responsible adult (e.g. relative, friend, etc). We are not allowed to hand you over to a taxi (unless you have someone else accompanying you).
- If you develop any COVID or upper respiratory tract symptoms, please call to discuss or reschedule.

AFTER YOUR SEDATION APPOINTMENT

Instructions to Patient

The sedation works on your brain and you may not be fully aware until its affects have worn off. Because of the amnesia (loss of memory) effect of the sedation drugs, and the lengthy time (6-24 hours) it takes your body to eliminate them, it is important that you follow these instructions for your own safety...

- You must NOT drive a vehicle or operate machinery today.
- You must NOT drink alcohol today.
- You should NOT undertake any responsible/important business matters today (including internet banking).

Instructions to Person accompanying you home

This person has had dental treatment carried out with intravenous (IV) sedation. The sedative drugs may produce drowsiness and amnesia (loss of memory) for several hours, particularly after long appointments. You are therefore requested to:

1. Take them home and stay with them for the rest of the day, especially if their appointment was a long one.
2. Make sure they comply with the "Instructions to Patient" above.

PATIENT CONSENT FORM

- ☐ I hereby consent to receiving dental treatment under intravenous (IV) sedation.
- ☐ The procedure I am about to have carried out under IV sedation has been explained to my satisfaction prior to the procedure commencing.
- ☐ I have had the opportunity to obtain additional information regarding the procedure, and any questions I have asked have been answered to my full satisfaction.
- ☐ I acknowledge that I have read and fully understand the **Before Your Sedation Appointment instructions**, and **After Your Sedation Appointment instructions**, and this **Patient Consent Form**. I sign it freely and voluntarily:

Date:

Patient's Name:

Parent/Guardian name (if applicable):

Signature (patient, parent or guardian):

Dentist's Name:

Dentist's Signature: