

# FAQ *for parents*

## Pediatric Sedation Dentistry

Are you curious about how to help improve your child's oral health? Interested in pediatric sedation dentistry and how it can reduce both your child's anxiety and your stress? Below you'll find thorough answers to some of the biggest questions parents have for pediatric dentists. Read this FAQ and speak with your child's dentist to ensure any and all your questions are answered!

### **If I want to limit the likelihood that my children will require complicated dental procedures, what steps should I take?**

Prevention is easier than most parents imagine, but it does require establishing and keeping to a basic routine from a very early age. These are seven core steps:

1. Take your child to his/her first dental visit as soon as the first tooth arrives and every six months thereafter. As your child grows, usually between age 5 and 7, having the dentist take X-rays to spot trouble between teeth. Today's X-rays are far safer than those used in previous generations.
2. Do not allow your baby or toddler to sleep through the night with a bottle in her/his mouth, even one containing only milk. Warm milk turns to lactic acid, which will slowly rot the teeth.
3. If you put apple juice, chocolate milk, or soda in a child's bottle, be certain that you brush your child's teeth (even one tooth) afterwards. Never allow your child to sleep the night with a bottle of these (or other sugary) liquids in his/her mouth.
4. Establish a brushing and flossing routine (as soon as two teeth touch) that you adhere to religiously. Be sure to always supervise your child's brushing. When your child is old enough, teach her/him proper brushing and flossing techniques.
5. Parents of older children who no longer eat all meals at home must nonetheless keep careful watch on their children's diets and oral health habits. A wholesome diet supports good oral health and good oral health promotes good general health in children. Additionally, make sure your children are aware that sports drinks often popular with teens and preteens can contain high levels of sugar that cause cavities.
6. Be sure to use mouth guards and take other safety steps to protect your children's teeth if your kids engage in contact sports of any kind.
7. Give thought to how to make going to the dentist a pleasant experience for your child. Children will pick up on your own dental anxieties, so be careful what you say about dentists, especially if you yourself are an anxious patient.

## **What role do genes play in determining the potential severity of my child's oral health problems?**

Much like obesity, which has reached epidemic proportions in American children, situational, and therefore changeable factors such as diet and brushing habits are almost always the culprit behind dental problems in children. Thankfully, parents and children alike only need to become educated on good oral health habits in order to dramatically reduce the child's risk for caries. Only in very rare instances are children born with "bad teeth" or diseased gums and bones.

By diligently brushing, flossing and regularly visiting a dentist, children and their parents can avoid the type of serious oral health problems that require elaborate intervention. This is technically known as pulpotomy or pulpectomy.

Sadly, because too many parents do not help their children establish and stick to good oral health habits, the number of instances where children—even toddlers—develop multiple cavities and require as many as 10 or 12 root canals is on a sharp rise.

## **Which children are good candidates for being treated using sedation medication?**

Needless to say, every child should be individually and carefully evaluated for his/her suitability.

Sedating pediatric dental patients is usually recommended for otherwise healthy kids who require extensive dental treatments and/or are likely to be anxious in unfamiliar settings.

Sedation dentistry allows dentists to accomplish more during each office visit, reducing the number of total visits a child requires—which often means parents miss less work as well. Just as important, sedation dentistry relieves children of much of their anxiety, meaning they won't develop a lifelong phobia of visiting the dentist.

Children with non-dental medical conditions frequently can be safely and effectively treated using sedation medications. It is crucial, however, to alert your dentist in advance to either health or mental conditions that might impact treatment, and to provide the dentist with a full list of all medications you're giving your child.

## **I'm worried that my dentist is recommending extensive treatment on my child, including root canals, even though she still has her baby teeth. What should I do?**

This question should be viewed as two questions:

1. What do I do if I don't fully trust what my dentist is recommending?
2. Why would a child with baby teeth require root canals or other "adult-like" treatments?

**Part One:** Having trust and confidence in your dentist is essential. The vast, vast majority of dentists are both competent and dedicated. And all dentists in the United States must be licensed and are subject to state dental regulations.

That said, parents should view their role as working in partnership with their children's dentist, and hence, competency alone is not enough. You should like your dentist and feel safe and certain relying on your dentist's skills and approaches.

You might request a meeting or phone call with your dentist to discuss your questions and all of the concerns that you have. The dentist may readily be able to allay your worry.

You should also consider seeking a second (or even third) opinion. If two or three different dentists agree on a general course of treatment, you're likely to feel more confident in proceeding.

Because it is ideal to trust and work closely with your children's dentist for many years, do consider changing practices if you and your dentist just don't "click."

**Part Two:** The number of incidents of children, even toddlers, who require root canals (technically known as a pulpotomy) and other "adult-like" dental treatments is on a steady climb in the United States. The increase coincides with the rising number of cavities that kids—who neglect their oral health—are developing.

Often such procedures are required for two reasons. First, to eliminate conditions that left untreated can be very, very painful for kids. Indeed, baby teeth are smaller and their enamel coating is thinner than adult teeth, making them even more vulnerable to cavities and related pain. While their baby teeth eventually fall out, children often retain their primary teeth until as late as 12 and 13 years of age.

Second, because when children's teeth and gums are not properly treated, even as toddlers, the problems often multiply, leading to gum infections and abscesses that may damage the oral foundations (jaw bones) on which their adult teeth will depend. When infected baby teeth are left untreated, the result may be to destroy the permanent teeth as well, even though their adult teeth have yet to emerge.

## **The idea of sedating my child during a dental procedure worries me. Why is this even necessary? Aren't there non-sedative painkillers available?**

No child should ever be sedated by a dentist who has not received qualified, specialized, recent training in sedation techniques. In addition, the dentist and all dental assistants must be trained in airway support and other safety procedures for those very rare instances when a child has an unanticipated reaction to sedation.

While many adults find it difficult to visit the dentist and sit still for long procedures, for kids and toddlers the experience can be even more traumatic and create an aversion to seeking dental care that endures into adulthood.

Sedation, as properly dosed and applied to children, is not about minimizing pain. It is about eliminating anxiety and emotional discomfort. Moreover, often a child who is correctly sedated and closely monitored can complete more dental work in a single visit—which most parents and kids favor over having to return time and again for treatments.

## **What drugs do dentists use when sedating children? Are they safe?**

Before agreeing to allow your child to be sedated during a dental visit, do ask your dentist what specific medication s/he plans to use. It's a good idea to write it down, as well as the planned dose.

The recommended sedatives and doses for children are typically different than what sedation dentists use with adults. The state-of-the-art protocols in pediatric sedation, often formalized by state regulation and national guidelines issued by the American Dental Association, are intended to use medications that are as mild as possible and wear off quickly.

Today, the most commonly used oral sedative drug in pediatrics is midazolam (Versed) which is not only a very safe sedative drug with a reversal drug should an emergency occur, but is one of the most popular drugs that provide amnesia so that the child has no memory of the appointment.

As a parent, it is crucial that you always inform your child's dentist of any other medications s/he takes—even over-the-counter drugs—and any health or psychological conditions that affect your child.

Often, if you ask the dentist ahead of your office visit about what sedation medication s/he is likely to use, you can research the drug yourself on the Internet and ask any questions you may have before treatment begins.

## **I saw on the news that a child recently died after being treated by a general dentist that treats children with sedation drugs. What happened?**

News coverage of such tragedies, as very rare as they are, is shocking and disturbing to all dentists. Serious injuries or fatalities should never occur as a result of an oral health procedure.

We are hesitant to draw upon media reports alone to develop a theory as to what went wrong in any individual instance. Often, due to lawsuits and privacy concerns, the specific details of high-profile cases are never made public.

What we do know is that healthy children and adults who are treated by dentists who follow all recommended sedation safety protocols have been treated safely, successfully and in comfort many millions of times without incident.

Dr. Roger G. Sanger, a pediatric dental specialist and the Course Director for the pediatric sedation courses for DOCS Education, has personally treated more than 13,000 children with sedation and never had one emergency arise.

If your child has non-dental related medical conditions, especially those impairing his/her immune system or impacting breathing, your child may not be able to receive sedation dentistry in an outpatient (office) setting. Children with certain behavior issues are also not good candidates for sedation dentistry.

This is why it is absolutely vital that you provide your dentist a full record of your child's health (including mental) conditions and all medications (both prescription and non-prescription) that you administer to your child.

## **So is sedation dentistry, administered correctly, risk free?**

No. All medical procedures and medications carry with them some risk. This being said, medication or medications used should be the safest possible ones available today and used at a level to achieve only minimal sedation. Because your child remains conscious the entire time—and the medication used is mild—the risk is smaller than if your child were treated at the hospital under a general anesthesia. Oral sedative drugs should never be used at a high level to achieve deep sedation. Oral conscious sedation will never replace intravenous or inhalation deep sedation or general anesthesia. However, both of these come with a higher degree of risk.

## **Is it unusual for a dentist to ask me to stay out of the room during my child's treatment?**

Dentists vary in their preferences on this issue. Increasingly, dental practices feature open treatment rooms and many do permit—even encourage—a parent to remain with a child during routine procedures. If your dentist doesn't permit this, ask why.

However, when a child requires sedation and complex treatment, the typical standard of care is to request that parents wait in the outer office. This is really in the child's best interest, because anxious parents can sometimes distract the dentist or a member of the dental team by asking frequent questions when the dentist's full focus should be on your child and monitoring the all of your child's vital signs.

Like surgeons in a hospital setting, dentists, who conduct microsurgery, should not have to concern themselves with any matter other than the child's safety, comfort and effective treatment.

(Many dentists will designate a non-essential team member to regularly brief waiting parents about the progress of their child's treatment. It is certainly your right to request such regular updates.)

## **Does using sedation mean that my child will experience no discomfort whatsoever?**

No. The goal of sedation is to reduce your child's anxiety and discomfort. Unlike a general anesthesia, such as might be administered in a hospital operating room, sedation dentistry is designed so that your child is still awake and can respond to the dentist. In addition to the sedation drugs given, the dentist will also give a local anesthesia drug that will "numb" the area of treatment.

Being conscious means your child may at times shed some tears, not so much from pain as from the unusual circumstance of being surrounded by strangers and having to sit still for longer than usual. Dentists consider whimpers or cries a good sign, indicating that your child's airway is open.

An important characteristic of the most common sedation medications for kids is that they produce an amnesia-like effect. Your child is unlikely to remember any anxiety or discomfort whatsoever.

## **I viewed a YouTube video of a child taken in the car on his way home immediately following a sedation dentistry procedure and the child appeared drunk.**

Yes, that is not uncommon. Which, of course, is why a parent should always escort the child and keep a close watch on her/him for up to seven hours following the procedure. Ask your dentist for specifics on how to help protect your child until the medication wears off.

The most common pediatric sedation medications do have a relatively short-lived effect and typically wear off completely by the next morning. There are no lingering side effects.

## **Other than escorting my child to and from the dentist's office, what else can I do on the day of treatment to be helpful?**

Most importantly, let the dentist (or a member of the dental team) know of any new medical conditions (even a cold or flu) or other health developments that could influence the use or dosage of sedation medication.

It is especially important to alert the dentist to the last time your child had any food, which can be dangerous if consumed too close to the procedure.

Be upbeat with your son or daughter, answering questions or concerns they might express with reassurance and plenty of love. If you do stay with your child during treatment, make certain not to ask negative questions such as "Is the dentist hurting you?" that might give your child reason to be anxious.

## **If I make the decision to allow my child to be treated with sedation medication, am I better off going to a general dentist or a pediatric specialist?**

Choosing the right dentist should be contingent on a variety of factors, as we've indicated above. Having confidence in your dentist's knowledge, training and procedures is of paramount importance.

DOCS Education offers continuing education courses to both pediatric dental specialists and general dentists who treat children.

When it comes to the issue of pediatric sedation, we believe what is most important is that your child's dentist be properly trained, have sufficient experience, and be fully up-to-date on all related safety protocols. Both general dentists and pediatric specialists who meet these criteria will be capable of properly and safely administering sedation medication to your child.