Clinical Protocol
General Anaesthetic for Dental Procedures

Effective 1 January 2014

Protocol
If authorised, the cost of general anaesthetic (hospital / theatre and anaesthetist) is paid from hospital benefit subject to same-day surgery sub-limit.

Definition
The American Society of Anaesthesiology (ASA) defines it as: “a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation.”

Guideline
Benefits for general anaesthetic during dental procedures are governed by the rules of medical schemes. Requests will receive benefit, dependent upon the age of the patient, or the procedure planned. In exceptional circumstances benefit will be recommended e.g. patients with special needs or medical conditions. All requests for general anaesthetic for dental and oral surgery procedures are pre-authorised by HBM. See SOP.

General Information
A dentist from Hartford, Connecticut in the USA, Horace Wells, and his student William Morton introduced general anaesthesia to the world in the 1840’s.

Today, a world without anaesthetic is unthinkable, and the human suffering it relieved over more than one hundred and fifty years, incalculable.

It is also for this reason that the dental profession is still closely associated with the administration of anaesthesia in all its forms. In South Africa, as in the USA, dentists still have the right to administer general anaesthetic to patients, provided that they have the necessary training and experience. There are currently no dentists administering general anaesthesia routinely in this country.

The development of drugs and equipment, since the humble beginning in a dental surgery so many years ago, has been phenomenal. Today general anaesthetic is administered to millions of people on a daily basis all over the world, with remarkable success.

It is however very important to remember that no general anaesthetic is without risk. It is agreed by task teams, professional organisations for anaesthetists, the medical and dental profession and many others, that general anaesthetic can lead to serious and debilitating conditions and even death.
It is a concern of many professional observers and groups that the adverse effects of general anaesthetic during and after not only dental, but indeed all procedures, are seriously under reported and do not represent a true picture of the morbidity and mortality associated with it.

Key issues which should be addressed when considering the use of general anaesthesia in dentistry, are the following:

- The alternatives, such as local anaesthesia and conscious sedation should be promoted.
- General anaesthesia should only be used when other methods for the control of pain and anxiety are totally inappropriate.
- When used in dental treatment, the mortality, morbidity and other complications must be reduced to the lowest possible level.
- General anaesthetic should only be administered in registered theatre facilities and never in a dental surgery.
- All necessary dental equipment and materials to provide the planned dental treatment to the highest current standards must be available in the theatre. This is specifically pertinent to restorative dentistry and endodontic surgery.
- Dentists requesting and referring patients for general anaesthesia must be fully aware of their responsibilities.
- A comprehensive medical and dental history must be obtained. This must be taken into account when considering general anaesthetic. Preliminary assessment is very often inadequate and leads to a decision to administer general anaesthesia to be taken lightly as a convenient option. An example often encountered is treatment planned for a single visit under general anaesthetic, which could safely and effectively be done in more than one visit under local anaesthetic. Convenience can never be an indication for general anaesthetic.
- Alternatives to general anaesthetic must be fully explored with patients, parents or care-givers and recorded on the patient file.
- A discussion regarding the risks of general anaesthetic must be conducted and informed consent obtained, preferably in writing, but at least properly recorded on the patient file.
- Patients should be given adequate pre- and post-operative instructions. The specific requirement of an escort must be made clear to patients.

It is not in the scope of this guideline to address:

- Standards of anaesthetic facilities and equipment where general anaesthetic is administered.
- Standards of education and training of practitioners administering general anaesthetic.

It is very important that all assistants involved in dental treatment under general anaesthetic have training in basic life support. This is even more important in the dental surgery where local anaesthetic and/or conscious sedation is administered to patients.

Specific considerations when administering a general anaesthetic for dental procedures on children are the following:

- Children treated for extensive dental disease must receive further preventive advice and must return for regular follow-up visits.
- Comprehensive treatment planning must be done to ensure that all necessary and pre-emptive treatment is carried out during a single visit. The aim of dental treatment under general anaesthetic in children should be to ensure that it is the only dental general anaesthetic necessary for the treatment of dental caries and its sequelae in the child’s lifetime. No treatment with a doubtful prognosis should be undertaken if it could lead to a further visit under general anaesthetic.
Repeated general anaesthetic could be indicated in patients with specific medical, physical or mental conditions precluding treatment in a dental surgery.

Several studies conducted over a number of years concluded that the restoration of a child's oral health status to an optimum level immediately leads to an improvement in emotional, social and physical quality of life. This is true for the child and the immediate family. Although this is obviously not dependant on the treatment being administered under GA, it emphasises the importance of GA as a tool to achieve this in a young child.
References


4. Royal College of Surgeons, Dental Faculty: UK National Clinical Guidelines in Paediatric Dentistry. Guideline for the use of General Anaesthetic in Paediatric Dentistry. May 2008. (This guideline was written after consultation with the British Society of Paediatric Dentistry, the Consultants in Paediatric Dentistry Group, and the Specialists in Paediatric Dentistry Group.)


