Your dentist has asked me to help take care of your child in the office with general anesthesia. This allows the required dental treatment to be achieved conveniently, with minimal trauma, but with maximum safety. I am pleased to be able to offer this service and wish to introduce myself and provide you with a brief explanation of the anesthetic techniques that I use.

I am part of a group, The Associated Anesthesiologists Medical Group, a professional corporation comprised of 9 Board Certified physician anesthesiologists. I have been a Board Certified physician anesthesiologist since 1983. Our anesthesia group has been providing private practice anesthesia services in this community for many years and has earned a reputation from our patients and healthcare colleagues, of providing personalized care while maintaining the highest safety standards. We practice at Stanford University Medical Center, Lucille Packard Children’s Hospital, and at many free standing surgery centers in the Palo Alto, Menlo Park, and Atherton area. Since 1996, I have developed a practice of providing general anesthesia for dental procedures of all types as well as for oral surgery. Currently, I work with more than 30 different dental specialists including twelve different pediatric dentists. I bring anesthesia equipment and medications to the dental office and I am able to provide a very safe and effective anesthetic experience for both pediatric and adult patients who would otherwise have to have their treatment in a hospital or surgery center. In addition, I am on the voluntary teaching clinical anesthesia staff in the Department of Anesthesia at Stanford Medical School. I spend one to two days per month in the operating room at Stanford working side by side with a doctor in anesthesia residency training.

Office based anesthesia is a unique subspecialty in the field of anesthesiology. It has gained recognition among M.D. physicians as an important service to offer for the convenience of our patients and dental and medical colleagues. The State of California, the California Medical Board, and the California Board of Dental Examiners carefully regulate the qualifications of the anesthesia provider in the dental or oral surgery office setting as well as the emergency and routine equipment that must be available on site. In addition to a license to practice medicine in California, I have a ‘General Anesthesia Permit’ issued from the Board of Dental Examiners. In both the hospital and office setting, I have had extensive pediatric anesthesia experience spanning 27 years. I spent 22 years as a volunteer anesthesiologist with Interplast and with Operation Rainbow making over 30 trips over the years to developing countries to provide anesthesia to infants and children requiring plastic, reconstructive or surgery or pediatric orthopedic surgery. My volunteer work these days is at the Sonrisas Dental Clinic in Half Moon Bay providing general anesthesia or deep I.V. sedation for young children living at the poverty level and in desperate need of extensive dental work. I have recruited many pediatric dentists who donate their time to help these children including the dentists in residency training in pediatric dentistry from UCSF and their attendings from the dental school.
The Anesthesia Procedure and Technique:

Your child will be receiving an anesthetic with continuous monitoring, which allows him (or her) to have no awareness of the dental procedure, maximal comfort and the highest degree of safety. In addition, the anesthetic technique provides excellent conditions for the dentist to perform the needed dental work in one visit that might otherwise require many dental visits to complete. As I have mentioned above, I have an anesthetic setup in the dental office which is very similar to that which I would have in any operating room. I have state of the art monitoring equipment, full resuscitation equipment for emergencies including all necessary drugs, airway equipment, as well as a defibrillator. In addition, I have a portable anesthesia machine that allows me to deliver the anesthetic gas, Sevoflurane mixed with oxygen to maintain general anesthesia in the same manner as I do with pediatric patients in the operating room.

I will contact you before the scheduled dental procedure but sometimes not until the day or evening before the scheduled appointment. This gives you an opportunity to read this handout carefully which gives you most of the information you need. The purpose of the phone call is to obtain a brief medical history, provide pre-procedure eating and drinking instructions, to discuss the details of the anesthetic management, and to answer any other questions you may have regarding the anesthetic technique. If you have urgent questions that cannot wait until I contact you, please email me anytime or call me on my cell phone in the late afternoon or evening.

At the time of your scheduled appointment, I will meet you and your child in the waiting area of the dental office and address any last minute concerns. Your child will then receive a ‘pre-medication’ while still with you. This premed is important to make sure that your child will not remember the next steps in the process of getting him (or her) to sleep, i.e. breathing the anesthetic gas through a mask and starting an I.V. In fact, after the pre-med takes effect, the next thing your child will remember is waking up with you after the treatment is done. This pre-med is usually given in the form of an intramuscular injection on the top of the thigh or the upper arm in larger children. This ‘shot’ contains a small amount of midazolam, ketamine and glycopyrrolate. It will feel similar to a vaccination shot that might be given by the pediatrician. Occasionally, for the older and more mature child (more than 6 or 7 years old), I will offer the alternative of an oral premedication. In the very anxious, emotionally disabled or very young child, the oral preparation usually does not provide adequate relaxation so the intramuscular route is preferable.

The sedation effects of the pre-med are apparent in 5–10 minutes after the intramuscular injection, or 20 minutes after the oral preparation. At that time, your child will be sleepy and/or very ‘drunk’. He or she may not close their eyes at this point but, as mentioned, they will have no recall of subsequent events. You will carry your child into the treatment room at that point and then I will ask you to go back into the waiting room while I proceed with the placement of monitors and the administration of the anesthesia to get (and to keep) your child completely asleep for the dental work. Remember that I will be completely focused on your child for the duration of the dental treatment and until your child wakes up at which time you will be immediately reunited with him (or her).

Your child will receive intravenous anesthesia as well an anesthesia gas. Although he (or she) will be breathing on his own during the procedure, I will usually insert a breathing tube or other airway device while he is asleep to make sure that the breathing is adequate under anesthesia. This is a very routine part of anesthesia for all surgical procedures or whenever a patient is receiving general anesthesia.
Among the intravenous anesthetic medications that I will use are small amounts of propofol and meperidine (or Demerol) as well as anti nausea medicines such as small, appropriate doses of metaclopramide and Decadron. If your child has a history of nausea after anesthesia, I might add another effective anti nausea intravenous medicine called Zofran.

At the end of the procedure, the dentist will come to you in the waiting area and explain how the treatment has proceeded. I will remain with your child until he or she is opening their eyes. I will remove the intravenous before your child is aware of it. Emergence from this type of anesthesia is gradual and your child may need 30 minutes after the completion of the dental treatment to wake up. You can join your child as soon as he (or she) opens his eyes. At this point your child may still be quite groggy and you may have to stay in the office an additional 30 minutes until I feel it is safe for you to go home. During this period you may notice that your child is coughing from time to time as well as shivering a bit. This is normal after anesthesia and will shortly pass.

You may find that your child is grumpy, fussy, or not completely themselves for a few hours after the anesthesia. In fact, it will take about 4 hours or so after you return home until your child is completely over the effects of the anesthetics. The emergence from this type of anesthesia is very gradual. Your child may complain of dizziness, and not being able to focus very clearly for the first 2 hours after you return home. These are normal side effects of the anesthesia and will gradually wear off. **There are no long-term side effects any of these anesthetic medications that would negatively impact growth, neurobehavioral development or any other functions.**

You will get detailed instructions about what to expect after the procedure both from the dentist, the staff, and from me. Please read the instructions provided for you below to give you an idea of what to do before the treatment and what to expect afterwards.
Financial Arrangements

The fee for my anesthesia services is separate from the fee for the dental procedure. Your pediatric dentist may ask you to pay a deposit in advance of the treatment to hold the time that has been reserved for the appointment for general anesthesia or I.V. sedation. This deposit is not applied to my fee but to the dental treatment. You will be notified by your pediatric dentist if there is a separate deposit that I have required of you.

Dental insurance does not cover my services. Sometimes they will tell you that they do cover “general anesthesia for dental treatment”. However, they do not mean that they cover my services in an office setting. They are talking about general anesthesia performed in a hospital or surgery center setting or anesthesia provided by the dentist or oral surgeon themselves. This is a distinction that the insurance companies have arbitrarily made that I have no control over. Medical insurance companies may reimburse for my services but it is extremely unlikely. They do not recognize this service as medically indicated without an appeal from you. Therefore, I do not bill insurance companies for you, medical or dental. I do not get pre-authorization from the insurance company. You are responsible for paying the fee for my anesthesia on the day of my service. On the day of the treatment, please be prepared with a VISA, MasterCard, or a check. I do not accept American Express or Discover. If you use a VISA or a MasterCard, I can divide your payments evenly over 4 months without charging you interest. If you pay with a check, I require payment in full on the day of treatment. Your billing information will be submitted to my office by me a few days after the treatment.

As of March 1, 2010 my fee is as follows: $600 minimum charge which covers: the cost of equipment and drugs, the time from the start of anesthesia until the dentist starts to work, and recovery time after the dental treatment is completed. In addition to the $600, my charge is $360 for each hour it takes the dentist to work including x-rays, cleaning and any dental treatment. The $360 is pro-rated into 10-minute intervals.

For example, if the entire dental treatment (including x-rays, cleaning and treatment) takes 2 hours, the charge for my services will be $600 + $360 + $360 = $1270.
Another example: if the entire dental treatment time is 1 hour and 40 minutes, then the anesthesia charge is: $600 + $360 + $240 = $1200.
If the dental treatment takes 2 hours and 30 minutes, the anesthesia charge is: $600 + $360 + $360 + $180 = $1500

A week to ten days after the treatment you will receive a receipt from my office as well as a letter that I will write explaining why your child required my anesthesia services. Please do not call my office asking for a receipt and letter before ten days has elapsed. This letter will talk specifically about your child and will include medical codes recognized by the insurance companies. You can use this letter and the receipt from my office to try to get reimbursed from your medical or dental insurance company for my services. Please note that because I am a physician and not a dentist or oral surgeon, I do not have a dental insurance code for my services. I can only specify a medical anesthesia code.
Important Instructions for the period just before the Anesthesia

Eating and drinking restrictions:

The following eating and drinking instructions are extremely important to follow exactly as written to insure the safety of your child under anesthesia. These are standard guidelines given to any patient having anesthesia and are meant to prevent the possibility of vomiting and aspirating vomit while sedated or groggy.

On the day of your appointment, your child should not have any food or milk within 6 hours of the procedure. He or she may have water, Gatorade, apple juice, Jell-O, frozen fruit juice popsicles up to 2 hours before the time of the appointment. No liquids (including water) within 2 hours of the appointment. Therefore, for example, if your appointment is at 10:00 a.m. the last food or milk your child can have would be at 4:00 in the morning (not very practical) but he or she can have clear liquids until 8:00 a.m. If your appointment is at 1:30 p.m., your child can have food and milk until 7:30 a.m. and clear liquids until 11:30 a.m.
If your child is breast feeding, the last feeding can be 3 hours before the appointment.

Change in health status:
If your child has a change in health status before the appointment, for example, a cold, sore throat, cough, nausea or vomiting, or fever, please call your dentists’ office as soon as possible so that your I can contact you.

Medications:
If your child takes any prescribed medication, please continue it on the day of the appointment. If it is an oral medication, let your child take it with a small sip of water. If it is an inhaler, have your child use it at their regular time. If your child is an insulin-dependent diabetic, a pre procedure consultation with me will be arranged.

Clothing to wear and other items to bring on the day of the appointment:
I recommend loose fitting, and easy to put on clothes for your child on the day of the dental procedure. The shirt layer closest to the skin should be short sleeved. Many children under the age of 6 years pee in their pants as they are waking up from the sedation. So, please bring a ‘pull-up’ if your child is 4 years old or younger or a change of clothes. Please bring with you two large bath towels as well as a small blanket so that I can keep your child as warm as possible during the treatment with a towel for them to lie on as well as one to cover them with in addition to their blanket.

Questions:
I will contact you one or two days before the scheduled procedure to answer any questions. If you have urgent concerns or questions that cannot wait, please contact me on my cell phone during business hours. I will call you back as soon as I can.
Safety Concerns for General Anesthesia in the Dental Office

In the many years that I have been providing this service for patients in the dental office, I have never had an anesthesia emergency requiring transport to the emergency room. I routinely take care of children in the pediatric dental office as young as 13 months old and all ages above. The average age for children in this setting is 20 months to 5 years old. But I have vast experience with ‘children’ of all ages and with many behavioral as well as physical disabilities. I spend time talking to you and your dentist about your child to make sure that the office setting will be a safe and appropriate place to provide anesthesia for him or her. If I think that your child has a pre-existing illness that would jeopardize their safety under anesthesia in the office, I will recommend the hospital as an alternative.

I carry with me a tremendous amount of emergency equipment including extra oxygen tanks, breathing equipment, emergency drugs, and a defibrillator. In essence I have the same type of equipment and medication that I would have in the operating room. Anesthesiologists routinely manage the unconscious patient, making sure that their breathing and other physiologic functions are maintained within normal limits during anesthesia. In this setting, like the operating room, I am monitoring the patient’s level of anesthesia, vital signs and breathing at all times throughout the anesthesia course and dental treatment, never leaving the patient during the anesthesia and treatment.

The risk of an ‘allergic reaction’ to the anesthetics is very remote. It has been reported in the literature with propofol but it is very rare. If your child is allergic to eggs or to soy, I would not use this particular anesthetic during sedation since these there is an increase in risk of an allergic reaction to propofol in the presence of these food allergies. I would use anesthetic drugs and gases that are the same as those I would use in the operating room when a child has these known food allergies.

The risk of nausea and vomiting is also very, very low with this type of anesthesia. I will be administering anti-nausea medications through the I.V. during the dental treatment that have no other side effects and are very effective in preventing this problem.
Instructions for After the Anesthesia

Eating and drinking:
Do not give your child anything to eat or drink in the car on the way home. They have a higher risk of vomiting in the car after anesthesia. As soon as you get home your child can have some clear liquids to drink. For the first hour give them only the clear liquids e.g. Popsicles, water, soup, apple juice, etc. Do not just give your child water; they need more than that to maintain their strength and hydration. The first meal can be offered one hour or so after you get home and should consist of soft foods only, requiring minimal chewing. If your child is not hungry for the first several hours, do not force him or her to eat but do encourage plenty of fluid intake. If your child has nausea or vomiting for more than 2 hours after the procedure, please call me on my cell phone. Occasionally, a child will develop a fever after a prolonged dental treatment where many cavities have been treated. You may use children’s Tylenol or Advil or Motrin to take care of this problem.

Physical Activity:
Please do not leave your child alone for the first 4 to 5 hours after you get home. He or she could easily fall if they try to walk on their own while recovering from the effects of the anesthetic medications. It is a good idea for your child to take it easy the first day especially avoiding activities that require balance and coordination. For example, your child should not be bicycle riding, climbing trees, playing on the Jungle gym, etc.
Occasionally a child will develop a bright red color in their face a few hours after the anesthetic. This is not an allergic reaction and usually occurs if the child has been overly active after the anesthesia and a bit dehydrated. It is self limited and goes away in a few hours. If this occurs in your child and you have any concerns, please call me.

Pain Control:
If your child complains of any discomfort in their mouth when you are home, give them an appropriate dose of children’s Tylenol or Motrin. These medications are usually adequate for pain control after dental treatment.

I look forward to participating in your child’s dental treatment.

Terri D. Homer, M.D.