

## **Conscious Sedation**

### **What is conscious (moderate) sedation?**

Conscious (moderate) sedation is an alternative to general anesthesia that prevents pain and avoids significant side effects/risks. Under conscious sedation, you will stay awake and aware, the doctor can speak with you, and you will be able to respond. Conscious sedation will make you drowsy, but you will recover quickly and will be able to resume normal daily activities after a short period of time.

***It is important to let your doctor know if you have any allergies, especially to Fentanyl, Versed, or Triazolam before receiving conscious sedation.***

### **How will I receive the sedation medications?**

You may receive medications into your vein (intravenously through an I.V.), by injection into a muscle (intramuscularly), or by mouth (orally). The effects of intravenous medication may be felt immediately. The effects of intramuscular medication may be felt within 5 to 30 minutes. Oral medications may take 30 to 60 minutes to take effect.

### **What are the side effects of conscious sedation?**

- Drowsiness
- Feelings of heaviness and/or sluggishness
- Loss of memory concerning what happened during procedure
- Slow reflexes
- Low blood pressure
- Headache
- Feeling sick

Your blood pressure may be affected by the sedation. Your doctor will decide if you need intravenous fluids to get your blood pressure back to normal. Sedation may cause you to have a headache, feel sleepy, or feel nauseated for several hours after the procedure. You may have a brief period of amnesia (not remembering what has happened) after receiving conscious sedation.

### **Safety**

Most dental therapy can be accomplished on phobic patients using local anesthesia and sedation. Therefore, adequate use of local anesthesia must be considered as the first step of not only pain control but also anxiety control. Many central nervous system (CNS) depressants can alter the level of consciousness. Most of these can produce a hypnotic state if given in high enough doses, but only a select few can actually

produce a complete state of general anesthesia. Respiratory and cardiovascular depression are the most feared complications. Respiratory depression represents the principal negative variable introduced with conscious sedation and, left unrecognized and untreated, is the cause of most serious complications.

This is not to say that there is not a very slight risk to even the simplest procedures. Even administration of local anesthesia has resulted in death. For this reason, the safety of a sedative system is of the utmost importance. Sedation, deep sedation/general anesthesia, has a remarkable safety record; however, there have been studies showing that the deeper the sedation, particularly when administered to medically compromised patients, the very young and the elderly, the greater the risk over other procedures. Dione reported that overall mortality in the U.S. associated with general anesthesia, based on self-report of oral surgeons, has ranged from 1:860,000 to 1:349,000; however, self-reportings are usually given little credence due to a strong negative bias. A more credible study came out of records from the United Kingdom where the overall mortality risk was 1:248,000 for general anesthesia and 1:1,000,000 for conscious sedation (one patient died in a motorcycle accident later in the day of sedation). Only very low risk could be determined for local anesthesia.

The risk of sedation and anesthesia can be dramatically decreased with modern monitoring devices and the use of persons trained in monitoring and administration of anesthesia. It has been shown that the risk of anesthesia is dramatically reduced when a separate practitioner trained in general anesthesia administers and controls the sedation/anesthesia. In the case of two-operator administered general anesthesia, the risk went from 1:248,000 to 1:598,000. This is particularly true when treating patients with underlying medical problems.

*Sedation may slow your breathing, so your nurse may need to give you oxygen.*

### **How do I prepare for sedation?**

#### 1 to 2 weeks before your procedure

- Tell your doctor if you use:
  - Anti-inflammatory medications (like Indomethacin, Daypro, Aleve, Ibuprofen, aspirin, or even Pepto Bismol). These medications may interact with the sedation medications. Your doctor will tell you if you need to temporarily stop taking these medications for a few days before your procedure.
  - Narcotics, anti-anxiety or anti-depressant medications, or alcohol on a regular basis. Your doctor may want to discuss sedation alternatives if you are being treated for anxiety, mental illness, narcotic abuse, or use alcohol regularly.
- Your doctor will instruct you on how to take your other medications.
- Tell your doctor if you are or if you could be pregnant.

#### 1 to 2 days before your procedure

- If you smoke, your doctor may ask you to stop the night before your procedure and not restart until the day after.
- Your doctor will give you specific instructions on what you may or may not eat prior to the procedure.
- Do not drink alcohol the night before and day of the procedure. Alcohol can interact with sedation and pain medications.

### The morning of your procedure

- Your doctor will explain the benefits, risks, and recovery expectations of your procedure. You will have time to ask questions. If you agree to the procedure, you will be asked to sign a consent form.
- You must have a responsible adult take you home. This person must be available when you are discharged after the procedure.
- Your doctor will ask about your medical, surgical, anesthetic, and family history and will perform a physical examination. He or she will also ask for a list of your current medications and allergies. An assistant will take your vital signs (including blood pressure and heart rate).
- The doctor will put an intravenous catheter (I.V.) in your arm. This is a small plastic catheter placed into your vein to administer fluids and medications during the procedure.

### **What happens during the procedure?**

- The assistant and/or doctor will stay with you at all times to check your level of sedation, and your nurse will check your vital signs every 5-10 minutes.
- A machine will check your oxygen level (oxygen saturation) continuously with a device that clips onto one of your fingers.
- You will feel very relaxed and may even begin to fall asleep. But, you will still be able to talk with your doctor and his assistant.

### **What happens immediately after the procedure?**

- An assistant will watch you closely (including checking your vital signs and monitoring your oxygen level) until you recover from the sedation and your vital signs return to what they were before the procedure.

### **Outpatients:**

- You must be awake, alert, and know where you are.
- You must not be bleeding or vomiting.
- Your blood pressure, pulse, breathing, and oxygen saturation must be close to normal.
- You must be able to drink fluids.

### **Should I do anything special after conscious sedation?**

- A responsible adult must take you home. This person must be available when you are ready for discharge.
- Do not take a bus, taxicab, Metro, Uber, etc., without a responsible adult riding with you.
- Do not drive, drink alcohol, use machinery, make important decisions, or sign legal documents for 24 hours after receiving conscious sedation.