RESEARCH SUMMARY

Assessing children before GA

Assessment of children prior to dental extractions under general anaesthesia in Scotland

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Objective

To determine the type of dental assessment service offered to children prior to exodontia under chair dental general anaesthesia (CDGA) in the community and hospital dental services (CDS, HDS) in Scotland.

Design and setting

Telephone interviews were conducted with CDS and HDS clinical directors in Scotland using a semi-structured questionnaire, with written follow-up confirmation. Copies of CDGA referral forms were also requested.

Results

All clinical directors, or their nominated deputies, participated (n = 21). Almost half of interviewees indicated that their area offered a 'dedicated' pre-CDGA assessment service (n = 10). A range of grades was identified amongst assessors; a minority were described as 'specialist paediatric staff'. The availability of CDGA alternatives, including local analgesia and conscious sedation varied. Changes to the referral treatment plan were reported to occur 'sometimes' or 'often' by 11 interviewees regarding the anaesthetic used, and by 16 respondents regarding the number of teeth extracted. The content of CDGA referral forms was diverse.

Conclusions

The method of referral and assessment of children for CDGA in Scotland is diverse, partly reflecting geographic limitations and local need. Guidance on pre-GA assessment, including use of standardised referral forms, may reduce variation and improve the quality of the pathway of care.

IN BRIEF

- This paper will facilitate future definition of what is involved in assessment prior to chair dental general anaesthesia (CDGA).
- It will prompt some debate about the location of assessment services in relation to the CDGA service and to conscious sedation alternatives.
- It will prompt discussion about the level of training and experience required by the dental 'assessors', should they be specialist paediatric dentists?
- This paper might also prompt further guideline development in relation to the CDGA pathway of care.

COMMENT

General anaesthesia is a procedure that is never devoid of risk. Pre-anaesthetic assessment for non-intubated dental general anaesthesia is, therefore, regarded as good practice, since it ensures that the anaesthetist has a satisfactory medical history and the operating dental surgeon has appropriate clinical information to undertake the proposed care. Ideally, it should also provide an opportunity to reduce the numbers of patients who go on to receive a general anaesthetic by actively diverting them to alternative treatment modalities.

The results of this survey of current practice with regard to pre-anaesthetic assessment in Scotland are in some ways disturbing. The General Dental Council has made explicit the roles of both the referring and treating dentist in relation to the provision of dental treatment under general anaesthesia, emphasising that the decision to treat a patient in this way must not be taken lightly. That only 14 interviewees indicated that consent for the procedure would be obtained as part of the assessment is worthy of comment: consent is an on-going process which should involve the referring dentist, the individual responsible for the pre-anaesthetic assessment (finalising the treatment plan and agreeing this with the patient, parent/carer and anaesthetist) and the dentist who ultimately wields the forceps. It is also surprising to note that less than half of the interviewees discussed alternative treatment options at the pre-anaesthetic assessment, particularly since the assumption that referring practitioners would already have explored these alternatives is not necessarily a safe one to make. Entwined with this latter observation is the finding that, for over a third of the services surveyed, assessment and treatment occurred on the same day. Facilities offering a 'same day' service are undoubtedly attractive to both referring general dental practitioners and families whose children require treatment under general anaesthesia, particularly where long-distance travel is involved. However, continuation of this practice in the name of consumer satisfaction will do nothing to change the cultural acceptance of dental treatment (particularly extractions) under general anaesthesia for our children. The authors make the point that walking in from the street with a letter from a primary care provider for immediate and direct access to a general anaesthetic service without further specialist assessment is virtually unheard of in medicine. It is now time for this practice to cease in dentistry.

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