

Results in Review

Newsletter for referring dental professionals

Summer 2008

Sedation for Children; Partnering with Pediatric Dentists

Dental caries is an infectious disease, the most common chronic disease of childhood. According to the Centers for Disease Control, it is 5 times more common than asthma and 7 times more common than hay fever. An estimated 51 million school hours are lost to tooth decay every year.

According to the American Academy of Pediatric Dentistry (AAPD), dental decay can be well advanced by 3 years of age. Approximately 60% of children have caries in their primary teeth by age 5, increasing to 78% by age 17. Rampant caries can impact a child's nutritional health, causing insufficient growth and development in children who have no other medical problems. Decay in the aesthetic zone can adversely affect a child's developing self-image and self-esteem. Decay can also result in significant pain and potentially life-threatening infection. Gingivitis is nearly universal in children and adolescents, and can develop into severe forms of periodontitis.

Some children are not candidates for routine in-office dental care, and may require sedation in order to receive treatment

safely. The AAPD advocates the use of deep sedation/general anesthesia for infants, children, adolescents, and persons with special health care needs when clinical indications have been met and additional properly trained and credentialed personnel and appropriate facilities are used.

Clinical indications for deep sedation/general anesthesia include:

- complex or lengthy treatment needs
- uncooperative age-appropriate behavior
- immature cognitive functioning
- developmental, physical or mental disabilities
- acute situational anxiety or other emotional impairments
- at-risk medical conditions
- when traditional behavior management techniques are not adequate
- when protective stabilization is not sufficient or appropriate
- when patient movement needs to be minimized

References:

<http://www.cdc.gov/OralHealth/>

<http://www.aapd.org/>

<http://www.surgeongeneral.gov/library/oralhealth/>

"There are certain types of cases that I frequently refer to the Blende Group:

(1) Special needs patients who require more adult treatment, like crowns or root canals on permanent teeth

(2) Parents who simply prefer that their child's general anesthesia treatment be completed in a hospital setting for personal or insurance reasons and

(3) Children whose treatment is urgent in nature and requires general anesthesia.

I find that the Blende Group is very efficient and experienced in getting these urgent cases on their OR schedule.

When I refer to Dr. Blende's practice, I am confident that my families will be taken care of in a thoughtful, detailed and personal way."

Gila Dorostkar, DDS, PC

Pediatric Dentist in Greenbrae, CA

Our Goal:

With more than 20 years experience in Sedation Dentistry and Hospital Dentistry using General Anesthesia, we are committed to removing every barrier a patient has to receiving dental care and to ensuring that all children have access to definitive full mouth rehabilitation.

What Can We Do for You?

Most dentists offer nitrous oxide, many offer oral conscious sedation, some offer I.V. sedation, and a few offer general anesthesia. The Blende Dental Group offers all of these. If you should encounter a patient who is beyond the scope of the services you provide, we welcome your referral.

Case Study: Pediatric Dentistry Using General Anesthesia

Austin Reyes is a 3 year old child who was diagnosed with "bottle syndrome" by his Pediatrician at Kaiser Permanente. The Pediatrician referred Austin to a local dental school. When his mother tried to

make an appointment for him, she was told that the waiting list was 6 months, despite Austin's active infections. She returned to the Pediatrician, who then referred her to our office.

The Pediatrician had not included our office as an option at his initial referral because he was not sure if the family could afford a private practice. However, healthcare providers can best advocate for their patients by offering them all the available options and allowing them to choose what is right for them.

Austin required extensive dental treatment for his severe caries and abscesses, which his mother thought were causing him discomfort (he is non-verbal). In addition, he presented with a complex medical history that includes a genetic disorder from a chromosomal abnormality that contributed to a global developmental delay with microcephaly, leaving him at risk for several medical complications. He has GERD, for which he is on daily Pepcid and Raglan, with Omeprazole as needed. A swallow study shows he has abnormal oral and oral/pharyngeal phases of swallowing. He also has asthma, for which he is on daily Pulmicort and Albuterol. He has been admitted to the hospital multiple times for respiratory distress with hypoxia. Due to Austin's medical conditions, his dental treatment was completed under general anesthesia at Kaiser Permanente hospital.

The Treatment Plan:

Child Prophylaxis
Extractions: B, D, E, F, G, I
Composites: A, J, K, L, O, P, S, T
Space Maintainers: A - C, H - J
Fluoride varnish
Referred to pediatric dentist in his area for maintenance

