

Synopsis of Chapter 5, “Special Needs of Cosmetic Dental Patients”©

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Dental phobia, ‘White Coat Syndrome,’ fear of needles, fear of pain or the unknown are pretty common in healthcare. Dentistry has it's own level of phobia. ‘Dental Phobia’ is in the Diagnostic and Statistical Manual of Mental Disorders (DSM)ⁱ; a kind of pantheon of fear. Fear of dental treatment is so universal it is a common usage metaphor. It is also a common plot device for authors and movies (i.e. 1976 movie ‘Marathon Man,’ with Dustin Hoffman and Sir Laurence Olivier). It is really, really deep for many people. From where does it come? While the impact of any treatment in the mouth is probably more likely to have negative responses, the answer is most likely that it actually is unpleasant. A majority of the population goes for dental care and then sometimes it sounds bad, tastes worse and sometimes hurts. When it hurts, it hurts in a sharp, ugly, startling way that leaves an indelible memory often crossing generations. Regrettably, only a very small percentage of dentists utilize even the most rudimentary pain and anxiety control techniques (other than local anesthetic injection). For this reason, patients and their dentists have few options to reduce the likelihood of a bad experience or prevent the repeat of one that already happened.

Studies show large numbers of the American population do not seek regular dental care.^{ii iii iv} These studies usually show that if advanced forms of anesthesia were available, they would seek treatment.^{v vi vii} The offer of competent anesthesia care will increase interest in cosmetic dental procedures.

Most cosmetic procedures require a considerable financial commitment from the patient. Patients usually invest considerable time and resources selecting a dentist to give them the very best

outcome possible outcome. Comfort is usually a part of the calculation. Finding a compatible anesthesia provider to compliment the procedure must be part of the equation.

There is no American Dental Association (ADA) accredited specialty for anesthesiology! While medicine, nursing and even veterinary medicine have approved training and certification programs in anesthesiology, the ADA has not. Despite these circumstances, there are trained dentists (and physicians and nurses) who can provide reliable anesthesia care. Further, there are credentials offered that identify dentists with a soundly trained anesthesia background such as Diplomate status (board certification) in the American Dental Board of Anesthesiology.

One thing remains constant, regardless of the venue or treatment: general anesthesia or deep sedation (which can quickly change to general anesthesia) should be provided by a specialist in anesthesia, i.e. an anesthesiologist or dentist anesthesiologist or nurse anesthetist.^{viii}

Questions to ask of the anesthesia provider:

1. Is this true conscious sedation? (Which means I will be lightly sedated, still respond to verbal commands, and be able to breathe normally without snoring.)
2. Is this a deep sedation technique? (I will not respond to verbal commands and I may need some airway support, i.e., chin lift, mechanical airways.)
3. Will I be given general anesthesia? (I will be completely asleep, the intravenous medications may be supplemented with an inhalation anesthetic, and a type of artificial airway will probably be used, i.e. endotracheal tube [breathing tube], laryngeal mask airway [LMA].)
4. Who will monitor me during the procedure?
5. Will this person have any other responsibilities beside the anesthetic? (The answer should be “no.”)

ⁱ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, text revision. Section 300.29 Specific Phobia of blood-injection-injury type. (443-450) Washington, DC, American Psychiatric Association, 2000.

ⁱⁱ Milgrom P, Garcia RI, Ismail A, Katz RV, Weintraub JA. Improving america's access to care: the national institute of dental and craniofacial research addresses oral health disparities. *JADA* 2004 24;135:1389-1396.

ⁱⁱⁱ Doyle N, Thompson L, Anderson D, Trapp L. The use of general anesthesia to facilitate dental treatment. *General Dentistry*. 2003;51:464-469.

^{iv} Newman JF, Gift HC. Regular pattern of preventative dental services-A measure of access. *Soc Sci Med* 1992;35:997-1001.

^v Dionne RA, Gordon SM, McCullagh LM, Phero JC. Assessing the need for anesthesia and sedation in the general population. *JADA* 1998;129:167-173.

^{vi} Yagiela JA. Office-based anesthesia in dentistry. Past, present and future trends. *Dent Clin North Am* 1999;43 (2): 201-215.

^{vii} Gordon SM, Dionne RA, **Snyder JA**. Dental fear and anxiety as a barrier to accessing oral health care among patients with special health care needs. *Spec Care Dentist* 1998;18(2):88-92.

^{viii} American Society of Anesthesiologists. Guidelines for office based anesthesia. Reviewed 2000. Available at:

<http://www.asahq.org/publicationsAndServices/office.pdf>.

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