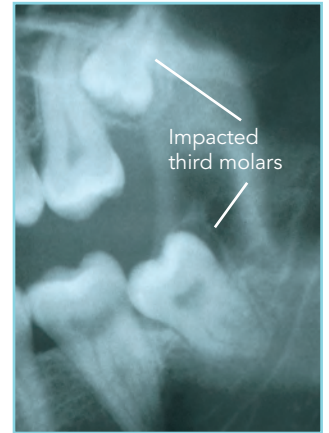
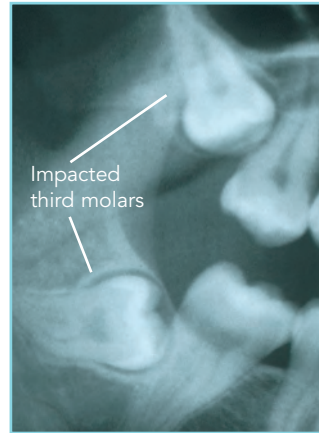


**S**urgery performed within the mouth is known as oral surgery. Oral and maxillofacial surgeons, dental surgeons and dentists all perform oral surgery. Minor procedures such as a simple tooth extraction are usually performed with a local anaesthetic administered by the dentist in the dental surgery. So-called “laughing gas”, a mixture of nitrous oxide and oxygen, is also occasionally used for simple procedures.

More invasive or complex surgical procedures often require intravenous sedation or general anaesthesia. These procedures include:

- removal of severely impacted and buried teeth (especially third molars, commonly called wisdom teeth)
- exposure of partially erupted teeth to facilitate better eruption
- placing of surgical implants, such as dental implants to replace lost teeth
- operations on the bones of the jaws, for example, orthognathic surgery to correct jaw alignment and occlusion between the upper and lower teeth, often called “bite”.

For most patients having dental surgery, the procedures are



People with impacted third molars (commonly called wisdom teeth) often require general anaesthesia. As shown on these X-ray films, third molars can become severely impacted and may require a complex surgical procedure for extraction.

usually fairly short, so most patients go home a few hours after the procedure.

Young children who are particularly fearful may need to have general anaesthesia, even for relatively simple oral surgery. General anaesthesia in a child can greatly reduce anxiety and assist the child’s acceptance of regular dental care.

## Before the sedation or anaesthetic

You may be asked to complete a questionnaire before your procedure. Your anaesthetist needs to know about your health, including:

- your medical history
- any allergies, in particular if you (or a close blood relative) have ever had a bad reaction to a local or general anaesthetic drug, an antibiotic, other medicines, latex products, chlorhexidine preparations, or eggs
- herbal medicines you may be taking
- recent illnesses
- any bleeding disorder or easy bruising

- your lifestyle, including alcohol consumption and whether you smoke
- whether you are or may be pregnant
- whether you have active reflux of gastric contents into your throat when you lie flat or bend over
- whether you have a laparoscopic gastric band or have had significant stomach surgery
- all medicines you are taking, including blood-thinning agents, aspirin and other antiplatelet medications. Check with your surgeon or anaesthetist if you have not been given specific advice about these medications prior to your upcoming surgery.

On the basis of pre-anaesthetic examination and the type of surgery you are undergoing, your anaesthetist and surgeon will decide on the most appropriate anaesthetic for you.

You will be advised if you should stop taking any of your usual medicines and when you should stop eating and drinking before the operation.

You should consider the anaesthetic risks and benefits as they relate to your situation. Ask your anaesthetist to answer any further questions you may have prior to the procedure. You may be asked to sign a “consent for anaesthesia” document.

### IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW.

**DEAR ANAESTHETIST:** When you discuss this pamphlet with the patient, fill in the information on this sticker, peel it off, and put it on the patient’s medical history or card. This will remind you and the patient that this pamphlet has been provided. Some anaesthetists ask the patient to sign the sticker to confirm receipt.

### TALK TO YOUR ANAESTHETIST

**T**his pamphlet is intended to provide you with general information. It is not a substitute for advice from your anaesthetist and does not contain all known facts about anaesthesia for oral surgery and every possible side effect. If you are not sure about the benefits and risks of anaesthesia, terms used in this pamphlet, or anything else, ask your anaesthetist.

**This document is intended for use only by Mr Stephen Hookey.  
This document is valid until 30 June 2021.**

## Fasting

Carefully follow fasting instructions given to you by your anaesthetist or surgeon. Fasting times may vary according to the procedure. No food or drink means absolutely no food or drink.

## Intravenous sedation

Small doses of anaesthetic drugs, administered into a vein, produce sedation. The sedation makes you relaxed and drowsy. If the sedation is increased, you may fall asleep but the anaesthetist can easily arouse you. You may not remember things clearly while under sedation. It is common for anaesthetists to administer intravenous sedation for oral surgical procedures.

## General anaesthesia

General anaesthesia is a state of unconsciousness that is controlled by the anaesthetist. It is accompanied by the patient's partial or complete loss of reflexes.

General anaesthesia for oral surgery requires the training, experience and skills of an anaesthetist to safely manage the patient.

While general anaesthesia may be administered in the dentist's or surgeon's office, more often it is undertaken in a hospital operating theatre.

This often depends on the health of the patient, the complexity of the surgical procedure, the facilities available, and the need for postoperative care.

Depending on the choice of general anaesthetic, the route of administration may be by inhalation or intravenous injection. An inhalational anaesthetic is delivered by a breathing mask. An intravenous injection involves the insertion of a small tube into a vein in an arm or hand. If time is available, a cream may be applied to the skin to help numb the area and reduce discomfort.

**CHILDREN:** In some hospitals, with the permission of the anaesthetist, a parent may accompany a child into the operating theatre and remain there until the child is anaesthetised.

## During the surgery

Your anaesthetist monitors your heart rate, blood pressure, breathing, other vital signs and depth of anaesthesia throughout the operation.

Your anaesthetist uses special techniques to optimise your body's response to the surgery and to minimise the risks, such as bleeding.

Sometimes, special equipment is used, such as a breathing tube placed through the nose when you are asleep.

## Recovery from sedation and general anaesthesia

Once the operation is completed, consciousness is allowed to return. The patient is transferred to the recovery area to awaken fully.

Patients are able to leave (with an accompanying person) once they have:

- recovered sufficiently from the sedation or anaesthetic
- minimal blood loss from the surgical area and minimal nausea
- adequate pain relief.

The length of time depends on factors relating to you, your surgery, and any reaction to medications.

After complex procedures, the patient is transferred to a ward and remains in hospital overnight or longer. The patient can usually eat and drink small amounts within a few hours after most types of surgery. A drink is offered first and solids later. Eating and drinking too much, too quickly, can result in vomiting.

## Pain relief after surgery

Postoperative pain is often relieved by:

- local anaesthetic injected during the procedure by the dentist or surgeon
- drugs including paracetamol, non-steroidal anti-inflammatory drugs, and opioids. Your anaesthetist will prescribe the pain relief suitable for you.

## Possible risks and complications of anaesthesia for oral surgery

All anaesthetic and surgical procedures are associated with some risk. Despite the highest standards of anaesthetic practice, complications are possible. Rarely, they may be serious and permanent.

Most people having general anaesthesia, intravenous sedation or local anaesthesia will not have significant side effects. However, if you have concerns about possible complications, discuss them with your anaesthetist.

The following risks are listed to inform you, not to alarm you. There may be others that are not listed.

Side effects may include:

- feeling woozy, dizzy and cold
- sore muscles
- postoperative nausea and vomiting
- sore throat

- bloody nose or even a black eye
- damage to teeth (uncommon)
- some difficulty breathing immediately after the operation; this usually settles down after a few minutes, but may require drug treatment
- awareness
- swelling and bruising at the site of injection
- a blood clot in a deep vein of a thigh or leg, which requires immediate treatment.

### SIDE EFFECTS OF ANAESTHETIC DRUGS

Most side effects to anaesthetic drugs are minor. Sometimes severe reactions may occur. Rarely, such side effects may be severe or even life threatening.

As your anaesthetist is trained to manage these reactions, it is unlikely

that a previously well patient will come to serious harm. The chance of a disastrous outcome has been estimated at less than one in 70,000 anaesthetic procedures; this is an extremely small risk.

## Costs of Treatment

You will receive an account from your anaesthetist for professional services. You may request advice about these fees so you are aware of the rebates from Medicare and your private health insurance fund as well as any out-of-pocket expenses.

## Your Anaesthetist

