

**GENERAL ANESTHESIA PATIENTS INFORMATION LETTER**  
(Central Carolina Hospital)

After careful evaluation of your child's oral condition, it has been decided that the required dental care can best be accomplished in the hospital operating room under a general anesthetic. This will allow us to provide the highest quality care in a controlled environment. As a parent, you naturally will be somewhat apprehensive about your child's hospitalization. Please read the information and instructions we provide to you very carefully to familiarize you with what to expect during your child's brief hospital stay.

The procedure to be performed is called an "oral rehabilitation." It is an elective surgery, which means that it should be done only when your child is in **optimal health**. If he/she has a fever, ear infection, runny nose, bad cough, congestion, diarrhea, or any other medical conditions please notify us immediately. Also, call us immediately if your child becomes exposed to any contagious illness. We will need to reevaluate their condition, and if indicated, reschedule the surgery date.

Children who have been prepared for the hospital experience have few behavioral problems afterwards. If asked, give your child honest and reassuring explanations to their questions. State the facts as clearly and simply as you can in terms they can understand. A simple statement such as "while you are sleeping the dentist is going to wash and polish your teeth" is most often sufficient for pre-school children. Avoid using fear-provoking words such as hurt, needle, shot, bleed, and drill. Avoid discussing any personal experiences in front of your child. Try to maintain a positive attitude about the experience, as your child may sense any anxiety on your part.

The checklist we will give to you has been prepared to assist you in understanding the usual sequence of events. This is very important since your child's initial exam will be accomplished in our clinic. Required treatment will take place at the **Central Carolina Hospital** under the direction of Dr. Vissichelli. Following completion of treatment, your child will need a post-operative evaluation usually one to two weeks after treatment, then your child will need to be seen for dental check-ups every 3 months for one year unless discussed otherwise.

Following our discussion, feel free to ask whatever questions you may have before you leave the clinic. Any misunderstandings may result in cancellation of the procedure and waste valuable operating room time. With your assistance, it is our goal to provide your child with the best dental care possible.

Vincent P. Vissichelli, DMD, MBA  
Pediatric Dentist

**PEDIATRIC DENTAL SERVICE  
CONSENT FOR GENERAL ANESTHESIA**

Your child has some dental problems that need to be corrected. However, he/she is not able to cooperate for these necessary dental procedures without jeopardizing the safety of himself/herself or the dental personnel. If no treatment is provided, your child could experience pain; significant infection; or other problems that might require more extensive treatment at a later time.

Utilizing general anesthesia with a tube through the nose in the operating room, all the fixable teeth will be treated using silver or tooth colored fillings, silver caps, root canals, space maintainers, and those teeth that are determined to be non-restorable will be extracted. The alternatives to this treatment are to do nothing, or sedation. Complications include bleeding; respiratory problems; infection; permanent harm; or even death.

Please call Dr. Vissichelli at 910-497-3200 (work), 910-824-4326 (cell) or 910-717-2551 (home) if you have any questions.

Dr. Vissichelli and his staff have discussed with me, to my satisfaction the nature and purpose of this procedure along with alternative methods, their advantages and disadvantages, and possible risks. I have been given an opportunity to ask questions and all questions about the procedure have been answered in a satisfactory manner.

I acknowledge I understand the sedation procedure and approve of its use by Dr. Vissichelli and Staff in the management of \_\_\_\_\_ during his/her dental appointment.

Child's Name

Guardian's Signature

Date



DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM  
PM

I, \_\_\_\_\_, authorize the performance upon \_\_\_\_\_ of the following procedure(s):

Dental Rehab under general anesthesia in the operating room. All of the fixable teeth will be treated with silver or tooth colored fillings, silver crowns, pulpal therapy & space maintainers. Those teeth that are non-restorable will be removed. Any additional dental procedures deemed necessary will be accomplished. Complications may include bleeding, respiratory problems, infection, permanent harm or death.

by **Dr. Vincent P. Vissichelli, DMD**, MD.

It has been explained to me that during the course of the operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 1. I understand what is to be done, the risks involved, and the possible consequences of the procedure. Alternate means of therapy have been fully explained. I therefore authorize and request that the above-named surgeon and his assistants or his designees perform such surgical procedures as are necessary and desirable in the exercise of the surgeon's professional judgment. The authority granted below shall extend to remedying all conditions that require treatment and are not known to the surgeon at the time the operation is commenced including administration of blood and/or blood components.

I understand any tissue or parts which may be removed will be sent to a pathologist for his evaluation and disposal.

I consent to the presence of any vendor or observer/student whose presence my physician deems necessary or is consistent under the guidelines of medical education. I consent to the admittance of students who may participate in my care.

A Medical Product Representative may be necessary to provide technical support.

I have been informed of the risks of the operation to be performed on me, and I am aware of the other risks such as severe loss of blood, infection, cardiac arrest, etc., that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.

I understand that I have the right to privacy, confidentiality and safety.

I consent to the administration of such anesthetics as may be considered necessary.

My surgeon and I have agreement of the correct procedure and surgical site.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

If patient is unable to sign or is a minor, complete the following: Patient (is a minor \_\_\_\_\_ years of age) is unable to sign because:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guardian/Other person and relationship

\_\_\_\_\_  
Second Witness (if applicable)

Two witnesses required when: 1) Patient signing with an "X".  
2) Patient's signature is not legible.  
3) Telephone consents.

**Physician Attestation**

I have explained to the patient/responsible other, the nature of the procedure and its risks and benefits both non-operative and surgical. The ill effects from transfusions may be transmission of infectious hepatitis or other diseases, or untoward blood reactions.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Nurse Practitioner/Physician Assistant Signature

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Date / Time

**Informed Operative Request**

**INSTRUCTIONS TO PARENTS OF PEDIATRIC PATIENTS  
 RECEIVING GENERAL ANESTHESIA FOR DENTAL TREATMENT**

EATING AND DRINKING BEFORE TREATMENT	To avoid vomiting and complications during treatment with sedation or anesthesia. <b>DO NOT</b> allow your child any food or drink (even water) after midnight.
CHANGE IN HEALTH	If possible, inform this office of any change in your child's health prior to their appointments. Any changes, especially the development of a cold or fever, within 7 days prior to the day of treatment, can be significant and is very important. For your child's safety, the appointment may be rescheduled for another day. If you have a question, please call us.
ARRIVING FOR TREATMENT	A parent or responsible adult (with Power or Attorney) must accompany the patient to the dental office or hospital and <u>must remain</u> until treatment is complete. Plan to arrive early for your appointment.
MEDICATIONS	Give your child only those medications which they take routinely, such as seizure medications or prophylactic antibiotics, and those prescribed by your child's dentist (unless directed otherwise by your child's physician or member of the anesthesia staff). <b>DO NOT</b> give your child any other medications without first checking with your doctor (dentist).
ACTIVITIES	<b>DO NOT</b> plan or permit activities for your child after treatment. Allow your child to rest. Closely supervise any activity for 24 hours after the procedure and then allow normal activities as he/she desires. Resume routine brushing the evening following surgery. For the 1st couple of days following tooth removal be careful or even avoid brushing the extraction site(s).
GETTING HOME	The patient must be accompanied by a parent or responsible adult (with Power of Attorney). Someone should be available to drive the patient home. The child should be closely watched for signs of breathing difficulty and carefully secured in a car seat or seat belt during transportation. <b>DO NOT</b> use a bus.
DRINKING AND EATING AFTER TREATMENT	After treatment, the first drink should be plain water or clear fluids. A period of nausea may normally follow general anesthesia. Room temperature 7-Up or Coke may help in settling the stomach. Small, frequent sips (around every 15-20 minutes) should be encouraged and are preferable to large gulps. Getting your child to drink is the best thing that you can do to help speed him/her to recovery. Following fluids, a soft diet can be taken if desired. If teeth were removed, <b>DO NOT</b> have your child rinse their mouth or use a straw for drinking in the first 24 hours as this could interrupt the healing process and bleeding could resume. With missing teeth it is more difficult for your child to chew or bite food. You should help your child by cutting his/her food into small bite-size pieces.

### OR PATIENT APPOINTMENT INFORMATION

There are three scheduled appointments for your child which includes (1) the health physical (2) pre-testing phone call, and (3) the actual surgery date. Please take your child with you to the Health Physical and Surgery Appointments.

Patient: \_\_\_\_\_

### HEALTH PHYSICAL

Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**You Will Need:** Request For Physical Form  
Health & Physical Examination Form

### PRE-TESTING CALL

Pre-Op testing with Central Carolina Hospital will call on the Friday before the surgical appointment. At this appointment you will receive the tentative surgery time and the time you and your child must arrive at the hospital. You will also receive guidelines and instructions that **must** be followed before the surgery.

**SURGERY DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*** Appointment time is determined by Central Carolina Hospital, based on individual patients' needs. Central Carolina Hospital will notify you of your appointment time during the pre-testing call. You MUST BRING THE COMPLETED HISTORY AND PHYSICAL FORM WITH YOU TO THIS APPOINTMENT.

Central Carolina Hospital is located at 1135 Carthage Street, Sanford, NC 27330

I have read and understand the importance of each scheduled appointment, as well as what is required at each appointment in order for my child to be treated in the operatory at Central Carolina Hospital.

\_\_\_\_\_  
Parent / Guardian Signature Date

Date: \_\_\_\_\_

Request for Physical

To: Primary Care Manager

Facility: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Please complete the enclosed history and physical form for hospital pre-admission on \_\_\_\_\_. Admission is for complete rehabilitation at Central Carolina Hospital on \_\_\_\_\_. The provisional diagnosis is multiple dental caries.

Parents should bring the completed form back to Spring Lake Dental Group or must hand carry the original form to Central Carolina on the day of surgery. A copy of the completed physical form should be faxed to Central Carolina Hospital Attention to Cindy/Geneva at 919-774-2316. Please call if you have any questions.

Thank you,

LaToya Johnson  
OR Coordinator  
Enclosure (1)



Central Carolina Hospital

\*CCA1HP\*

CCA1HP

**SURGICAL/PROCEDURAL HISTORY & PHYSICAL**

Patient's Name: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

**HISTORY**

CHIEF COMPLAINT/PRESENT ILLNESS: \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDS: \_\_\_\_\_

PERTINENT HISTORY (Past/Family/Social): \_\_\_\_\_

PRIOR SURGERIES/HOSPITALIZATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**REVIEW OF SYSTEMS**

(PERTINENT +s/-s) \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION**

VITAL SIGNS: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ MENTAL STATUS: \_\_\_\_\_

GENERAL: \_\_\_\_\_

LUNG: \_\_\_\_\_

HEART: \_\_\_\_\_

PERETINENT PHYSICAL FINDINGS: \_\_\_\_\_

\_\_\_\_\_

CLINICAL IMPRESSION: \_\_\_\_\_

\_\_\_\_\_

PLAN: \_\_\_\_\_

<b>PREPROCEDURE ASSESSMENT:</b>		
<input type="checkbox"/> "No Change" has occurred in the patient's condition since the H&P was completed.		
<input type="checkbox"/> "Change": _____		
Initial: _____	Date: _____	Time: _____

\_\_\_\_\_  
Physician's Signature                      Date              Time

**SURGICAL/PROCEDURAL  
HISTORY & PHYSICAL**

\* «Patient Number» \*

**TREATMENT OPTIONS, RISK, OUTCOMES**

**\_\_ FLUORIDE VARNISHES** The dental decay will be slowed down by good oral hygiene, minimizing sugar or sweets in the diet, and the application of a fluoride varnish periodically. This procedure is an interim treatment, which gives everyone more time to decide how to treat the dental decay; however, it will not halt the spread of the decay.

**\_\_ RESTRAINT** The child may be held by the staff, parents, and/or a safety-restraining device in an effort to restrict movement of the arms and legs, which could result in the child injuring themselves. For a small single filling or simple treatment need, the parent may wish to try this rather than sedating the child. It is not always successful and the doctor or parent may feel it is not in the best interest of the child to provide care in this manner.

**\_\_ NITROUS OXIDE (LAUGHING GAS)** It is effective only if the child breathes through his nose! If they become upset and start crying, it does not work. It helps many children with gag reflexes and children who are anxious, but cooperative. There are almost no risks to the child. Mothers who are pregnant are not allowed in the treatment area because of the implied risks to developing fetuses. Children who have eaten 2-4 hours prior to the procedure may throw up, so following the doctor's instructions before the appointment are important. The gas disappears within several minutes after the child stops breathing it, so when they are done there are no side effects.

**\_\_ OPERATING ROOM** Children who have extensive dental caries that cannot be addressed in 1 or 2 sedation visits or are so disruptive that care cannot be safely rendered are candidates for care in the hospital environment. General anesthesia is employed to put the child to sleep and all the dental care needs are done in one visit. The child remembers nothing of the dental procedure and we can preserve the positive developing attitude toward good oral health and address serious dental health care needs in a timely and reasonably safe manner. There are risks with general anesthesia, which need to be considered by the parent and will be discussed in detail at a later appointment. The risk of providing no treatment, out of fear over general anesthesia, generally outweighs the risks of the procedure. It is done on a regular basis by our staff.

**\_\_ RISKS** All options have risks. To do nothing when severe dental caries have been identified can lead to problems no child should be forced to risk. Sedation and the operating room are two options with greater risks than simple local anesthesia and treatment in the dental office, but they are not unreasonable treatment alternatives and should be considered by parents where the dental needs warrant such a recommendation

**\_\_ SEDATION** Children with no compromising heart and lung problems are good candidates for sedation if they are trying hard to cooperate, but are just too anxious to sit still for the more lengthy procedures. Sedation medications unfortunately only have a calming effect in about 70% of children. It is almost impossible to predict which children will respond favorably to sedation medications. Some children become combative and resist all treatment, rather than become relaxed. Those children who are sedated must be constantly monitored to insure that their breathing and heart are responding favorably to the medications. This requires intensive doctor time and we are limited in how many treatment slots we can dedicate to this. Sometimes it is not effective and the parents must decide whether to proceed or discontinue the procedure. The doctor may feel that the child is so disruptive in their reaction (even with sedation medication) that he cannot continue safely. The procedure will be stopped and alternatives for treatment completions will need to be discussed. The sedation fee covers the many additional costs the practice incurs in offering this service to our patients and is not refundable if the sedation is terminated due to the parents or doctors concerns during the course of the visit. Risks, to include stopping of breathing, heart stoppage, permanent brain injury or death can result as a reaction to medications or medical problems. We take multiple precautions to include the use of sophisticated monitoring equipment to insure patient safety and minimize risks.

**\_\_ NO TREATMENT** Caries is a progressive disease. Decay can lead to abscesses, which can spread throughout the body and in the worst case, can cause death through meningitis, sepsis or bacterial routes. Less severe outcomes include loss of teeth subsequent orthodontic. Nutritional status of children with extensive dental decay has been shown to be compromised and these children are not as healthy as they could otherwise be.

### STAINLESS STEEL CROWNS

Your child has had one or more teeth restored with a stainless steel crown. The cement which holds the crown on the tooth requires approximately twelve hours to achieve its final set. Therefore, only soft foods should be chewed with the newly restored teeth today. Regular diet may be resumed the following day.

Stainless steel crowns may be dislodged or pulled off if extremely hard or sticky foods are chewed with them. Hard or sticky candy and all types of gum should be AVOIDED.

It is not unusual for the gum tissue around the newly restored tooth to be slightly irritated and inflamed for several days. This can be eased by using salt water rinses while the irritation persists.

The area should be brushed gently today, gradually increasing to normal tooth brush pressure in a few days.

If the crown is on a primary tooth, it will come out when the permanent tooth is ready to erupt.

Should a crown become loose or dislodged it should be saved and you should contact the office to have it recemented as soon as possible.

### SPACE MAINTAINER

Your child has received a space maintainer today to prevent primary teeth from drifting into spaces meant for permanent teeth. Several suggestions are important in caring for space maintainers.

The spacer must be kept clean. The wire(s) tend to collect food particles and great effort must be taken in cleaning the spacer to prevent future decay or gum irritation.

The spacer may be dislodged or pulled off if extremely hard or sticky candy or gum is chewed. Your child should avoid these foods as long as the spacer is in place.

Normally a spacer is kept in place until the permanent tooth or teeth erupt. At that time, the spacer should be removed to allow the permanent tooth to erupt fully into the space preserved by the spacer.

### TOOTH REMOVAL

Because the numbness will last for 1-3 hours, it is important that the patient be watched closely and prevented from chewing his/her lips or cheeks while they are numb.

Some bleeding following the tooth removal is to be expected. To help the blood clot form, the child should bite firmly on folded cotton gauze in the extraction area for 30 minutes. Repeat if necessary with fresh gauze that will be given to you.

Avoid spitting, gargling, or using a straw for the next 24 hours as these activities will dislodge or prevent the blood clot from forming, thus delaying healing.

After one hour, soft foods can be eaten. For the next 48 hours, eat only those foods that are comfortable, accompanied by plenty of liquids.

Avoid hard play as energetic activity may cause additional bleeding to occur.