



Sennik Ltd T/A
CHIGWELL DENTAL
Surgery & Anaesthetic Clinic
723 Chigwell Rd, Woodford Bridge, Essex, IG8 8AS
Tel 020 8504 8636
Info@chigwelldp.com

Patient Chaperone Information

You have been asked to accompany someone who is having dental treatment done under sedation.

Patients can feel less anxious if they receive a sedative drug (medicine) before or during their dental treatment. The drugs used can cause some patients to feel a little disorientated or confused for a short time after the treatment. It is important that someone will be responsible for them and take care of them for the remainder of the day. Occasionally, it may be necessary for someone to stay with them overnight.

It is important that you follow these instructions. The patient will have been given a telephone number of who to contact if you have any concerns.

- The patient will not be allowed to go home until the dentist is satisfied that the patient is in the care of a responsible adult (over 18 years of age.)
- The chaperone must be present with the patient as they leave the dental surgery. Some patients take a little longer than others to be ready to go home so please be aware that a precise time cannot always be given.
- The patient's judgement (ability to think clearly) is likely to be affected. Patients should not make any irreversible decisions for up to 24 hours following their treatment.
- Patients should be encouraged to rest for a while once they are home. It is not recommended for them to be in charge of others until the next day. Care should be taken when cooking or using domestic appliances.
- Patients should not drive a vehicle, ride a bicycle, operate machinery or drink alcohol until the following day and in some cases, for up to 24 hours. The dentist will advise the patient on the day of treatment.
- Owing to the after effects of the drugs used, care should be taken when using the internet for personal communication.
- The dentist will explain to the patient which pain relief medicines he or she may take.
- Patients should take their usual prescribed medicines unless directed otherwise by their doctor or dentist.

If efforts are unsuccessful to contact the surgery on 0208 504 8636, or if we are closed please contact NHS 111 outside of surgery hours.

Name of Chaperone _____ Date _____

Mobile Number _____ Chaperone Signature _____



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PATIENT CONSENT FORM FOR DENTAL TREATMENT.

PATIENT DETAILS: Surname.....
 Forename (s).....
 Address.....

 Date of Birth..... /...../..... Age.....

TREATMENT PLAN (this part to be completed by the dentist or anaesthetist)

1st appointment:

2nd appointment:

3rd appointment:

Warnings about para/anaesthesia of lingual, mental or inferior dental nerve(s) given including permanent sensory loss. Yes / No / Not Applicable (delete as necessary)

I confirm that I have explained the treatment and type of anaesthetic proposed, to the patient.

Dentists Signature.....

Name of doctor/dentist.....

PATIENT / PARENT / GUARDIAN (delete as necessary)

1. Please read this form and the notes overleaf carefully, YOU MAY BE REFUSED TREATMENT.
2. If there is anything that you don't understand about your treatment or if you want more information, you should ask the doctor or dentist.
3. Please check that all the information on the form is correct. If it is, and you understand the treatment you are having done, then sign the form below.

I agree to the proposed treatment which has been explained to me by my dentist / anaesthetist named on this form, and to the use of anaesthetic that I have been told about and to comply with the pre and post-operative instructions.

I understand that the procedure may not be done by the dentist who has been treating me so far. That any procedure in addition to the investigation or treatment described on this form will only be carried out if it is in the best interests and can be justified for medical reasons.

The doctor or dentist is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment. You may ask for a relative, friend or nurse to be present, while being cannulised.

Signature.....Date.....

Name.....

Address (if not patient).....



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CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE.

(Please answer the following questions fully):

- Are you allergic to anything?
- Are you taking tablets, medication or drugs of any kind?
 If yes please list here.....

- Do you suffer from or have you had any of the following:
 - Heart disease / Heart trouble.....
 - Sleep Apnoea.....
 - Rheumatic Fever.....
 - Chest or lung problems
 - Asthma.....
 - Diabetes
 - Epilepsy
 - Jaundice/ Hepatitis.....
 - Kidney disease.....
 - Bleeding disorders.....
 - Sickle cell.....
 - High blood pressure.....
 - Had a previous reaction to general or intravenous sedation.....
 - Glandular fever.....
 - Any serious illness or operations.....
 - Ladies are you pregnant?
 - If yes, are you breast-feeding?.....
 - If no, are you taking the contraceptive pill?

1st appointment signature..... Date

2nd appointment signature Date

3rd appointment signature Date



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PATIENT INFORMATION SHEET & CONSCIOUS SEDATION INSTRUCTIONS.

Your treatment will be carried out using Intravenous Sedation

It is essential that you read and comply with these instructions.

Please take this home and if you have any queries either phone the surgery to make an appointment to discuss with your dentist or speak to them before the treatment commences.

1. NO eating for 4 hours prior to the appointment.
2. NO drinking for 2 hours prior to the appointment.
3. If you are DIABETIC you may have half a cup of tea & half a slice of toast 2 hours prior.
4. At **no** time should **children** be present at the surgery.
5. You must take any tablets or medication as prescribed unless advised by your dentist, doctor or anaesthetist.
6. On the day of sedation you must bring only one person (escort) with you who must be over 18 years old and who must wait on the premises during your treatment.
7. You must be taken home only by car or taxi (NO public transport).
8. Your chaperone must stay with you for at least 12 hours after you have had sedation. **YOU MUST NOT BE LEFT ALONE.**
9. You must not drive or operate any heavy machinery, or machinery which could cause injury e.g. lawn mowers, drills, saws, food mixers etc. for 24 hours after the sedation.
10. You should **NOT** sign any important documents, make any important decisions and go to work for 24 hours after sedation.
11. For the first few hours after treatment you may feel some numbness, it is therefore important not to accidentally bite your lip or tongue, or burn your mouth on hot food, drinks or cigarettes.
12. You may take your normal pain relief if needed after treatment.
13. Once home you may have a soft sugary drink as you have been fasting.

I have read & understand these instructions and agree to follow them.

I know I can refuse treatment.

Signature..... Date



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INTRAVENOUS SEDATION.

At the surgery we use a single drug called Midazolam. A dose of the drug is chosen for you individually. It is given by injection. This is usually into a vein in the back of your hand or in your arm through a cannula. It is normal to feel a sharp scratch when the cannula is inserted. Once the cannula is in the vein, the sedation drug can be given without using any more needles. The cannula will be removed before you go home.

Our anaesthetist will watch you closely and treat any problems that may develop. They are also required to use appropriate monitoring equipment during sedation. There will be a recovery area where you will be observed until you have made a full recovery from the sedation.

As with the administration of any medicines, there are risks associated with intravenous sedation.

These may include: 1) A reduction of oxygen into the blood stream due to poor breathing during sedation.

2) Bruising at the site of the cannula. This may take several days to fade completely.

Very rare risks include allergic reactions to the sedative drugs that you have been given or vomiting during the procedure. Your dentist/ anaesthetist will discuss any concerns that you may have prior to the procedure taking place. What to expect:

You will remain conscious during this kind of sedation. You may experience a temporary memory loss during the time you are sedated. You may feel unsteady on your feet for some hours after the procedure.

Recovering from sedation:

After surgery you may experience some changes to your mouth and cheek area. You may experience:

- **Bleeding**, you may notice some oozing of blood for 1-2 days after surgery. There may also be some bruising of the face and neck. This will all fade in a few days.
- **Swelling**, it is common to experience a temporary swelling of your cheeks. This is normal and varies amongst individuals and according to the procedure carried out, this will return to normal within a few days.
- **Pain**, Discomfort is usually greatest the first night after surgery. Over the counter pain killers should ensure a comfortable convalescence.
- **Trismus**, mouth opening may be restricted for about 7-10 days, it will then slowly return to normal.
- **Numbness**, after some operations, your tongue or lip may be numb. Normally this is temporary but, very rarely, can be permanent following the removal of lower wisdom teeth.
- **Stitches**, most oral wounds are stitched using dissolvable stitches but some have to be removed after 7-10 days.



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- **Sinus problems**, removal of upper teeth can lead to a breach in the sinus cavity. Usually this heals uneventfully, but in some cases further surgery to repair the hole may be required.
- **Smoking delays healing, please do not smoke for 24hours after an extraction.**

I confirm that I have read and understand these warnings about the possible effects & complication of the treatment. **Signed**..... **Date**.....