

A Non-Clinical Perspective of Conscious Sedation before and during Dental Procedures

Summary of Findings - November 2016

TRiADS and the Scottish Dental Clinical Effectiveness Programme (SDCEP) place high importance on the involvement of patients and service users when developing or updating their dental clinical guidance to help ensure the delivery of patient-centred, high quality care.

Previous work by TRiADS has shown many benefits from actively engaging with patients and/or parents to obtain a non-clinical perspective on the provision of dental care and treatment.

As part of updating the Conscious Sedation in Dentistry guidance patients, parents, carers and patient representatives were encouraged to voice their experiences of and views on conscious sedation for dental treatment.

During conscious sedation, the patient is still awake and able to respond to verbal or other forms of communication.

Study Aim

To engage with patients, parents, carers and patient representatives to assist in the development of this guidance. To gather feedback about their expectations of dental sedation, experiences, any concerns and suggestions for how to improve the provision of dental sedation.

Recruitment

Recruitment was from sedation clinics at the Dundee Dental Hospital and School, the Scottish Intercollegiate Guidelines Network (SIGN) patient network group and relevant patient representative charities. After giving consent to be contacted, participants were invited to take part in a telephone interview. The topics to be discussed were (1) Choice of sedation; (2) Provision of information; (3) Overall experience and expectations of conscious sedation and (4) Suggestions for improvements.

Description of Participants and Treatments

Nine interviews were completed with 5 patients, 3 parents, one carer/escort and 2 patient representatives from across the UK. Sedation was provided for these patients because of their anxiety, phobia, learning difficulties or to facilitate longer procedures. Patients described their sedation as being either 'Valium in the arm' (intravenous), 'oral diazepam' or 'over the nose' (inhalation). It was all carried out in secondary care except for one patient who attended a private practice. The treatments provided were mostly fillings and extractions, but also a root treatment, dental implants and an apicoectomy.



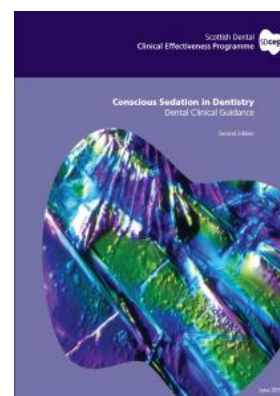
This summary presents the key findings from patients, parents, carers and patient representatives' interviews in the UK during April - May 2016.



TRiADS is multi-disciplinary research collaboration that works in partnership with SDCEP to increase the implementation of SDCEP guidance through the development and evaluation of theoretically informed interventions for change.



SDCEP has a national remit to provide user-friendly, evidence-based guidance in priority areas for dental healthcare.



Key Findings

Overall the interviewees reported a positive experience of conscious sedation. One patient said, *'I was expecting a lot more drama and pain, and I didn't get it, it was calm and considered'*.

Choice of Sedation

- Patients reported that no choice of sedation or alternatives were offered;
- Patients relied on the clinician to make the appropriate decision;
- Patients only wanted it to work; to be free from worry and pain.

Provision of Information

- Most were satisfied with the information provided;
- Patients wished for both verbal and written information along with more opportunities to ask questions;
- There was variation in the amount of information wanted, *'as much as possible'* to *'I don't want lots, just what's needed for me'*;
- If not sufficient, a source of information was to *'google it'* but this did raise concerns about its accuracy;
- Patients who were anxious found taking in information was difficult;
- More and specific information for carers and escorts was requested.

Experience of Sedation

- Patients wanted to know how they would feel during and after sedation, *'I wanted to know if it could wear off during treatment'*;
- A sense of a *'loss of time'* was disturbing to some patients who felt this sensation should have been explained beforehand;
- Following fasting instructions was harder for afternoon appointments.

Suggestions for Improvements

It was felt the information provided did not always address their questions:

- Q - How long before I can do things normally?
- Q - How long will the effect of the sedation last?
- Q - Will it work?

One key improvement was for more patient specific care and to be mindful of patients' concerns because although this is routine for the clinicians, it is a new experience for the patient, *'just to have a little understanding and compassion, not everyone is the same'*.

Conclusions

These patients and parents believed that sedation was the only option available for them or their child to cope with having dental treatment. Despite having to overcome their anxiety and fears, it was a positive experience for all but knowing more about the experience of being sedated would be reassuring. An approved web-site with information would be valuable and helpful.

The summary was prepared by Gillian Forbes (NES and University of Dundee) on behalf of the TRiADS Research Methodology Group.

TRiADS would like to acknowledge the support given by the Dundee dental school staff, SIGN patient network, Action for Sick Children Scotland and Ectodermal Dysplasia Society.



Also a special thanks to all of the participants who gave up their time to be interviewed.

For more information about TRiADS email

TRiADS@nes.scot.nhs.uk

For more information about SDCEP go to

www.sdcep.org.uk or email

scottishdental.CEP@nes.scot.nhs.uk