



NEWSLETTER

Society for the Advancement of Anaesthesia in Dentistry

June 2008 Issue 8

From the President

This has been a challenging year for the professions, with a more aggressive and controlling attitude within NHS practice management.

The new dental contract and its impact on the provision of sedation remains contentious, but SAAD has been ably represented nationally by members of the Board, and SAAD continues to campaign for access to all aspects of pain and anxiety control for NHS patients.

There continues to be pressure on the delivery of sedation other than behavioural and basic techniques using multiple agents. Dr David Craig has been a prime mover on the Standing Committee on Conscious Sedation (SCDS), setting standards and leading the way for safe and informed dental sedation.

The SCDS is leading moves to provide further training guidance on advanced techniques; this is an area that I feel should be led by dentists but has the opportunity to enhance multi-professional training.

Despite these political upheavals, Course attendance and flow of new members has been sustained. It may be that we need to audit whether the skills are being studied by practitioners in NHS or private practice,

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as there is a concern about access to sedation for NHS patients. The DwSI recommendations have caused concern about failure to commission adequate sedation services for NHS cases.

We have addressed the issues affecting cash flow, as a result of the careful husbandry of Dr Steve Jones. My thanks go to Dr Jones for the meticulous and timely way in which he executes his work as Treasurer. Expenses and costs arising from our publications have been reviewed and issues about ensuring members are paying subscriptions are under scrutiny. The move to direct-debit only seems prudent.

Our other arm of communication, the website, has been ably managed by Dr Chris Wright, assisted by Nick Howes, and I am grateful for their expertise and advice. SAAD needs to be visible on the Internet, and investment in this area is essential.

Members will be pleased to hear that the Courses, both for dentists and nurses, continue to be very popular, and our thanks go to David Craig, Carole Boyle and all the Faculty members for their continuing success. We keep a close eye on other courses offered by other organisations so that SAAD can continue to be the frontrunner in postgraduate dental sedation education in the UK. Chris Holden has been investigating the area of emergency care courses, and key topics, but at present the Board considers that we should concentrate on our core business.

In addition to the educational role, the Board has been busy on the political front. The introduction of Dentists with a Special Interest in Sedation (DwSIs) as a commissioning tool for Primary Care Trusts has implications for the provision of sedation and referring practice within the NHS. The Board is keen to hear from



*Diana Terry
President of SAAD*

members who are involved in this process or who are experiencing difficulty in providing sedation services for their patients. Evidence and data are needed if we are to act on behalf of the membership to resist the limitation of sedation services.

We are pleased to announce that we have had successful bids for the loan of relative analgesia equipment, a SAAD initiative led by Dr Steve Jones and supported by McKesson. We plan to hear from the successful applicants about their experiences setting up their RA practice at the 2009 meeting.

At the recent Board meeting we decided that there will be three meetings annually to deal with the increasing volume of issues to be discussed by the Board. Much activity goes on by email between the meetings, but for the Society to thrive we must act in a timely manner to promote dental sedation and pain control.

The Annual Conference, on 27 September 2008 at the Royal Society of Medicine focusses on the topic of safety – both of clinical process and human factors. I have recruited speakers of national repute to give the membership what I hope will be a stimulating and useful day.

For 2009 we will be basing the Conference on the theme of 'Setting up and managing sedation services'; this is a topic on which members frequently seek advice. The Secretary, Dr Derek Debus, provides answers to queries received through our London office, and we plan to share the experience of members from the range of NHS, salaried and private dental services.

Members are warmly invited to attend the Annual General Meeting, which follows the scientific programme of the Conference. This is an opportunity to hear how your Society is being run, its financial health, and how we are discharging our obligations under our charitable status. We are also keen to recruit members to the Board, to bring new ideas, act for the Society and utilise the experience and skill to be found

within the membership. Further details are available from the Secretary.

Vision for the future: SAAD has two particular strengths, its teaching reputation and its political role in representing the dental fraternity on national bodies. I feel that both areas have the potential for development, using the skills of current and potential Board members.

Secretary's Report

To be Hon. Secretary of SAAD is both an honour and a pleasure. It's an honour to be involved with a Society that is a leader in the field, and a pleasure to be working hand in hand (metaphorically) with Fiona Wraith, our Executive Secretary.

Since the last *Newsletter* there have been developments in almost every aspect of our activities. I hope to cover most of these in this report.

Association of Anaesthetists of Great Britain & Ireland (AAGBI)

Our relationship with AAGBI is harmonious and mutually beneficial. We are one of the Specialist Societies and appear to be the oldest, largest, best organised and best funded of them all.

The person who looks after our affairs there is Busola Adesanya-Yusuf. She is contacted on 020 7631 8893. Although it is our main portal for general queries, the AAGBI telephone number should not be used for questions regarding the SAAD National Courses. Those queries should be addressed to Toni Philpot at Registrations on 01403 780465 (24-hour answerphone) or saaduk@freeuk.co.uk.

Correspondence

It comes mostly by email. Most are sensible enquiries. Only a few are bizarre and a bit 'odd'. These I either ignore or I reply with a 'yes, dear' sort of tone.

Many enquiries are regarding the legal position of dentists providing sedation. There are a few requests for protocols and model consent forms. We provide neither of these, as protocols should be based on local facilities and consent forms are merely the legal 'icing on the cake' that should have its basis in informed verbal consent.

Clinical questions are always of interest:

- Can I sedate a patient with Parkinson's disease?
- What is the maximum dosage of midazolam?
- A dentist asked where his patient could get restorative treatment under general anaesthesia in Cornwall. I had to say that, sadly, we could not help.
- A gastroenterologist, experienced in sedation, asked if he could provide sedation in a dental setting for a dentist friend. I did advise attendance on a SAAD Course, as dental sedation is very different from doing endoscopies and other more unseemly '-oscopies'.
- A patient contacted me to see if we could recommend a dentist who provides sedation in her area. We had to say that we cannot provide referrals.
- An interesting case was reported involving a patient who suffered retrograde amnesia following a very routine IV sedation. He did not recognise his escort, who happened to be his girlfriend. I hope to have a more detailed account of this unusual case in the next *Digest*.

Wikithesia

A website has been set up to provide information on anaesthesia topics. It is being run along the lines of Wikipedia in that individuals can contribute to the information on the site. Do visit the site on www.wikithesia.com. There is very little on dental anaesthesia or sedation to date. If you wish to submit an entry, do so under your own name and not in the name of SAAD.

SCATA

The Society for Computing and Technology in Anaesthesia has been in touch. They are a very active Specialist Society of AAGBI. Their interest is in computer-controlled anaesthesia, systems for recording data and general



Derek Debus
Secretary of SAAD

computing. They can provide speakers for conferences, run hands-on PowerPoint courses, and can provide cybercafés at events.

McKesson

This company is very supportive to SAAD events. They mount a stand at all SAAD Courses, they have provided the machines for the SAAD RA machine loan scheme, and they have included a SAAD page in their new brochure.

Primary Care Trusts

SAAD has been concerned about the impact that the new contract has had on the provision of conscious sedation for NHS patients. I sent a letter from Dr Diana Terry and myself to the BDJ highlighting the problem. The BDA has also been involved with us to look into the problem.

I would be very pleased to hear from GDPs who have had problems in providing sedation for NHS patients who have previously received treatment under sedation and can no longer do so. This will support our case for a change in the contract.

Email me on derek@debus.co.uk.

Tribute to the late Peter Baskett

Peter was an unforgettable character, larger than life, forthright in manner, shrewd, and with an enthusiasm for life. Many trainees, doctors and dentists have cause to thank him for his encouragement, friendship and academic skill, as a teacher and practitioner. He reached the height of his profession and was President of the Association of Anaesthetists of Great Britain & Ireland, amongst other honours internationally.

He was a staunch supporter of SAAD during the days when concerns about dental anaesthesia, sedation and resuscitation created tensions between the medical establishment and the Society. He believed that dentists deserved to have clear guidance and training in emergency management, and provided such training with style, sensitivity and humour.

I first met Peter when I had newly arrived in Bristol, looking for a consultant job locally

and interested in resuscitation teaching. Peter took me under his wing, and immediately got me involved with the undergraduate programme in Bristol, and ultimately with SAAD on the Lifesaver Programmes, which were the runaway success pioneered by the late Peter Hunter. Peter Baskett taught for SAAD throughout the UK, setting standards for resuscitation training that were ultimately to lead to the formation of Resuscitation Council (UK), the standardisation of the Advanced Life Support Courses in the UK and consensus on life support guidelines worldwide.

Being on SAAD Faculty with Peter involved commitment not only to delivering teaching but also to the social programme, and Peter was renowned for burning the midnight oil in the bar and then being up and lecturing early the next day. His ability to enjoy the fruits of the vine was legendary.

He was always keen to promote the next generation to advance medical education, and if you presented him with an idea his response was always 'well, just do it'. He

belonged to a generation of doctors not yet beset by rampant regulation, management jargon and professional downgrading, and as he became more eminent in the international field, his increasing absences were in conflict with the trends of Trust management. He was outspoken in defending the need for doctors and dentists to have leave to attend and instruct on resuscitation courses, and contributed to the development of courses and guidelines for adult and paediatric practice.

He was generous with his time in helping and advising trainees to achieve their professional goals, and could be kind and generous to those in times of stress.

On behalf of the Society I would like to pay tribute to his family, who, like us, will miss Peter greatly.

Diana Terry
April 2008

SAAD Conference 2008

Fundamentals of Safety Culture in Sedation Practice

27 September 2008

Members of SAAD and colleagues, it is with great pleasure that we bring you the SAAD Conference for 2008, with the theme of incorporating safety as central to our agenda of providing safe and effective pain and anxiety control for dental patients.

Conscious sedation can be safely managed, by setting in place the knowledge, skill and attitudes to make a safe clinical environment. The programme will illustrate how an understanding of processes, infection control, effective audit, learning from experience and an understanding of human factors can contribute to achieving excellence in dental practice.

As champion of patients and practitioners, SAAD invites you to our Conference, where we have assembled speakers who are at the forefront of safety issues that dental practitioners need to embrace.

For further information please refer to the enclosed leaflet or the SAAD website www.saad.org.uk.

SAAD Notices

National Course in Conscious Sedation for Dentists and Dental Nurses

Details and application forms from:

www.saad.org.uk

Enquiries:

saaduk@freeuk.com
(01403) 780465 (24hr message)

RA Machine Loan

A scheme for practitioners to trial inhalational sedation in the practice setting is being facilitated by SAAD.

A six-month loan (at no charge) of an inhalational sedation machine is available to members who have attended a recent SAAD National Course. There will be the option to purchase at a discounted rate at the end of the trial. For further details please contact:

Derek Debuse
derek@debuse.co.uk
(01243) 822757

Essay Prizes

Dental Students - £300
Dental Nurses - £300
Closing date 31 March 2009

Drummond Jackson prize - £1000
Closing date 31 December 2009
www.saad.org.uk

Call for papers

for publication in the
SAAD Digest.
Please contact SAADoffice@aol.com

Journal Review

Nonfatal cerebral air embolism after dental surgery

Giuseppina Magni, Carmela Imperiale, Giovanni Rosa and Roberto Favaro

Anesthesia & Analgesia
Jan 2008;106(1):249-251

A 21-year-old male patient ASA1 received a general anaesthetic for the surgical removal of four wisdom teeth. He was intubated nasally and anaesthesia was maintained with propofol and fentanyl; he was ventilated with nitrous oxide and oxygen.

Surgery was uneventful and at the end of surgery the patient was woken and extubated. Immediately post anaesthesia, recovery appeared normal with verbal communication between staff and patient.

After 45 minutes the patient became agitated, with visible surgical emphysema of his neck and lower face. A chest X-ray showed bilateral small pneumothorax, pneumomediastinum, and pneumopericardium. The patient continued to deteriorate, became unconscious and started fitting. He was therefore intubated and ventilated and the fitting was controlled with a lorazepam infusion.

A magnetic resonance scan 24 hours later showed bilateral hyperintensity of cortical and subcortical areas with an ischaemic lesion in the left portion of the troncus.

Fibre-optic examination of the trachea failed to show any lesion that could have allowed an air leak, and there was no increase in tissue air during the period of ICU ventilation. Transoesophageal echocardiography excluded any cardiac defect including patent foramen ovale. An anaesthetic cause for the air embolus was therefore excluded.

After one month the patient was discharged from hospital with moderate mental impairment.

The authors postulate that air entered the body as a result of the cooling water/air jet used with the high-speed turbine when the lower 8s were being surgically removed. This has been previously reported. As no cardiac abnormality could be demonstrated, the right to left shunt necessary to create a cerebral air embolism must have occurred through the lungs, which normally act to prevent this happening. This, too, has been reported, but not previously in dentistry. The case is also unusual because of the delay in the onset of symptoms.

Bill Hamlin
May 2008

Diary Scan

Compiled by C E Mercer
May 2008

	Date	Organisation	Theme/Title	Venue	Contact
2008					
June					
	21 – 22	SAAD	National Course in Conscious Sedation for Dentistry	London	www.saad.org.uk
July					
	2 – 4	GAT	Annual Scientific Meeting	Liverpool	www.aagbi.org
August					
	15 – 17	ADSA	Course: Practical, Effective Enteral Sedation in Dentistry	Charleston, South Carolina	www.adsahome.org
September					
	17 – 19	AAGBI	ANNUAL CONGRESS	Torquay	www.aagbi.org
	24 – 27	ESRA	XXVII Annual ESRA Congress	Genoa, Italy	www.kenes.com/esra/
October					
	9	AAGBI	Seminar: History of Resuscitation, Dr Alistair McKenzie	Edinburgh	www.aagbi.org
November					
	1 – 2	SAAD	National Course in Conscious Sedation for Dentistry	London	www.saad.org.uk
	27 – 28	UK Society for Intravenous Anaesthesia	Annual Scientific Meeting	De Vere Grand Harbour, West Quay Road, Southampton SO15 1AG	S2008@sivauk.org
December					
	7 – 8	ADSA		Chicago, USA	www.adsahome.org
2009					
January					
	14 – 16	WSM London		QEII Conf. Centre Westminster	WSMLondon@aagbi.org
	23	ADSA		Dayton, Ohio, USA	www.adsahome.org/meetings.html
February					
	20 – 21	ADSA		Las Vegas, USA	www.adsahome.org
March					
	7 – 8	SAAD	National Course in Conscious Sedation for Dentistry	London	www.saad.org.uk
April					
	23 – 25	ADSA	Annual Session	White Sulphur Springs, WV	www.adsahome.org/meetings.html
June					
	20 – 21	SAAD	National Course in Conscious Sedation for Dentistry	London	www.saad.org.uk
Nov					
	7 – 8	SAAD	National Course in Conscious Sedation for Dentistry	London	www.saad.org.uk

No responsibility can be taken for any errors or omissions however caused

SAAD Newsletter

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