



NEWSLETTER

Society for the Advancement of Anaesthesia in Dentistry

June 2009 Issue 9

From the President

Summer 2009 finds SAAD a successful organisation, with our core business thriving. This is all the more pleasing considering the current UK recession and political turmoil in the state delivery of dental services.

We are fortunate to have the services of an excellent Treasurer and Executive Secretary to support the daily working of SAAD and we are grateful for Derek Debusse carrying on the role of Honorary Secretary following his retirement. We welcome Dr Francis Collier to the Board, as he is working with Derek to take over the role of Secretary in due course.

We hope that members enjoy receiving the Newsletter and *Digest*, which now have an effective impact. The Editorial Board is to be thanked for their skills in producing consistently robust content.

The Annual Conference is an effective service for members and we urge you to take this opportunity to attend the AGM on the same day. We have elections to the Board at the AGM in September and members are invited to

apply for a position. The Board has a dynamic mix of experienced members and new blood, which is essential to the effective growth of the organisation.

The Courses continue to be well attended. Prudent containment of costs, retention of an excellent Faculty and careful organisation of the Courses are a tribute to the excellent skills of David Craig and his team.

We have also been working with other organisations with a mutual interest in sedation, under the auspices of the Royal Colleges. An educational meeting at the Royal College of Surgeons is scheduled for autumn 2009 to cover advanced/alternative techniques, and this is an important reinforcement of the work of SAAD members in this area.

The organisation of services nationally has been led by Drs Robinson, Wood and Averley, and they bring an important perspective to the organisation. The commissioning of services and accreditation/inspection of practices and organisations for the provision of sedation services continue to be areas undergoing development.



Diana Terry
President of SAAD

In 2008 the National Patient Safety Agency produced a 'rapid response' to adverse incident reports involving the use of midazolam and flumazenil. In hospital practice this appears to have had the opposite effect from that intended in that there are now more strengths of midazolam in circulation, with an increased chance of incorrect dosage!

This is my last year as President and I would like to thank those who have supported me in keeping SAAD as a forward-looking organisation with firm roots and an effective income stream.

Diana Terry
President of SAAD

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SAAD Conference 2009

Practical Sedation: trances, needles and consent

26 September 2009

www.saad.org.uk

Secretary's Report

I must first acknowledge the tremendous work that Fiona Wraith does behind the scenes. My workload would be quadrupled if she were not there.

SAAD is a busy, vibrant organisation, so never a day goes by without contact from someone or other, either a member with a query or an outside organisation seeking information or advice.

Research into Drummond-Jackson

Ashish Gopakumar, a Specialist Registrar in Restorative Dentistry at Liverpool, has requested any information about D-J as she is doing a project on the famous (or infamous) court case. I put her in touch with Ian Brett, a past Treasurer and founder member of SAAD, who has been able to help. She would appreciate any photos or documents that relate to D-J and the legal case. Even a document with his signature on would be useful.

Films of SAAD

Archive films of SAAD Courses and teaching material have been donated to the Wellcome library, which will restore them and produce a digital copy. It is proving to be quite a task as the 16mm film is in poor condition. Once completed, members will be able to purchase copies on DVD. They are of interest and show cases of intermittent methohexitone being done by Drummond-Jackson, together with footage from training films and films of the early Courses. One of the films has commentary from John Snage, the famous newsreader of the 1950s. He must have been one of D-J's patients!

Correspondence

Rarely does a day pass without an email requesting information covering a wide range of topics. Here follows a selection of the more sensible ones!

Enquiries about the document from the National Patient Safety Agency on safety of midazolam have died down now. The guidance from David Craig and Chris Holden has been most useful. It is now posted on the website and is available to all.

How often should a pulse oximeter be serviced and how often should one attend refresher courses are common enquiries. They are difficult to answer. The question of updating really depends on the amount of experience already gained, and how many cases one is doing. If sedation cases have dropped to just a few a month, retraining is desirable frequently, whereas a busy sedation practitioner need only attend once every 5-6 years.

Dentists often contact me seeking the name of a sedationist to attend their practice. Difficult to recommend, but I often suggest looking at the mentors list for someone in their area.

The question of driving after inhalation sedation cropped up. I personally would not advise driving away from a sedation visit. Although pharmacologically all nitrous oxide has gone from the body, the medico-legal situation is such that it may become an issue if harm should befall the patient for other reasons.

One of our members was going to apply for an RA machine loan. He is trying to set up an inhalation sedation service, but is being prevented by his Acting Medical Director, who feels that a clinic 28 miles from a general hospital is too far away from emergency facilities. I replied that SAAD would support him if he decides to fight the decision.

In a similar case, one of our members was prevented from giving 5mg temazepam to an anxious patient before the appointment



Derek Debusse
Secretary of SAAD

to allay anxiety. I advised that 5mg is not a sedation dose and can be referred to as premedication. The outcome is not known to me, but it did not look good as the dentist was more junior in the management structure.

One of our members was concerned that her new anaesthetist did not insert a cannula for the 'chair dental' cases. I checked with an anaesthetist not unknown to me, who advised me that 'some do, some don't'. The older ones tend not to, but some will do it for cases lasting more than five minutes.

A member who reads the *Digest* from cover to cover noticed that Oraverse could be a useful tool in his armoury. It reverses local analgesia quickly. Sadly, it seems as though it has only just been introduced into the USA.

Do contact me if you have any queries. I promise to reply. If I don't know the answer, I know a man who does!

Derek Debusse
SAAD Honorary Secretary

Email me on derek@debusse.co.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 Debusse derek@debusse.co.uk (01243) 822757

Essay Prizes

Dental Students - £300

Dental Nurses - £300

Closing date 31 March 2010

Drummond-Jackson prize - £1,000

Closing date 31 December 2009

www.saad.org.uk

Call for papers

for publication in the
SAAD *Digest*.

Please contact SAADoffice@aol.com

Midazolam: NPSA Rapid Response Report RRR011⁽¹⁾ & Controlled Drug Regulations

NPSA RRR011: Use of lower concentration formulation of midazolam

Background

- i. Intravenous conscious sedation for dental procedures, whether provided by a dental or medical practitioner, must be administered in accordance with the following nationally agreed protocols and guidelines:
- ii.
 - a. *Conscious Sedation in the Provision of Dental Care*. Report of an Expert Group on Sedation for Dentistry. The Standing Dental Advisory Committee, Department of Health, 2003.
 - b. *Standards for Conscious Sedation in Dentistry: Alternative techniques*. Faculty of Dental Surgery of the Royal College of Surgeons of England and the Royal College of Anaesthetists, 2007.
 - c. *Commissioning Conscious Sedation Services in Primary Dental Care*. Department of Health, 2007.
- iii. When midazolam 10mg in 5ml (2mg/ml) is administered by slow titration and in accordance with the above guidance the risk of oversedation is extremely low.
- iv. Oversedation is most likely to be caused by incorrect titration ('bolus'

injection). This has been a problem in medical practice for some time, but not in dentistry. SAAD teaches 'conscious sedation' (where the patient responds to verbal stimuli), *not* deep 'sedation' (where the patient only responds to painful stimuli).

- v. Many adult dental patients require more than 5mg midazolam in order to produce effective conscious sedation.

Recommended action

Notwithstanding the excellent safety record of midazolam 10mg in 5ml in dentistry, SAAD believes that in order to achieve uniformity of practice it is sensible to have only a single concentration of midazolam in common usage. The Society therefore recommends that the lower concentration of 5mg in 5ml (1mg/ml) should become the standard formulation. This will be reflected in SAAD teaching from March 2009.

Using the lower concentration means that, for most patients, practitioners will have to draw up two 5mg in 5ml ampoules (making 10mg in 10ml) in a 10ml syringe in preparation for administering sedation. (NB: a 10mg in 10ml formulation is not currently available in a single ampoule in Europe.)

Intranasal sedation using midazolam 40mg/ml

- i. Intranasal midazolam has revolutionised the provision of dental treatment under conscious sedation for many severely disabled people. The technique also enables many patients to receive regular dental examinations and preventative care without the need for general anaesthesia.

- ii. It is not possible to use the 5mg in 5ml (1mg/ml) concentration for this route of administration.
- iii. Following consultation with senior hospital pharmacists, SAAD understands that the new recommendations do *not* provide an adequate reason for reducing the availability of the 40mg/ml formulation. However, it would be sensible to discuss supply and use with local pharmacy managers so that the clinical reasons for using this formulation are understood.

Controlled drug regulations

Midazolam is a schedule 3 controlled drug (CD). Ordering, storage and recordkeeping must be in accordance with controlled drug regulations. Practitioners should contact their local pharmacy to discuss arrangements. Dentists/doctors using midazolam are responsible for ensuring that staff receive training in the correct handling of CDs. (NB: flumazenil is not a controlled drug.)

Further information:

www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/ControlledDrugs/index

www.homeoffice.gov.uk/documents/cdlist.pdf

www.npc.co.uk/controlled_drugs/cdpublications

David Craig and Christopher Holden for SAAD Board of Trustees, February 2009

- (1) www.npsa.nhs.uk/corporate/news/reducing-risk-of-midazolam-overdose-in-adults/

SAAD Conference 2009

Practical Sedation: trances, needles and consent

26 September 2009

Once again it is time for us to send you, as SAAD members, the details of SAAD Conference! We shall be using the ever-popular RSM in London as the venue. For this year we are looking at three areas of interest, which have been asked for by members of the profession. These are: managing long cases, consent and the management of those who are unable to give consent; and alternative non-pharmacological anxiety management techniques. Our aim for this year is to provide you with practical tips on areas where SAAD members have sought advice as well as showing what other anxiety management techniques can offer our patients. The Board of Trustees of SAAD would like to invite you and any other interested colleagues to attend our Conference. We have organised speakers who are clinically involved in the areas we have asked them to address, as well as being well recognised for their contributions to the debate in these areas. You will, of course, receive a certificate of attendance for verifiable CPD for the day.

We look forward to seeing you in September!

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

Journal Review

Hypnosis To Manage Distress Related To Medical Procedures: A Meta Analysis

J. B. Schnur et al.

Contemporary Hypnosis 25 (3-4): 114-128
Aug 2008

This meta analysis evaluated the effect of hypnosis in reducing emotional distress associated with medical procedures including dentistry.

Introduction. More than 50% of patients are distressed in some way. This includes not only pre-operative stress but an increase in post-operative morbidity affecting pain perception, analgesic requirement, function, return to work and overall satisfaction with the procedure. Pharmacological intervention is used but this has side effects. Hypnosis is a non-pharmacological intervention with no known side effects. The current literature lacks a meta analysis of double-blind controlled trials on the use of hypnosis.

Method. The databases Psyche Info and

PubMed were searched, producing a total of 1,909 results. 61 papers were fully reviewed and of these 26 were included in the meta analysis, a total of 2,342 patients. For each of these papers data was abstracted using a standard work sheet by two authors. Any discrepancies between the two sheets were discussed and a consensus achieved.

As well as collating outcome data the following parameters were analysed: age (a child was anyone under 18 years); type of hypnosis (standard care or attention control); method of delivery (either live or by a tape recording); timing of hypnotic delivery; type of results (test or descriptive statistics).

The effect size for each parameter for each paper was calculated using the meta analysis program by Schwarzer (2008) the *effect sizes d* utility. These were then averaged across all samples using Schwarzer's program.

Results. The aggregated effect sizes demonstrate that hypnosis has a significant, large and beneficial effect on emotional distress: mean effect size 0.88. These results were then tested and validated against publication bias. Results

indicate that hypnosis is significantly more effective in children than adults ($p=0.001$). The precise type of hypnosis, standard or attention control, was not significant. Hypnosis was significantly more effective when delivered live against an audio recording ($p=0.005$) and significantly more effective if delivered at least partly before the start of the procedure ($p=0.05$).

Discussion. This meta analysis represents the most extensive review of the literature to date. The results indicate that approximately 82% of patients are helped by hypnosis in the reduction of emotional distress for surgical procedures. This is in line with previous studies. There were several interesting findings. A greater effect was noted in children than adults, but this may be due to more attention by the hypnotist. The two types of hypnosis looked at provided the same results. Labelling the procedure as 'hypnosis' rather than 'therapeutic suggestion' has a positive effect.

In summary, data strongly support the use of hypnosis as a non-pharmacological intervention to reduce emotional distress.

Bill Hamlin

Diary Scan

Compiled by C E Mercer

July	1-3	GAT	Annual Scientific Meeting	Cambridge, Corn Exchange	www.aagbi.org/events/gatasm
September	5-6	SAAD	Dental Nurse Part II Course		www.saad.org.uk
	9-12	ESRA	XXVIII Annual ESRA Congress	Salzburg, Austria	www2.kenes.com/esra2009/pages/home.aspx
	23-25	AAGBI	Annual Scientific Meeting	Liverpool	www.aagbi.org/events/congress
	26	SAAD	Annual Conference	London	www.saad.org.uk
October	9	ADA	Conference	London	www.dentalanaesthesia.org.uk
	14-17	IFDAS	12th International Dental Congress on Modern Pain Control	Gold Coast, Australia	www.ifdas2009.com
	21-23	ESRA - SPAIN	XV Annual Meeting	Pamplona	www.esra-spain.org
November	7-8	SAAD	National Course In Conscious Sedation For Dentistry (inc nurses)	London	www.saad.org.uk
	26-27	UK Society for Intravenous Anaesthesia	Annual Scientific Meeting	Royal York Hotel & Events Centre, Station Road, York YO24 1AA	www.sivauk.com/joom
December	5-7	ADSA	Chicago Review	Renaissance Hotel, Chicago, USA	www.adsahome.org/meetings
2010 January	20-22	WSM	WSM London	QEII Conference Centre, Westminster	www.aagbi.org/events/wsm
February	25-27	ADSA	Las Vegas Reviews	Caesar's Palace Hotel, Las Vegas, USA	www.adsahome.org/meetings
March	6-7	SAAD	National Course In Conscious Sedation For Dentistry (inc nurses)	London	www.saad.org.uk
April	29 April to 1 May	ADSA	Annual Session	Ritz Carlton, Key Biscayne, Florida	www.adsahome.org/meetings
June	10-15		Euroanaesthesia 2010	Helsinki Fair Centre	www.euroanaesthesia.org/sitecore/content/Congresses/Euroanaesthesia_2010
	19-20	SAAD	National Course In Conscious Sedation For Dentistry (inc nurses)	London	www.saad.org.uk

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

SAAD Newsletter

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