From the President

It is amazing how quickly time seems to pass. There are a number of areas in which members of the Board of Trustees have been involved that I would like to highlight in this report. The activity demonstrates that SAAD continues to be a vibrant Society which strives to advance the cause of pain and anxiety control in dentistry.

The Independent Expert Group for Training and Standards for Sedation in Dentistry (IEGTS SSD) published the paediatric advanced sedation techniques syllabus document in December 2011. This completes the trio of documents which the committee had agreed to publish. The committee has worked extremely well thanks to the leadership of David Craig. This committee continues to be active and is pursuing a number of areas where there is still work to be done. SAAD continues to cover the expenses of this group, whilst not seeking to control the direction of the committee’s work.

Paul Averley has been elected to the General Dental Council. Our congratulations to him on that success. It is extremely valuable for SAAD to have a member of its Board of Trustees involved in the General Dental Council as a way of ensuring that the voice of sedation continues to be heard in that forum.

The Intercollegiate Advisory Committee on Sedation in Dentistry (IACSD), on which SAAD is represented, has been reconvened under the chairmanship of Professor Richard Ibbotson. It has a different balance of members from the previous incarnation of this committee that folded in the spring last year. The group’s initial work has been to review the existing guidance and other documents on sedation available in the UK. The ultimate aim is to produce an overarching sedation document which would have the support of all the stakeholders.

SAAD has also been asked to be represented on the working party which aims to update the Academy of Medical Royal Colleges and their Faculties document, originally published in 2000. This was a document that covered sedation in all areas of medicine and dentistry for adult patients. It is a sign of our influence that SAAD is being invited to have a seat at the table of these groups.

The Board of Trustees will keep members updated on developments as and when they happen. There will be a presentation about the work of the IACSD during the annual conference in September.

This leads me on nicely to a reminder that our annual conference will be held on Saturday 22nd September in our usual venue of the Royal Society of Medicine. There is a full programme of hot topics thanks to the efforts of Chris Holden, Paul Averley and Michael Wood. Online registration is now open at www.saad.org.uk and I urge you to put the date in your diary. Attendances at the conference have continued to increase over the years and as a result we are able to invite more external speakers. Also attendance at the conference will give about a third of the verifiable CPD recommended in the guidelines.

On the subject of verifiable CPD, the Editorial Board of Digest discussed the possibility of introducing a verifiable CPD scheme, as is available for some other journals, starting with the 2013 volume. This scheme will be free to members, with further details being made available on the website.

Fiona Wraith, our extremely hardworking Executive Secretary, is currently working to modernise our website, which is one of the first ports of call for those looking for information about sedation in dentistry.

I hope that by the time this newsletter hits your mailbox the British Dental Journal will have published a response to a letter entitled ‘A Contrary View’ written by Dr A P Dobson (British Dental Journal 212;206:2012). The members of the Board collaborated in very rapidly producing a response to some of the issues raised. We hope to be able to continue to respond in this way should the need arise.

I would like to conclude by thanking all the Trustees for their support and hard work as well as the Staff at the Association of Anaesthetists who front our office, Toni Richman, Emma Lee and Fiona Wraith for their administrative support.

I hope to see as many of you as possible at our annual conference in September.

Nigel Robb
President of SAAD
Secretary’s Report

This is my first report in the Newsletter since being appointed Honorary Secretary last September. This has been a busy and active period for the Society, not least in the wide range of subjects covered in correspondence with members.

CORRESPONDENCE

Some examples of recent queries which have found their way to me by email:

1. Colleagues ask for guidelines and advice on the use of oral premedication, which may be prescribed to allay anxiety before a dental appointment. The dose of premedicant prescribed to take at home, eg. temazepam or diazepam, should be small enough to allow a safe journey to the surgery. An escort should be provided for the patient, who should be given written pre- and post-operative instructions. This should not be confused with oral sedation, where a larger dose of a sedation agent, eg. midazolam or temazepam, is administered by the dentist at the surgery, after which electromechanical monitoring, cannulation and the availability of antagonist drugs should be the norm.

2. I am frequently asked whether patients with various medical conditions and medication regimes would be fit for sedation. In general, after sedation assessment and perhaps conferring with medical colleagues, the patient should be assigned to an ASA (American Society of Anaesthesiologists) numerical group. Those who fall within ASA group 1 or 2 may well be suitable for sedation in a primary care setting, but those who are in ASA 3 may need to be treated in a clinical location where more medical support is available.

3. I have been asked whether a trained sedation nurse is required to support a dentist who is acting as sedationist only, where another dental colleague is providing the dentistry. This is not strictly necessary, but I would suggest that the sedationist ensure that the wider dental team, of which they are a part, is capable of providing assistance should a sedation-related emergency occur.

4. Colleagues expressed concern about their exposure to nitrous oxide pollution in situations where the active scavenging system had failed. In this situation they were being asked to continue to use inhalation sedation, and also where they felt perhaps they were being asked to carry out too many inhalation sedations during the course of a day. Both cases were resolved following discussions in their workplace, the former with the urgent procurement of a new motor for the scavenging system, and the latter with the provision of a personal nitrous oxide monitor to ascertain daily exposure. The current financial stringencies to which we are all subject is no reason to accept clinical practice which falls below hitherto accepted standards.

MENTOR’S LIST

The Mentor’s List is periodically updated, and may be accessed by SAAD members through the website. I am occasionally asked for advice about how mentoring should work, and I usually advise people initially to read two relevant articles in the 2006 and 2010 editions of SAAD Digest (both accessible on the website) written by Derek Debuse and me respectively.

WEBSITE

Fiona Wraith, our Executive Secretary, has been further developing the website. It is now possible to register online for SAAD courses, as well as providing access to much useful information and documents. It is possible to pay subscription fees and purchase SAAD literature online. SAAD now has a #tag, SAADuk, with a link from the website.

CONTACTS

Contact may be made with SAAD in the first instance through the AAGBI at saad@aagbi.org. Fiona Wraith, our Executive Secretary, may be accessed at SAADoffice@btinternet.com. Toni Richman, who is the Course Administrator, is at toni@saad.org.uk. I am at franciscollier@btinternet.com.

TRIBUTES

I pay tribute to my late predecessor, Derek Debuse, for his kindness and generosity in preparing me to take over his post upon his retirement in September 2011. It was my privilege to serve as Derek’s Honorary Assistant Secretary since 2009.

No Secretary’s Report would be complete without a massive vote of thanks to Fiona Wraith, for her constant good humoured support, without which the administrative elements of the Society would find it difficult to function.

Francis I Collier
Honorary Secretary

SAAD Notices

National Course in Conscious Sedation for Dentists, Dental Nurses and DCPs

Online registration: www.saad.org.uk/courses/details

For further details or download an application form please go to: www.saad.org.uk

Enquiries: toni@saad.org.uk 07583 039309 (text message)

RA Machine Loan

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

A twelve-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: Francis Collier franciscollier@btinternet.com

Essay Prizes

Dental Students - £300
Dental Nurses - £300
Closing date 31 March 2013
Drummond-Jackson Prize - £1000
Closing date 31 December 2012
Details at www.saad.org.uk

Research Grants

Grants are available to aid research in pain and anxiety control in dentistry. Please contact SAADoffice@btinternet.com

Francis Collier
Hon. Secretary of SAAD
SAAD Conference
Who Needs Sedation?
22 September 2012

SAAD Board invites you to our annual scientific symposium. The meeting will be held at the Royal Society of Medicine, in central London, on Saturday 22nd September. SAAD members are also invited to attend the Annual General Meeting of the Society to be held immediately following the scientific programme. There is a full programme of hot topics with nationally and internationally renowned speakers. The first session includes consideration of the difficult sedation case, an update on the Royal Colleges’ position on conscious sedation and a presentation on how to avoid errors. The second part of the programme discusses paediatric conscious sedation, children making choices and dentistry for the vulnerable adult. The final session is a topical debate entitled ‘Advanced Conscious Sedation or General Anaesthesia – which is best?’ The debate will be open to the floor in the final stages followed by a vote. This promises to be particularly interesting and a lively debate is undoubted. There is verifiable CPD for this meeting as well as it providing an opportunity to network with others who share an interest in dental sedation. The meeting is supported by the dental trade, which allows us to offer this conference at a very reasonable rate. Early application is advised as this event is very popular and the number of participants is limited. For further information, please refer to the enclosed leaflet, and the SAAD website www.saad.org.uk where you can register online.

We look forward to welcoming you to an exciting conference.

Christopher Holden, Paul Averley and Michael Wood
SAAD Conference Organisers

SAAD PhD in Paediatric Dental Sedation

In February this year I was fortunate enough to be appointed as a PhD student within the School of Clinical Dentistry at the University of Sheffield. This post was only possible because of funding awarded from SAAD to support a PhD fellowship in the broad area of paediatric sedation. The proposed research will take a psychosocial approach to the development of evidence-based decision aids to be used in paediatric dental sedation. Such aids are currently being used throughout health care to help provide more accurate information regarding the options and outcomes of the different treatments available and to help reduce decisional conflict. My initial interest in psychological research dates back to my undergraduate studies at the University of Sheffield, when I first developed a particular interest in clinical and health psychology. As a result of this experience, I continued my studies at Sheffield by undertaking an MSc in psychological research. It was during this time that I was first introduced to the School of Clinical Dentistry at Sheffield, and undertook my research dissertation with one my current supervisors, Dr Sarah Baker. As a result of this experience I was eager to continue my involvement in applied research relating to dentistry. Having officially started the project just over one month ago we are currently in the very early stages; however, initial reviews of the literature on shared decision-making are well under way and I am relishing the opportunity to be part of exciting developments in the area of paediatric dental sedation. I have already had the opportunity to attend the recent Dental Teachers in Sedation Group Meeting, which was in Sheffield. Mrs Claire Stevens’ keynote lecture on adolescent sedation was particularly informative and relevant as I hope to recruit study participants from her sedation clinics at Manchester Dental School as well as Sheffield and Liverpool Dental Hospitals. I will be starting to attend clinics in Sheffield very soon, to gain a greater insight into the specialty of paediatric dentistry and actually observe young patients having sedation for their treatments. This will make a welcome change from the library!

Joe Hulin
SAAD PhD Student

ADA Update

The ADA has been asked join the Advisory Board of the RCoA’s working party on Implementing and Ensuring Safe Sedation Practice for Healthcare Procedures in Adults (AoMRC). The purpose of the group will be to produce an update to the 2001 AoMRC document with the same title. The Association has also been asked by the BDA CDS group to co-present a seminar on GA for adults with special needs in 2013. This year’s ADA Conference on 13 November in London will be more focused on sedation, and we have managed to assemble a panel of speakers which is not only very experienced in their particular fields of interest, but who are also excellent and entertaining presenters. Nick Girdler will illustrate the versatility of Midazolam as a stand-alone drug, while Ken Ruiz will share his experience of using Propofol for sedation services in the community. Rachel Pollard will then address the issue of how to correctly assess those patients with special needs that might need sedation. Given the exponential rise in medical and dental claims over the past few years, the afternoon session is devoted such matters. A representative of the Medical Defence Union will tell us about interesting current and past investigations relating to dental GA and sedation, and how to steer clear of such problems. Whilst the second session will give us the opportunity to lift the curtain on what happens once a case progresses to a hearing at GMC level. As always, the day will conclude with the presentation of the free papers, which can be emailed to a member of the ADA council, and finally the AGM.

André du Plessis
SAAD at the BDA Conference

At the BDA Conference Carole Boyle and David Craig gave a demonstration of inhalational sedation on behalf of SAAD. This was supported by our friends at McKesson who supplied the IS Machine. The demonstration attracted a good crowd on both days. The audience was treated to an entertaining demonstration and went away with samples of the new SAAD Inhalation Sedation leaflet. The BDA have already indicated that SAAD will be invited to next year’s conference.

Diary Scan

Compiled by C E Mercer

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<tr>
<th>2012</th>
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<tr>
<td>1–2 SAAD</td>
<td>Dental Nurse Part II Course</td>
<td>European Resuscitation Council International Conference</td>
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<td>3–5 World Institute of Pain 17th Pain Conference and Practical Workshop</td>
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<td>5–8 ESRA</td>
<td>31st ESRA Conference Bordeaux, France</td>
<td>18–21 American Dental Association Annual Session San Francisco, USA</td>
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<td>17 EFAAD</td>
<td>Conference Moscow</td>
<td>9–10 ESA Autumn Meeting 3 Prague, Czech Republic</td>
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<td>19–21 AAGBI</td>
<td>Annual Congress Bournemouth</td>
<td>29–30 UK Society for Intravenous Anesthesia Annual Scientific Meeting The Royal College of Physicians, Edinburgh</td>
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<tr>
<td>22 SAAD</td>
<td>Annual Conference and AGM Royal Society of Medicine, London</td>
<td>18–20 European Resuscitation Council International Conference Hofburg, Vienna</td>
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<td>16–18 AAGBI</td>
<td>Winter Scientific Meeting QESI Conference Centre, London</td>
<td>22–23 ADSA Las Vegas Meetings Paris Las Vegas and Bally's Las Vegas</td>
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<tr>
<td>23–24 SAAD</td>
<td>Dental Nurse Part II Course London</td>
<td>23–27 NWAC World Anaesthesia Convention IV Bangkok, Thailand</td>
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<td>National Course in Conscious Sedation London</td>
<td>25–27 ADSA Palm Beach Meetings Ritz Carlton Palm Beach</td>
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<tr>
<td>TBA Society for Education in Anaesthesia (UK) Annual Scientific Meeting</td>
<td>23–27 NWAC World Anaesthesia Convention IV Bangkok, Thailand</td>
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<td>14 DSTG</td>
<td>Annual Symposium Millennium Stadium, Cardiff</td>
<td>8–9 SAAD National Course in Conscious Sedation London</td>
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<tr>
<td>TBA Society for Education in Anaesthesia (UK) Annual Scientific Meeting</td>
<td>27–30 WSPC 15th World Congress of Pain Clinicians Granada, Spain</td>
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No responsibility can be taken for any errors or omissions however caused. The Diary Scan is continually updated at www.saad.org.uk/events.