



NEWSLETTER

Society for the Advancement of Anaesthesia in Dentistry

June 2007 Issue 7

From the President

Welcome to the summer 2007 SAAD Newsletter.

Your Council has been busy on your behalf supporting the educational work of the Courses and keeping abreast of changes in the areas of regulation and contracting for services. We welcome Dr Derek Ryan to the Board. A profile of Derek will be published in the next *Digest*. It is important that SAAD is supported by a strong Board, and members are encouraged to consider standing for a term on the Board. If you want further details of the duties and responsibilities of being a SAAD Director please contact the Hon. Secretary or other members of Council.

David Craig, immediate past President, has been chairing a committee for the Department of Health to identify core competencies for Dentists with a Special

Interest in Conscious Sedation, an important role as this will affect the access and funding of care within the NHS. It will also inform the future of postgraduate training in dental sedation and anxiety control, which is the core business of SAAD.

SAAD supports the improvement in patient care and safety that is part of good clinical governance, and encourages members to keep good clinical records, undertake clinical audit and produce reports of critical incidents for analysis. There is still a shortage of good research to support dental sedation techniques. SAAD has developed a Research Toolkit, to be published in the January 2008 *Digest*, and is also offering funding for research projects. Details are on page 3. Members wishing to undertake research can get guidance from the National Patient Safety Agency, which launched the National Research Ethics Service on 1 April 2007. This replaces COREC, Central Office for



Diana Terry
President of SAAD

Research Ethics Committees, the previous incarnation of Research Governance. Useful contacts are at corec.org.uk and npsa.org.uk.

The SAAD Autumn Conference and Annual General Meeting will be on Saturday, 22 September in London; put this in your diary and come along to hear eminent speakers and take part in the workings of your Society.

Secretary's Report

It is with sadness that I report the loss of Peter Sykes. Peter was a long-time member, and twice President, of SAAD. Our condolences go to his family. The next issue of the *Digest* will have a biography of Peter and will, I'm sure, provoke fond memories.

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Since September 2006, Diana Terry has been President and I have been liaising with her to smooth the transition. I can no longer simply turn round in my chair in our room at KCL to speak to David Craig! Communication with Diana is speedy, though, via the miracle of email and the steam telephone. Fiona Wraith has been a prime mover in many areas of SAAD business, and I acknowledge that the job of 'Hon. Sec' would be very much more stressful without her! Matters that have preoccupied us over the last six months have been:

Correspondence

Questions come to me either directly or from Busola at AAGBI (Association of Anaesthetists of Great Britain and Ireland) or from Fiona. They are largely queries about training for sedation, techniques



Derek Debus
Secretary of SAAD

permissible and advisable, information about drugs used in sedation, and various medico-legal situations. I try to give an immediate answer, but sometimes have to confer with colleagues before replying. I don't make things up if I don't know! I am aware of the implications of giving incorrect or misleading advice.

The SAAD logo

The search for a new logo has reached a conclusion. The result is seen at the head of this Newsletter. The Board trusts that it meets with approval. It is important to project the right image of a modern, thrusting Society, fully in tune with the 21st century. We are aware that the new logo will be with us for many years to come.

New GDS contract and sedation

The end of the first year of the nGDS/PDS contract is producing a rash of articles in the dental press, analysing its effect on dentists, patients and treatment standards. The provision of sedation in general dental practice also comes under the spotlight. SAAD is aware that the new system has the potential to restrict the use of sedation for NHS patients, so we have set up a small committee to look into the situation and to take action where required. To that end, I would like to call upon the membership to give their views on this, especially if they are having difficulties with their PCT. Contact me at derek@debuse.co.uk.

Mentors

The list of mentors is now regularly updated. It has been combined with the DSTG list, and

now contains about 80 names. The list is sent to any member who requests it. Fiona tells me that demand, while not overwhelming, is steady. We would be interested to hear from mentors or 'mentees' (if there is such a word) about experiences of the mentoring procedure... positive and negative!

SAAD literature

The most recent addition to the SAAD literature available is the Sedation Practice checklist. It is designed to assist PCTs in assessing practices, but can equally be used for self-assessment. The existing literature is still very much in demand from practitioners, although plans are afoot to update these items soon.

AAGBI

The relationship with AAGBI continues to be a fruitful one. The premises are used by the Board for meetings, and the arrangement of an accommodation address works well. Busola is most efficient. As a specialist society, SAAD is represented by me at the annual meeting. Many other specialist societies use the facilities at 21 Portland Place, including the ADA, Paediatric Anaesthetic Association, SIVA (Society for Intravenous Anaesthesia), Difficult Airway Society etc. SAAD comes over very well in these meetings

as we are long-standing, have a large membership, are relatively financially sound and are organised.

Incident reporting

I mentioned in the last Newsletter that I was keen to receive comments from the membership that may benefit others. I soon reaped the benefit of that request when a member reported an unusual problem with a well-known make of RA machine. In the middle of a routine inhalation sedation with nitrous oxide, the dental nurse's chair was lowered, inadvertently catching on the RA machine's control dial, thereby turning up the percentage of nitrous oxide. It was spotted fairly early, so no harm came to the patient. We advised the dentist who had reported this to contact the manufacturer, who was advised to make design modifications in the light of this experience.

Contact with SAAD

Finally, contact with the Society is easy. The main portal is through AAGBI at (020) 7631 8893 (saad@aagbi.org). My telephone number at home is (01243) 822757. Leave a message if I am out. If you are enquiring about Courses, ring (01403) 780465 (answerphone or fax) or email saaduk@freeuk.com. www.saaduk.org

SAAD Conference 2007

Sedation in Primary Care: Progress and Politics

22 September 2007

This year's Meeting starts with an update on the latest guidelines relating to 'alternative' sedation techniques. There continues to be disquiet and debate about quality, standards and safety. The recently published guidelines from the Standing Committee on Sedation for Dentistry address these concerns. Two members of the Committee will consider the implications of this new guidance for sedation practitioners.

Earlier this year the Department of Health published guidance for PCTs commissioning sedation services in primary dental care. Presentations from Ruth Gasser and Michael Wood during the morning session will explore the issues and challenges from both the Department of Health and general dental practice perspectives.

The afternoon session will begin with a practical look at the increasingly common problem of reported allergy to dental drugs and materials, in particular local anaesthetic agents. Discover the best way to manage such patients from someone who does it every day!

PCTs are increasingly contracting Dentists with a Special Interest (DwSI) to provide specific complex elements of dental care in a general practice setting. This year the Department of Health and the Faculty of General Dental Practice have published a framework document for the appointment of a DwSI in conscious sedation. Sharon Drake will outline the structure and aims of this new DwSI.

We will finish the day with an update by researchers from KCL Dental Institute, where SAAD Visiting Professor Peter Milgrom is leading an innovative programme of managing anxious patients by non-pharmacological methods.

Carole Boyle
May 2007

NATIONAL COURSE IN CONSCIOUS SEDATION FOR DENTISTS AND DENTAL NURSES

Forthcoming courses:

30 June / 1 July 2007
3-4 November 2007

8-9 March 2008
21-22 June 2008
1-2 November 2008

Details and application forms from:

www.saaduk.org

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 Debus
derek@debuse.co.uk
(01243) 822757

Research Support

Like many areas of dentistry, pain and anxiety control is in dire need of a strong evidence base. Unlike many areas of dentistry, this area is not a desperately difficult area to research and there are real prospects for conducting meaningful research in primary care. However, research is a discipline in itself and it does not always come easily to a clinician, partly because in order to conduct a project you have to stop being a clinician for a while, and that is not easy. SAAD is seeking to support research into pain and anxiety control in the following two ways.

1. Research Toolkit

SAAD is supporting the development of a Research Toolkit that will be available in the 2008 SAAD *Digest*. This Toolkit will give advice on the points where help and advice are needed, such as: identifying a research question; designing a project; reviewing the literature; compiling a protocol.

The most important piece of advice the Toolkit contains is simply this: never try to do a project on your own. You will need support from a number of sources, and should get this at the earliest opportunity. What may seem like a perfectly sensible study design to you may be simply unworkable or statistically

unsound. Modern clinical research is highly professional now and tightly regulated. The regulation of research is such that someone with recent experience of the regulatory system, including ethics, trust approval mechanisms and honorary trust contracts, is an essential part of the process. There are plenty of people who could advise you. Finding the right person is sometimes difficult and I would advise contact either with your closest academic unit, or linking through this sedation network.

2. Funding

SAAD is introducing an annual research grant to aid research in pain and anxiety control in dentistry. The award is open to all postgraduates with an interest in this field. Individual applications for sums up to £5,000 will be considered. There is the possibility of funding more than one project up to the annual limit. Consideration will be given to applications for pump-priming funds to enable more major projects to be commenced, as well as completely funding projects as appropriate.

Priority will be given to research (rather than audit projects). Ethical approval (if available) and indications of support from other interested parties such as drug companies or Health Trusts should be included.

If funding is sought prior to the obtaining of ethical approval, SAAD's support will be contingent on this being obtained.

SAAD is keen to promote research that can be compared with other projects, and thus applications that use the SAAD Research Toolkit as published in the 2008 *Digest* will be favourably considered.

Applications will be considered by a panel nominated by the Trustees and final approval given at the Trustees' meetings in April and September each year. The closing dates for applications are 31 January and 31 July each year.

Applications or requests for further details should be submitted to:

The Executive Secretary
SAAD
21 Portland Place
LONDON W1B 1PY

So, if research into pain and anxiety control in dentistry lights your candle, SAAD can offer you help and support.

Paul Averley and Nigel Robb
May 2007

ADA Winter Meeting

The meeting, entitled 'Dental Anaesthesia and Sedation: Lessons from the Courts and Ethical Issues', was held on 8 February 2007.

Dr Avril Macpherson presented her experience of undertaking a significant research project under the current research governance arrangements. Sedation research will be covered by regulations that apply to all research investigating a medicinal product or a medical device; sedation often involves both a drug and a device with which to administer it, so researchers are advised to be familiar with correct procedure. The EU Clinical Trials Directive 2001/20/EC aims to provide public assurance that the rights, safety and wellbeing of trial subjects are protected and that clinical trial data are credible.

This practical example of sedation research was followed by Charlotte Rose, from the

Central Office for Research Ethics Committees (COREC), www.corec.org.uk. She explained how research governance is currently managed and about the launch of the National Research Ethics Service in April 2007, www.NRES.org.uk. This sent a very positive message to all professionals interested in undertaking research and being involved in peer review and interpretation of clinical research. Although the processes are complex, the outcome should be to aid researchers in the design and management of their projects, and to ensure meaningful outcomes from studies, which will best benefit our patients.

Dr Christopher Holden, past President of SAAD, discussed how medico-legal cases often display a trend in patient care and practitioner behaviour. His summary that risk assessment, risk management, good contemporaneous notes and plain common sense could have avoided all but the plainly criminal was an excellent message.

Tom Hayes and Sophie Pearson from Capsticks Solicitors presented an overview of the GDC's new procedures for the investigation and prosecution of fitness to practise cases. This was followed with a case study and a robust discussion, as several ADA members had experience of acting as experts in such cases.

This meeting was held mid-week to accommodate members who did not wish to attend weekend meetings for Continuing Professional Development. However, it was not well supported by delegates, and so ADA Council has decided to hold one Scientific Meeting each summer supported by six-monthly Council meetings.

The next Scientific Meeting is at the Hilton Hotel, Sheffield, local organiser Dr Ken Ruiz, Ken@scorpionfish.freeserve.co.uk.

Diana Terry
Honorary Secretary ADA

Journal Review

A comparison of oral midazolam and nitrous oxide sedation for dental extractions in children

KE Wilson, NM Girdler, RR Welbury
Anaesthesia

December 2006 61 1138–1144

Objective

The study was designed to compare the efficacy of midazolam 0.3 mg/kg with 30% nitrous oxide for the sedation of children aged 5 to 10 years who needed sedation for tooth extraction.

Method

The study was a prospective randomised crossover trial. Selection for inclusion required the extraction of four teeth, one in each quadrant, in children where the use of local anaesthetic alone had failed. 42 children were recruited aged between 5 and 10 years, mean 7.4 years; 35 children completed the trial. Each child paid two visits to the clinic. At each visit upper and lower teeth on one side only were extracted, one side being done with midazolam sedation, the other with nitrous oxide (N₂O). The choice of sedation

for the first visit was allocated by random numbers. The sedation was administered by an experienced operator-sedationist assisted by a dental sedation nurse.

Nitrous oxide was delivered using a Quantiflex unit, increasing the N₂O in 10% increments to 30% in 70% oxygen (O₂). On completion of the extractions 100% O₂ was given for 3 minutes.

Midazolam mixed with fruit juice to mask the bitterness was given at a dose of 0.3 mg/kg 20–30 minutes before treatment and sedation assessed in a quiet area by a trained nurse.

For extraction benzocaine was applied to the gum for 2 minutes, then lignocaine with adrenaline infiltrated. After extraction the patients were taken to recovery, where those given N₂O stayed 20 minutes and those given midazolam stayed 60 minutes.

The following parameters were measured: weight on admission, blood pressure, pulse, respiratory rate and O₂ saturation every 2 minutes for the first 20 minutes and then every 5 minutes thereafter. Sedation was measured every 2 minutes for the first 20 minutes, then every 5 minutes, using the Breitkopf Butler classification. Behaviour during the extractions, and event outcome, were

measured using the Houpt behaviour scale. Parents were given a questionnaire to take home as follow-up.

Results

All vital signs remained within acceptable limits with both forms of sedation.

Maximum sedation scores were recorded for both groups. The sedation with midazolam was significantly deeper than that with N₂O. No disruptive behaviour (Houpt 1 and 2) occurred in the N₂O group. With midazolam, 3 out of 35 cried and 5 out of 35 had disruptive movement but this did not reach significance. There was a significant difference in recall of the extractions, with fewer being able to remember in the midazolam group.

Discussion

The problems with midazolam are: the bitter taste when mixing the IV preparation with fruit juice; paradoxical excitement, which occurred in 2 children and resulted in their withdrawal from the trial; the longer time for onset and recovery; and the deeper sedation produced. Midazolam is therefore a possible alternative to N₂O but probably not the preferred option in this age group.

Bill Hamlin
May 2007

Diary Scan

Compiled by C E Mercer
May 2007

Date		Organisation	Theme/Title	Venue	Contact	
2007	June	27–29	GAT	Annual Scientific Meeting	Brighton	www.aagbi.org
		30 June–1 July	SAAD	National Course in Conscious Sedation for Dentistry	London	saaduk@freeuk.com
	August	17–19	ADSA	Practical, Effective Enteral Sedation in Dentistry	Charleston, South Carolina, USA	www.adsahome.org
	September	12–14	AAGBI	Annual Congress	Dublin	www.aagbi.org
		12–15	ESRA	XXVI Annual ESRA Congress	Valencia, Spain	www.kenes.com/esra/
		22	SAAD	Annual Conference. Sedation in Primary Care: Progress and Politics	London	saad@aagbi.org
	November	3–4	SAAD	National Course in Conscious Sedation for Dentistry	London	saaduk@freeuk.com
	December	2–4	ADSA	General Anesthesia and Moderate/Deep Sedation	Chicago, USA	www.adsahome.org
		13–14	SIVA	Annual Scientific Meeting	Queens' College, Cambridge	www.Cambridge2007.org
2008	January	25	ADSA	Human Simulation	Dayton, Ohio, USA	www.adsahome.org
	February	15–17	ADSA	General Anesthesia and Moderate/Deep Sedation	Las Vegas, USA	www.adsahome.org
	March	8–9	SAAD	National Course in Conscious Sedation for Dentistry	London	saaduk@freeuk.com
	June	21–22	SAAD	National Course in Conscious Sedation for Dentistry	London	saaduk@freeuk.com
	September	27	SAAD	Annual Conference	London	saad@aagbi.org
	November	1–2	SAAD	National Course in Conscious Sedation for Dentistry	London	saaduk@freeuk.com
		27–28	SIVA	Annual Scientific Meeting	De Vere Grand Harbour, Southampton	S2008@sivauk.org

SAAD Newsletter

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