



## **Restorative Treatment Under General Anesthesia: Concepts to Discuss with Parents**

- **Referral for dental treatment under general anesthesia:**
  1. Sometimes it is necessary to refer children to practitioners who are trained to provide restorative and exodontia care under general anesthesia.
  2. General anesthesia can be provided safely to healthy children in hospitals and ambulatory surgery centers; and sometimes in private dental offices that are properly prepared and use well-trained anesthesia partners.
  3. Some hospitals limit the time and availability of the services of dental practitioners causing a significant delay in providing care to children.
  4. Some practitioners do not prefer or are not adequately trained in providing dental treatment to children under general anesthesia and use referral partners who are trained and provide restorative procedures while the child is under general anesthesia.
  
- **Indications for General Anesthesia for children:**
  1. Patients who cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical, or medical disability;
  2. Patients for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy;
  3. The extremely uncooperative, fearful, anxious, or uncommunicative child or adolescent;
  4. Patients requiring significant surgical procedures;
  5. Patients for whom the use of general anesthesia may protect the developing psyche and/or reduce medical risk; and
  6. Patients requiring immediate, comprehensive oral/ dental care.
  
- **Benefits of restorative care:**

1. Removing cavitations/defects to eliminate areas that are susceptible to caries;
  2. Stopping the progression of tooth demineralization associated with poor hygiene;
  3. Maintaining mastication and eating habits;
  4. Restoring the integrity of tooth structure;
  5. Preventing the spread of infection into the dental pulp; and
  6. Preventing the shifting of teeth due to loss of tooth structure (i.e. crowding).
- **Full coronal restoration (SSCs) of carious primary incisors may be indicated when:**
1. *Caries is present on multiple surfaces;*
  2. The incisal edge is involved;
  3. *There is extensive cervical decalcification;*
  4. *Pulpal therapy is indicated;*
  5. Caries may be minor, but oral hygiene is very poor; or
  6. The child's behavior makes moisture control very difficult.
- **Oral hygiene practices after general anesthesia are especially important:**
1. To prevent cavities or recurrent caries around restorations
  2. To extend the function and effectiveness of restorations
  3. To minimize the likelihood and cost of a second restorative procedure under general anesthesia
  4. To establish effective habits in maintaining good oral health
  5. To facilitate good general health.

## Information for parents after treatment of their child under general anesthesia:

- **Local Anesthetic:** *Local Anesthetic may be used during your child's dental treatment. As a result, their mouth will be "numb" for approximately 2 – 3 hours.*
  - Watch them closely to see that your child does not bite, scratch or injure the cheek, lips or tongue. Discourage those behaviors.
  - If the child does bite his/her soft tissue, it will be tender for several days and they may look frightening when first seen. Children's Motrin or ibuprofen is indicated (follow the directions on the bottle for children). Feel free to bring your child back to the clinic if you feel the injury is significant.
  - Some children may become very upset (even crying) and complain of pain when they realize their mouth feels "different." Please do not be alarmed! Many children, especially preschoolers, are unfamiliar with this numb sensation and associate this feeling with pain.
  - Reassure your child that the "funny feeling" will go away in approximately 2 hours and attempt to **distract** him/her.
  
- **Dental Fillings**
  - After the placement of dental fillings (white or silver), teeth may often be sensitive to hot, cold and pressure for hours or even up to a month later.
  - It is not uncommon for recently filled teeth to require several weeks to feel "normal" again.
  - Children's Motrin or ibuprofen is indicated (follow the directions on the bottle for children).
  
- **Stainless Steel Crowns**
  - Your child's teeth may be covered with a stainless-steel crown which has been shaped to fit the tooth until it naturally falls out (crown and tooth at the same time). The gum tissue surrounding the tooth may look like it's beefy red, swollen, or bleeding. This is normal!
  - When preparing your child's tooth for a crown, it is necessary to fit the crown closely to the gum tissue, resulting in some bleeding and bruising of the tissue. Following placement of the crowns some parents will notice a white, purple or

gray color around the gums; this is also normal and will subside over time.

- When two or more crowns are placed next to each other, the teeth will be tender for 2-4 days or even a week.
- Children's Motrin or ibuprofen is indicated (follow the directions on the bottle for children).

➤ **Pulpotomy**

- When your child receives a nerve treatment (i.e., "baby root canal") it is usually **not** necessary to prescribe any pain medication. If your child does complain, Children's Motrin or ibuprofen is indicated (follow the directions on the bottle for children).

➤ **Care of Space Maintainers**

- A space maintainer may be placed to aid in the proper development of the permanent bite.
- It will be necessary to avoid chewing gum and other sticky foods.
- The chewing of hard substances such as ice should also be avoided.
- The appliance will need to be checked at regular intervals. Please contact us if any problems with the appliance develop.
- If the spacer comes out, please save it and call for an appointment as soon as possible.

➤ **Dental Extractions**

- After dental extractions your child may have gauze pressure packs placed to control normal bleeding from the site of the extraction. Sometimes stitches and/or foam-like material are placed in the socket. If the foam comes out before you get home, you may need to place gauze and firm pressure on the site. If it doesn't come out, it will naturally resorb on its own.
- Most dental extractions are routine, and it is unlikely that your child will need any antibiotics.

- Do not allow your child to suck from a straw or drink carbonated beverages for 24-48 hours – this may prolong bleeding due to disrupting the normal blood clotting process.

➤ **Swelling and Pain**

- Mild swelling and discomfort are normal occurrences following some dental procedures and usually resolves in 24 to 48 hours. If your child has significant swelling, bruising or continuous moderate to severe pain, he/she should return to the clinic for assessment.
- Children’s Motrin or ibuprofen is indicated (follow the directions on the bottle for children).

➤ **Bleeding**

- Blood mixes with saliva and sometimes looks like a lot of bleeding is occurring.
- Bleeding is usually controlled with gauze and firm pressure before we discharged your child.
- Some bleeding may occur, particularly if your child is very active and running around.
- Hold gauze with firm pressure against the surgical site until oozing has stopped.
- If bleeding continues for more than 2 hours, contact us.

➤ **Sutures**

- Sutures (stitches) may be placed to help control bleeding and promote healing. These sutures will dissolve and do not need to be removed.

➤ **Daily Activities**

- The dentist will tell you if your child can resume normal activities when they arrive at home.
- Usually rest and quiet time is required for the rest of the day after the surgery.
- Children should be monitored for the rest of the day after the surgery.

➤ **Diet and Other Limitations**

- After dental treatment, especially dental extractions, your child's diet should initially consist of soft foods (e.g., Jell-O, pudding) and plenty of clear liquids (water, apple juice) for at least 24 hours.
- If your child is dehydrated and does not receive plenty of clear liquids, they may develop a fever.
- It is rare but a fever may occur after anesthesia especially if the child is dehydrated.
- An antibiotic is rarely, if ever, required for a fever for dentistry after general anesthesia.

➤ **Fear, anxiety and unpleasant visits**

- Doctors focus to minimize or eliminate fear, anxiety, and any unpleasant experiences for your child.
- Sometimes your child is already afraid before we start the procedure and may not calm down even with our best efforts and your help.
- Comfort your child, reassure him/her that everything will be fine, and
- Distract their attention away from dentistry.