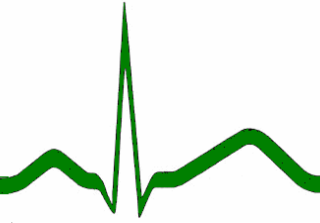


MCCARTY ANESTHESIOLOGY, LLC

Patrick D. McCarty, D.D.S. - Dentist Anesthesiologist



Dear _____,
(Parent or Guardian)

Your dentist has asked me to help take care of your child in their office. I limit my practice to the delivery of anesthesia which allows the required dental treatment to be achieved conveniently and safely with maximum patient comfort. I am pleased to be able to offer this service and wish to introduce myself and provide you with a brief explanation of the anesthetic techniques that I use.

Dentist Anesthesiologists provide private practice anesthesia services in the dental community and have earned a reputation from both our patients and healthcare colleagues of providing personalized care while maintaining the highest safety standards. I bring my own anesthesia equipment and medications to the dental office, and am able to provide a very safe and effective anesthetic treatment for both pediatric and adult patients who would otherwise need to have their treatment in a hospital or surgery center.

Office based anesthesia is a unique sub-specialty in the field of anesthesiology. It has gained recognition as an important service to offer for the convenience of our patients and colleagues. The State Department of Health and the State Board of Dental Examiners carefully regulate the qualifications of the anesthesia provider in the office setting as well as the emergency and routine equipment that must be available on site. In addition to a license to practice dentistry in the State, I have a “General Anesthesia Permit” issued from the State Board of Dental Examiners.

Financial Arrangements

Dental insurance often does not cover anesthesia services. Medical insurance companies may reimburse you for my services but it is extremely unlikely. They usually do not cover anesthesia provided in a dental office. Therefore, I do not bill insurance companies, medical or dental. You are responsible for paying the fee for the I.V. sedation / general anesthesia. If

you would like, we can fill out a formal CPT code sheet and submit it on your behalf to your insurance carrier in an attempt to have them reimburse for general anesthetic services. This paperwork is routinely submitted by doctor's billing services and it involves assigning a performed procedure a designated (CPT) code before invoice is sent to the patient's insurance company. There is a small additional charge (about \$25) for this professional service and reimbursement is not guaranteed.

Safety Concerns for I.V. Sedation in the Dental Office

Prior to the day of surgery, I will spend time talking to you and your dentist about your child to make sure that the office setting will be a safe and appropriate place to provide I.V. sedation / general anesthesia for him or her. If we think that your child has a pre-existing illness that would jeopardize their safety under I.V. sedation / general anesthesia in the office, we will recommend the hospital setting as an alternative.

In concordance with the State Board of Dental Examiners, I carry all the routine emergency equipment including extra oxygen tanks, breathing equipment, emergency drugs and a defibrillator. In essence, I have the same equipment that would be available within the operating room of a hospital or surgery center. The main concern with this type of anesthesia is to maintain an open airway and adequate breathing. This is routine for an anesthesiologist. We are always managing the unconscious patient and making sure their breathing and all other physiologic functions are maintained. We continually monitor the patient's level of anesthesia, vital signs and breathing throughout the treatment, never leaving them throughout the procedure.

The risk of an "allergic reaction" to these sedation drugs is very remote. It has been reported in the literature with propofol but it is very rare. If your child is allergic to eggs or to soy, I would not use a particular hypnotic agent (known as Propofol) since there is an increased potential of an allergic reaction in patients with these food allergies. Similarly, if a gas anesthetic is to be employed, there is a remote possibility of developing a reaction known as malignant hyperthermia. In the event of this exceedingly rare occurrence, I am equipped with the initial treatment (known as Dantrolene).

The risk of postoperative nausea is a possible side effect of anesthesia. I will administer anti-nausea medications through the I.V. during the dental treatment that have no other side effects and are very effective in preventing this problem. Propofol is beneficial in this regard because of its tendency to provide a rapid, clear-headed wake up with a low incidence of nausea and vomiting.

Anesthetic Technique for the Pediatric Patient

Depending on the type of dental procedure(s) being performed, your child will be receiving either an I.V. sedation only (Monitored Anesthesia Care) or a general anesthetic. In either case, your child will have minimal or no awareness of the dental procedure, maximum comfort and the highest degree of safety. These anesthetic techniques provide excellent conditions for your dentist to perform the needed work in one visit that might otherwise require multiple appointments to complete. As mentioned above, I have an anesthetic setup in the dental office, which is very similar to that which would be present in any operating room or any hospital site outside of the O.R. where this same technique would be employed. I equip the treatment room with state of the art monitoring equipment, suction equipment and a full array of A.C.L.S. (Advanced Cardiovascular Life Support) resuscitation equipment for emergencies, which includes all necessary drugs, airway equipment, and a defibrillator.

I will contact you directly before the scheduled dental procedure at the phone number(s) you have provided to your dentist. The purpose of this call is to obtain a brief medical history, provide pre-procedure eating and drinking instructions, to discuss the details of the anesthetic management and to answer any other questions you may have regarding the anesthetic technique.

At the time of your scheduled appointment, I will meet you and your child in the waiting area and address any remaining questions. At this point we will prepare for the induction of the anesthesia.

One induction option is a pre-medication usually given in the form of an intramuscular injection in the front of the leg or the upper arm. This “shot” contains a small amount of Midazolam, Ketamine and Glycopyrolate. It will feel similar to a vaccination shot that might be given by the pediatrician. This method is often used for the very anxious or young child

since it can be done in the parents lap rather than the dental chair. The purpose of this pre-med is to allow the anesthesiologist to place an intravenous line without your child feeling any discomfort or awareness.

Another technique for the somewhat cooperative child, is to have them breathe “laughing gas” (nitrous oxide) through a mask followed by sevoflurane which will quickly induce anesthesia. The mask will be coated with a “bubble gum” smell to ease the acceptance from your child. The I.V. will be started after your child is asleep to allow for delivery of medications.

Oral premedication, with Midazolam, is also an option for some patients. The onset of action for this type of pre-med may be up to one half hour. Your child will be monitored with pulse oximetry as they relax in your arms.

The sedation effects of the pre-meds are apparent within 5 – 10 minutes. At that time, your child will be extremely sleepy. He or she may not close their eyes at this point but they will have no recollection of the subsequent events of the visit. At this point, you will be asked to wait in the reception area while I start the I.V. painlessly and attach the monitoring equipment. Your child will be sedated enough at this point that he or she will not be distressed by, nor even remember, separating from you. In fact, your child will not be aware of any further events in the course of treatment. I will remain in immediate attendance of your child throughout the dental treatment monitoring vital signs and continuing to administer the appropriate anesthetic medications on an as-needed basis. My anesthetic technique will not only include sedatives but also pain medication and anti-nausea medication as well.

At the end of the procedure, the dentist will come to you in the waiting room and explain how the treatment has proceeded. I will remain with your child until the appropriate criteria has been reached. Emergence from this type of anesthesia is gradual and your child will likely need 30 minutes after the completion of the dental treatment to wake up. You can join your child as soon as they open their eyes. One possible side effect of the sedation is shivering but this will resolve quickly.

You may find that your child will be grumpy, fussy or not completely themselves for a few hours after the sedation. In fact it will take at least 4 hours or so after you return home until your child is completely over the

effects of the anesthetics. The emergence from this type of anesthesia is very gradual. Your child may complain of dizziness, and may not be able to focus very clearly for the first 2 hours after you return home. These are normal side effects of anesthesia and will gradually wear off. There are no long term side effects of the anesthetic medications used for I.V. sedation / general anesthesia.

You will get detailed instructions about what to expect after the procedure from both the dentist, the staff and from myself. Please read the instructions provided for you below to give you an idea of what to do before the treatment and what to expect afterwards.

Instructions to Follow Before the Dental Visit

Eating and Drinking:

The following eating and drinking instructions are extremely important to follow exactly as written to insure the safety of your child under anesthesia. These are standard guidelines given to any patient having anesthesia and are meant to prevent the possibility of vomiting and aspirating vomit while sedated or groggy.

On the day of your appointment, your child should not have any food or milk within 6 hours of the procedure. He or she may have water, Gatorade, apple juice, Jell-O, frozen fruit juice popsicles up to 2 hours before the time of the appointment. ***NO LIQUIDS (including water) within 2 hours of the appointment.*** Therefore, for example, if your appointment is at 10:00 AM the last food or milk your child can have is at 4:00 AM (not very practical) but he or she can have clear liquids until 8:00 AM. If your appointment is at 1:30 PM, your child can have food and milk until 7:30 AM and clear liquids until 11:30 AM. If your child is *breast feeding*, the last feeding can be 3 hours before the appointment.

Change in Health Status

If your child has a change in health status before the appointment, for example, a cold, sore throat, cough, nausea or vomiting, or fever, please call me or your dentist's office as soon as possible so I can contact you and determine if it is safe to proceed with the anesthetic or if we need to reschedule.

Medications

If your child takes any prescribed medication, please continue it on the day of the appointment. If it is an oral medication, let your child take it with a small sip of water. If it is an inhaler, have your child use it at their regular time. If your child is an insulin dependent diabetic, a pre-procedure consultation will be arranged with me.

Clothing

I recommend loose fitting, and easy to put on clothes for your child on the day of the dental procedure. The shirt layer closest to the skin should be short sleeved. If your child has a favorite blanket, please bring it.

Questions

I will contact you before the scheduled procedure to answer any questions. If you have urgent concerns or questions that can not wait, please contact my pager number. I will call you back as soon as I am able.

Instructions To Follow After the I.V. Sedation / General Anesthesia

Eating and Drinking:

Do not give your child anything to eat or drink in the car on the way home. They have a higher risk of vomiting in the car after anesthesia. As soon as you get home, your child can have some clear liquids to drink. For the first hour, give them only clear liquids (i.e., popsicles, water, soup, apple juice). The first meal can be offered one hour or so after you get home and should consist of soft foods only, requiring minimal chewing. If your child is not hungry for the first several hours, do not force him or her to eat but do encourage plenty of fluid intake. If your child has nausea or vomiting for more than 2 hours after the procedure, please call me at one of the numbers provided.

Physical Activity

Please do not leave your child alone for the first 4 to 5 hours after you get home. He or she could easily fall if they try to walk on their own while recovering from the effects of the anesthetic medications. It is a good idea

for your child to take it easy during the first day, especially avoiding activities that require balance and coordination. For example, your child should not be bicycle riding, climbing trees, playing on the jungle gym, etc. Occasionally a child will develop a bright red color in their face a few hours after the anesthetic. This is not an allergic reaction and usually occurs if the child has been overly active after the anesthesia and a bit dehydrated. It is self limited and usually goes away in a couple of hours. If this occurs in your child and you have any concerns, feel free to contact me.

Pain Control

If your child complains of any discomfort in their mouth when you are home, give them an appropriate dose of children's Tylenol or Motrin. These medications are usually adequate for pain control after dental treatment.

I look forward to participating in your child's dental treatment. Please feel free to contact me by phone or email if you have any other concerns about the anesthesia procedure that I have not addressed. Thank you very much for using McCarty Anesthesiology for your anesthesia needs. I am dedicated to making your child's dental experience comfortable and anxiety free.

Sincerely,

Patrick D. McCarty, D.D.S.