

The Village Dental Practice

Instructions for patients receiving IV sedation

Pre-sedation instructions

1. You will be receiving a sedative to enable you to have treatment – it is not general anaesthetic. You will be conscious during the procedure with your reflexes intact but will be unaware of the treatment as it is performed. Please arrange transport after your appointment as we are prohibited from sedating you unless a suitable escort is available.
2. It is important that you inform us of any medication that you are receiving, as in rare cases it can react with the sedative agent – please take your regular medication as normal.
3. You can eat a light meal before the sedation, but please resist the temptation to drink alcohol for eight hours before your appointment. Alcohol reacts badly with the sedative.

Post-sedation instructions

You will be allowed to go home when it is safe to do so and you must be accompanied by a responsible adult. You will need to rest for at least 12 hours.

1. You must NOT drive a vehicle, do anything that requires judgement or consume alcohol at least until the morning after your sedation. Also try to avoid physical exertion.
2. For pain relief you should take the medicine I will provide. If you already taking regular medication ask me if you should continue to take it as usual.
3. The sedative may produce amnesia. This is transient, lasting sometimes for a few hours. It is for this reason you should not make any important decisions or judgements for at least 24 hours.
4. Do NOT eat or drink until you are home, then start with sips of water, going on to tea/coffee (avoid acidic fruit juices such as orange or lemon). Progress on to solids when you feel able.
5. Please be aware the drugs in your system will need time to wear off and this can vary enormously from person to person. Do not be alarmed if you feel tired and 'low' for 24 – 48 hours after sedation.
6. We do not anticipate you having any problems with the sedative but should you become concerned about anything, please contact me on 07850 624722.

I have read these instructions and consent to being treated under sedation.

I hereby consent to undergo root canal treatment on the following:

Signed _____

Full name _____ Date _____