

From the President...

Despite the understandable attention given to our Diamond Jubilee events this year, in no way have the mainstream activities of the Society been neglected!

Under the auspices of the SAAD Training Board, the new SAAD Assessed Sedationist (SAS) and SAAD Assessed Sedation Nurse (SASN) training pathways have now both seen entrants successfully complete their training.

We have been pleased to welcome two newly elected members to the Board of Trustees. Dr Leah Adams and Dr Shilpa Shah both have wide experience and strong backgrounds in the provision of conscious sedation in general dental practice. Dr Manni Deol joins the Board of Trustees as Assistant Honorary Secretary, and Dr Kellie Boles becomes Assistant Honorary Treasurer.

I am also pleased to see numbers of younger colleagues taking up positions of responsibility within the organisation. It will also be increasingly apparent that, unlike the domestic household of the current Prime Minister, this Society does not have designated 'boys' jobs and girls' jobs'.

I must take this opportunity to congratulate members of the Board on happy events in their personal lives, with Kellie Boles celebrating her marriage in August, and more recently Dr Zahra Shehabi and her husband welcoming the arrival of their daughter Aaya. I would also wish to extend our good wishes for the future to Dr Will Botha, who leaves our Board to relocate with his family home in South Africa at the end of this year.

Members of the Society have continued to serve on committees and working groups; for example the Intercollegiate Advisory Committee for Sedation in Dentistry and Sedation Training Accreditation Committee. In the context of NHS England, Board members have participated in the production of 'Service Standards for Conscious Sedation in a Primary Care Setting'.

Two SAAD Board members served on the SDCEP Guidance Development Group which led to the publication of the 3rd edition of the SDCEP 'Conscious Sedation in Dentistry Dental Clinical Guidance' this summer.

We are particularly proud that a SAAD Board member, Dr Carole Boyle, currently Assistant Course Director and my immediate predecessor as SAAD President, has recently been elected to the Dental Council of the Royal College of Surgeons of Edinburgh.

The completion and celebration of sixty years of the Society's life may have the aura of a mark of closure about it, but in fact it heralds the opening of the next 60 years, which we fully intend to embrace.

With the future in mind, many members of the Society have participated in our SAAD Diamond Jubilee Survey, which sought to canvass the views of colleagues upon their vision of the future direction of SAAD.

This has, of course, given members the chance to forward critical, as well as laudatory, comments on the activities of



Francis Collier
SAAD President

SAAD, both of which have been welcomed. We are fortunate indeed to be relatively devoid of that group of people described by Anthony Barber (Chancellor of the Exchequer in the 1970s) as 'the sour-faced people for whom nothing is ever right', and the majority of those we do encounter tend to be out with the Society's membership group.

As I have just entered my final year as SAAD President, I feel very reassured at the prospect of 'passing the Presidential baton' to my colleague, and current Honorary Treasurer, Dr Steve Jones next September.

As ever, I salute the ongoing work of members of the SAAD Board of Trustees, the Editorial Board and the Training Board, whose attention to detail ensure the Society remains at the forefront of its field.

Our Executive Secretary, Fiona Trimmingham, as ever, gives enormous support to our activities, for which we are all very appreciative.

Please enjoy this edition of SAAD Newsletter and please accept my very good wishes for the forthcoming (and frighteningly close) holiday season and New Year.

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Save the date...

**Saturday
22nd September 2018**

SAAD Annual Symposium & AGM

The Royal Society of Medicine, London



This statement, introducing the SAAD Diamond Jubilee, was written and presented by the President at the SAAD Diamond Jubilee Dinner at the Royal Air Force Club on 22nd September 2017, and again at the SAAD Annual Symposium at the Royal Society of Medicine on 23rd September 2017.

'This is a celebration of 60 years of dedication to the advancement of knowledge in pain and anxiety control for dentistry. The Society for the Advancement of Anaesthesia in Dentistry held its first meeting on 15th August 1957 at the Royal Society of Medicine in London. From its inception, the Society has had education and training at its heart. Whilst the emphasis of the teaching, due to a changing regulatory environment, has evolved from that of general anaesthesia to those of conscious sedation and behavioural management techniques, the thrice yearly SAAD National Courses are extremely well attended and the Society membership remains buoyant.

Communication with its members and the wider dental sedation community is achieved through the production of its journal, SAAD Digest, the biannual SAAD Newsletter and its extensive website. The annual symposium provides a popular focus for social interaction as well as an educational event and update for delegates.

As an educational charity, the Society awards a range of prizes each year, as well as research grants to support approved projects such as PhD degrees. The activities of the Society are overseen and operated by the Board of Trustees, Training Board, Teaching Faculty and Editorial Board, whose members, both past and present, represent a wealth of diverse knowledge, experience and expertise in SAAD's areas of interest.

There have been an increasing number of younger colleagues accepting positions of responsibility within the organisation, and the Society is proud of the fact that two of the more recent appointments to the Presidential office have been women.

Imaginative initiatives such as the Safe Sedation Practice Scheme and the RA Machine Loan Scheme provide support respectively, for primary care practitioners wishing their sedation service to engage with a Quality Assurance Programme, and for those wishing to extend their sedation practise to include inhalation sedation.

In addition to advice and support being given to individual professional colleagues, the Society gives expert advice to bodies such as the General Dental Council, Department of Health, and Defence Unions.

Members of the SAAD Board regularly serve upon committees and working groups which formulate standards, guidelines and guidance documents, ensuring that the Society is able to exert a positive influence on the regulatory framework in which conscious sedation is carried out in the United Kingdom.

In an international context, SAAD Board members hold representational positions on the Board of the International Federation of Dental Anaesthesiology Societies (IFDAS).

The Society is grateful to those who originally had the foresight and energy to form such an organisation, and to all those who have continued to sustain its activities throughout the successive years since 1957.

The Society therefore has pride in its past achievements, justifiable confidence in its current influential standing, and faith in its prospects for future success.

SAAD remains faithful to its original motto, which is: 'Dolore Vincto, Timore Victo' which translates loosely as 'Abolish Pain to Conquer Fear'.

Squadron Leader Francis I Collier MSc BDS DipDSed (Lond) RAF (Ret'd)

SAAD Annual Symposium

SAAD Diamond Jubilee A Strong Foundation for a Bright Future

Saturday 23 September 2017
The Royal Society of Medicine, London

Sirinie Wanigaratne



Sirinie Wanigaratne

Having attended several SAAD symposiums previously, this year in comparison, there was a tangible sense of grandeur. We began to the regal sound of bagpipes, in celebration of 60 years of SAAD and marking its Diamond Jubilee. SAAD President Francis Collier opened the symposium by reflecting on his pride in SAAD's remarkable achievements to date, and his faith in the society's future to accomplish its founding vision of "Dolore vincto, timore Victo" – *abolish pain to conquer fear*. T



This year's programme was ably organised by Will Botha and Zahra Shehabi and focused on the innovative and contemporary techniques available in anxiolysis, in addition, acknowledging the previous milestones of this forward-thinking society and exploring the exciting role smart technology could bring to the future.

SAAD: A History of the last 60 Years

Ian Brett & Christopher Holden

Ian gave a personal account of SAAD's history from its infancy, and the character and personalities of its pioneers, based on Peter Sykes' 2003 book "A History of the Society for the Advancement of Anaesthesia in

Dentistry". SAAD began as an anaesthetic society and in the 1950s the use of General Anaesthesia (GA) for dentistry was common place in the UK, a staggering 2 out of 10 of the population received a dental GA. Captain Stanley Lithgow Drummond-Jackson (DJ), a UK dentist from Huddersfield began experimenting with new intravenous anaesthetic drugs in the 1950s and is recognised as the 'Father of SAAD'. By 1957, DJ had devised a series of techniques that he wished to share with a wider audience, and began consulting with interested medics and dentists, and the society was established. As new drugs like ketamine and methohexitone became available, techniques evolved, and SAAD became a teaching society. By 1958, DJ was running training courses from Wimpole Street, making the leap away from GA towards intravenous techniques.



Christopher Holden and Ian Brett

Christopher reflected on the SAAD's journey from the experimental sedation techniques of its pioneers to its leading role in safety, teaching, guidance, regulation and support of research today. SAAD's core focus on safety

and reducing mortality is recognised both in the UK and internationally. SAAD has been at the forefront of teaching in safe conscious sedation for dentistry since its origin. In the 1960s SAAD began running "jumbo courses", and continues to provide training, support and education today. The society has created a sound foundation for safe and efficient provision of conscious sedation practice in dentistry with an inspiring and innovative approach which continues to grow in popularity.

SCDEP Conscious Sedation in Dentistry: Updating the Guidance

Vince Bissell

This document was first published in 2006, updated in 2012 and the third edition published in June 2017. Vince was the Chair of the guidance group, and discussed the process by which the guidance was developed, its key issues, and its structure in relation to the IACSD Standards (2015). SAAD was represented by Francis Collier and Paul Howlett in the consultation process of the guidance and it has attained NICE accreditation for the process by which it was developed. The IACSD report (2015) was central to discussions and the development of the guidance. Thirteen guideline documents and 6 systemic reviews and expert opinion provided the evidence for the guidance.

Vince talked about the scope of the document, and issues arising from a lack of clarity regarding: life support training, sedation training CPD requirements, fasting, monitoring, advanced techniques and maintaining



Vince Bissell

competency. The updated guidance has received positive feedback and is reported to be consistent and complimentary to the IACSD report (2015). Recommendations include advice on pre-sedation assessment, fasting in accordance with professional judgment and using a practical approach for the inclusion of the appropriate expertise for effective paediatric treatment planning. Clarification on training and maintaining knowledge was also reviewed. The process is ongoing and SDCEP would like to hear your views.

www.sdcep.org.uk/published-guidance/sedation/

Be Not Afraid, Understanding the Nervous Patient

Brid Hendron

Firstly, Brid acknowledged the symposium to be a self-selected audience of compassionate and caring professionals. (This gave everyone a “feelgood” factor!) She highlighted that dentists are often under pressure when working with highly anxious patients. She asked us to think about patient perspectives, using a Neuro-linguistic programming (NLP) model of communication. This involves filtering information from the unconscious mind, often resulting in “deleting” information. In heightened anxiety, more deletion occurs, with some information never reaching the conscious mind. She talked about “generalising” – assumptions we make based on what we already know e.g. “All dentists are the same”. In “distortion”, we see what

we expect, and this is tailored to the individual perspective. People have a different perception of dentistry depending on what it means to them; the resulting Negative/Positive/Neutral representation, depending on their stance will drive their physiology.

Negative Thoughts  Negative Physiology  Negative State

For example,

Dentists have developed a high acuity to read these signals. Adrenaline disperses throughout our bodies, we all recognise signs and symptoms of flight or flight, but we cannot see cognitive abilities shutting down, and cannot measure how managing information is impaired. Try and remember those oral viva exams when the mind goes blank! Ability to communicate and formulate speech is affected by adrenaline. Patients often bring an escort to speak on their behalf, sometimes this can be an additional individual to manage in a surgery situation, but it’s worth remembering the reassuring presence this person can offer to a highly anxious patient. Negative behaviour can “hijack” intention, and this can



Brid Hendron

become recurring.

Brid discussed the influence of memory, and how it is state dependent, and that experiences are “filed” with an emotional filter. If there is a tendency towards a very fearful mind, there is greater reference material from past negative experiences within the unconscious mind, and this often triggers a more emotional response. “States” are contagious, just like laughter! There is a tendency for

empathetic practitioners to become anxious when working with anxious patients, and to lose positivity. We have to try and remain neutral/positive even in difficult situations, and to remember that teamwork helps!

Virtual reality: Its Role Within Cognitive Behavioural Therapy (CBT) in Treating Dental Phobia

Jennifer Hare & Bryan Kerr

This was out of this world, and definitely felt like something from the future! Jennifer and Bryan discussed behavioural interventions within the scope of practice of SAAD training. Dental anxiety is a continuum, with different approaches depending on its severity. Fear is specific to the time when we are confronted with a situation. Dental phobia is recognised as the most common phobia in the UK, affecting 11% of the UK population. Phobia can arise from learning, observations, and generalisations. Treatment techniques are divided into a) pharmacological and b) non-pharmacological - CBT, psychological services. The role of sedation remains valuable for managing anxiety, but there is growing evidence to support the use of non-pharmacological techniques to rehabilitate patients. The choice of treatment modality depends on the level of anxiety and need for urgent treatment.

CBT involves 3 elements

1. cognitive therapy (thoughts)
2. behavioural therapy (changing behaviour)
3. graded exposure (demonstrating the worst event is not going to happen over a period of time until habituation occurs).

The CBT program at Guy’s Dental Hospital focuses on resolving phobia – the most recent evidence shows 79% of CBT patients becoming regular attenders after therapy vs 20% of sedation patients. Therapy involves clinical appointments with a psychologist and home-work involving

videos and tasks aiming to tackle the difficult aspect of avoidance. Access to CBT services is limited both within the UK and internationally, and pharmacological approaches remain dominant. Barriers to access include



Bryan Kerr & Jennifer Hare

that commissioning focuses on the provision of treatment rather than rehabilitation, in addition to the cost of developing such services.

The use of technology in the form of virtual reality allows patients to engage in a computer generated dental surgery and to simulate dental procedures prior to treatment. In addition, this can be supported by additional CBT and CARL (computer assisted relaxation learning) techniques. The most recent evidence indicates a reduction in MDAS scores after virtual reality therapy. I was fortunate to have a demo with the virtual reality video, and can confirm you really do feel immersed in the 360-degree perspective video, it's an excellent refresher of what it's like to be the patient, in case you've forgotten!

SAAD Prize Presentations & Announcements

Francis Collier returned to award this year's prizes, congratulations to all the winners!

Dental Care Professional Essay Prize:
Kimberley Illing



Dental Student Essay Prize:
Yui Yin Ko



Drummond Jackson Essay Prize:
Janine Doughty and Amar Kaul
(pictured)



The President's Award for the best poster presentation was awarded to **Ruixiang Yee** from Singapore for "Intramuscular ketamine sedation in managing paediatric oro-dental trauma".



Sadly, Will Botha is returning to his native South Africa and leaving the SAAD Board, Francis expressed his gratitude to Will for organising the symposium programme this year, along with Zahra Shehabi.



Francis Collier & Will Botha

SAAD members attended the Annual General Meeting and then lunch offered an opportunity to explore the world of virtual reality, catch up with sedation colleagues from across the UK for a SAAD selfie. Then to visit the eleven poster presentations and to explore the year that was 1957.



Paul Averley & Christopher Mercer

Sedation Case Studies

Daniel Bateman, Will Botha, Nicole Sturzenbaum

Daniel has been working as an operator and as a sedationist/operator over 15 years, and described some memorable cases he has encountered. In all the cases described, he was able to identify individual factors to help improve the clinical experience in challenging sedations. Examples included awareness of alcohol consumption, room temperature, patient music choice, minimising pre-operative waiting, good local anaesthesia, using third party support, ensuring realistic expectations, considering 'no sedation' and knowing when to refer if midazolam is not adequate. It was reassuring to hear we all encounter these situations and heartwarming to know that a successful outcome can be reached with the right strategies.

Will described the case of a 3-year-old with post sedation agitation after a restorative procedure. Pre-operatively the child had an upper respiratory tract infection (URTI), and had been experiencing dental pain. Dental treatment to relieve pain was agreed, and the patient was sedated using a polypharmacy technique. During the sedation, the patient was active, but the acute treatment was completed. Post-operatively the patient appeared agitated, he was given analgesia and calmed by his parents and discharged. Further feedback from his parents was received advising the patient was distressed for 3 hours, and shaking in his sleep and saying "no", though he had no memory of the sedation procedure. A further procedure was performed, and the patient was again challenging, but post operatively coped better. Will described the risk factors for emergence delirium including age (younger), pre-op anxiety, history of trauma, rapid recovery, pain, URTI and drugs including anticholinergics, benzodiazepines and opioids. He emphasised the importance of counselling parents pre-operatively of the risk of emergence delirium and ensuring good post-operative analgesia as good practice.



Daniel Bateman, Will Botha and Nicole Sturzenbaum

Nicole shared her experience of a needle phobic female she had cared for over an 8-year period from age 16 to 24. The patient had a high BMI (35), low self-esteem, with poor oral hygiene and phobic parents. She embarked on a course of treatment involving IV sedation and pre-med, but the patient refused treatment. She was referred on to a GA service and for behavioural therapy. She then presented in pain, and was successfully treated with midazolam pre-med and nitrous oxide inhalation sedation. Further treatment was accepted with inhalation sedation and hypnosis only. Surgical



Michael Zybutz presenting

procedures on the UR3, LL8 and LR8 were carried out with inhalation sedation for cannulation and IV ketamine and propofol. The patient became very reliant on the presence of Nicole in order to accept treatment, but as an adult has managed to access a GDP and accept treatment with LA only. Nicole highlighted the significance of trust and behaviour management, how these are equally valuable, and can support sedation techniques or be considered an alternative focused approach in difficult cases.

Conscious Sedation: One Periodontist's Perspective

Michael Zybutz

Michael works with sedationists for periodontal surgical procedures and immediate implant placements including same day mouth restoration. He discussed the advantages and disadvantages of working with a sedationist. He emphasised the importance of the whole surgical team working together, communicating a clear understanding of optimal operating conditions pre-operatively and discussing any risk factors. Sedation can improve patient comfort, reduce team stress, and allow easy IV access for analgesia. He highlighted the risk of adverse patient conditioning to sedation, but also that conscious sedation enables some patients to access these treatment options. He discussed recovery and potential post-operative nausea with opioids, and

noted Propofol can result in a more coherent recovery. He shared some clinical photos of some fabulous smile makeovers!

Tomorrow, Tomorrow and Tomorrow... A personal view of the development of Conscious Sedation

Michael Allen

Mick shared his experiences of Conscious Sedation during his dental career and the potential of future developments in the provision of Conscious Sedation in the UK. He discussed the current movement towards skill mixing, utilising DCPs working independently to provide inhalation sedation, and the potential role of SAAD and DSTG in training this workforce. This could improve access to sedation services for patients. He suggested that the IACSD guidance was moving IV sedation access forward for young people who are often healthier than the aging adult population. Therapists are often closer in age to young patients and this may improve compliance and engagement in prevention.

Looking to the future of sedative drugs and delivery, there is greater potential for sublingual delivery. Remimazolam is very promising with a superior onset and recovery to midazolam and Fospropofol is reported to have lower amnesic properties.



Francis Collier & Mick Allen

We were all then reminded that humans are inherently social animals, and we are not quite ready for the robotic dental revolution, but we have come a long since 1957!



1957 - 2017

**The SAAD Board of Trustees would like to thank
Dr Will Botha and
Dr Zahra Shehabi
for their work in
preparing this years'
SAAD Symposium**

Technological advances may improve patient monitoring, and the possibility of intra-oral scanning and 3D printing may also provide useful gains.

Nanotechnology is in development and may revolutionise targeted drug delivery via nanobots. These can be applied topically, inhaled or delivered intravenously. A patient could be sedated by nanobots guided by central nervous system analysis in order to relieve anxiety. Dentifrobots could be applied to tooth surfaces to place resin, treat sensitivity or remove caries.

What the delegates said...

"Excellent symposium - topics well chosen and presented!!"

"Thought the day was intense but very enlightening and enjoyable . Thank you"

"Great day. Very informative."

"I really enjoyed it, lots to think about on the way home and feedback to others in the profession. Thanks SAAD"

"Very interesting update for conscious sedation"

How to contact SAAD

Course enquiries...

Course registration, payments, deferrals & cancellations.
Hygienist & therapist logbooks
SAS and SASN schemes

Fiona Trimmingham
fiona@saad.org.uk
01302 846 149

Course content and course weekend logistics

Toni Richman
toni@saad.org.uk
07583 039 309 (text)

SAAD Assessed Sedation Nurse scheme

Emma Lee
emma@saad.org.uk

General enquiries...

info@saad.org.uk
01302 846 149

Executive Secretary & Website...

fiona@saad.org.uk
01302 846 149



Save the date....

Annual Symposium & AGM

**Saturday
22nd September 2018**

SAAD AGM 2017

Saturday 23 September

Sadie Hughes

The Annual General Meeting (AGM) was held on Saturday 23rd September 2017 at the Royal Society of Medicine in London, following an interesting morning of lectures at SAAD's annual symposium. AGM documentation was emailed to the membership prior to the AGM. Forty five members of SAAD attended this year's AGM and of these, thirteen were Trustees. One hundred and ninety seven delegates attended this year's symposium which is a slight decrease when compared to 2016, which had two hundred and seven attendees.

Following acceptance of the minutes of the 2016 AGM, SAAD's President, Francis Collier, opened the meeting by welcoming those present, and reassuring members that even though this year has had some emphasis placed on the Society's Diamond Jubilee, the mainstream business of the Society had not been neglected. The SAAD National Courses have continued to be very well attended, as are the new starter SAAD training schemes; the IACSD accredited SAAD Assessed Sedationist scheme and the SAAD Assessed Sedation Nurse training scheme.

The President congratulated Carole Boyle (SAAD's Assistant Course Director) on her recent appointment to the Dental Council of the Royal College of Surgeons of Edinburgh and on the success of the 2017 SAAD/BSDH study day, at Guy's Hospital in March, entitled 'General Anaesthesia in Special Care Dentistry'. The study day received excellent feedback and was extremely well attended.

He reported that the SAAD website has been developed further and continues to be used extensively by SAAD members and also by non-members.

The President brought to the attention of the AGM SAAD's role representing sedation, through participation both in the UK and further afield. These

committees and working groups include the SDCEP Guidance Development Group, the IACSD/ Sedation Training Accreditation Committee, Commissioning Dental Services, Service Standards for Conscious Sedation in a Primary Care Setting (NHS England) and International Federation of Dental Anesthesiology Societies (IFDAS).

The President concluded by thanking SAAD's Executive Secretary, Fiona Trimmingham and members of the SAAD Board, Training Board, Training Faculty and Editorial Board who ensure the Society runs so well.

On a day to day basis, SAAD receives a number of enquiries relating to various aspects of sedation practice. Sadie Hughes, SAAD's Honorary Secretary, reported that overall there continued to be a decrease in the number of IACSD standards-based queries from members. This can be attributed in part to an increased familiarity with the standards amongst the dental sedation community. However, obtaining appropriate supervised clinical sedation cases still presents an issue for some dentists wishing to pursue sedation training. Recent enquires include questions about how potential sedation trainers apply for STAC (IACSD) accreditation, specific queries regarding the suitability of sedation for patients with certain medical conditions and the safety record of nitrous oxide when administered by pregnant staff. As always, gratitude was extended to Fiona Trimmingham, SAAD's Executive Secretary for her relentless efficiency.

The Hon. Secretary went on to update the AGM attendees on forthcoming changes relating to the SAAD Board positions and personnel. Will Botha, who joined the Board of Trustees in 2013, resigns as a SAAD Trustee. Thanks were expressed to Will for his help and support to SAAD, in particular his involvement in arranging several



Sadie Hughes
SAAD Honorary Secretary

symposia, look out for Will at future SAAD events, but in the meantime good wishes were extended to him and his family for their relocation.

SAAD's esteemed Treasurer, Steve Jones, who has given many years' service expertly managing SAAD's financial affairs, was ratified as SAAD's President Elect. Kellie Boles was ratified into the position of Assistant Treasurer with the intention that she will succeed Steve Jones as Treasurer, when he becomes President in September 2018. From September 2018, Sadie Hughes will step down from the Honorary Secretary post and in preparation for this, Manni Deol was ratified into the position of Assistant Honorary Secretary.

Due to these Board revisions, there were two casual vacancies for three-year positions on the SAAD Board of Trustees. Four nominees were proposed, and SAAD would like to thank all of the very worthy nominees who stood for election. Despite some technical difficulties with the electronic voting system, the two positions were filled by Leah Adams & Shilpa Shah.



Shilpa Shah & Leah Adams

Steve Jones, SAAD's Treasurer, presented the accounts including the Trustees Report for the year ending 31 December 2016, which was accepted by the AGM membership. It was reported that as the Society celebrates

its 60th Anniversary, the year has ended with another satisfactory set of accounts. This is attributable to an increase in three main streams of income: Subscriptions, National Course activity and Investments. These increases, coupled with a reduction in expenditure, have resulted in a healthy surplus compared to the previous year. SAAD Membership continues to grow and data is kept current and accurate by the Communications Secretary, Paul Howlett and Executive Secretary, Fiona Trimmingham. Thanks were expressed to both.

The major source of income continues to be from the delivery of educational courses under the leadership of David Craig, Course Director and Assistant

Course Director, Carole Boyle. The course content continually evolves to reflect current and contemporary standards and guidelines. The Treasurer expressed SAAD's gratitude to the teaching faculty for their knowledge, skills and dedication. Further to the publication of the IACSD standards, and the recent Scottish Dental Clinical Effectiveness Programme sedation document, a SAAD Training Board has been established to manage educational activities especially those related to the 'new starter' schemes. The Treasurer reported that this has necessarily required the input of additional resources but that these schemes are vital to SAAD's long-term wellbeing as an organisation.

An electronic payment system is now routinely used. The BACS payment of invoices is proving to be efficient with few cheques being written. SAAD's accountants, Silver Levene, have recommended investment of a portion of our resource to achieve better returns than that of a 'high street' deposit account. This has been actioned.

There was no other business and the AGM was closed by the President with members being thanked for their attendance.

The next AGM will take place on Saturday 22nd September 2018 and members are warmly invited to attend.



SAAD Notice Board



Subscriptions

For many members their subscription will be due for renewal in January. It is possible to renew online by setting up a direct debit. This is the most cost effective method for the Society to collect subscriptions. To renew please go to www.saad.org.uk and log on using your email address as your username.

Online CPD

There are 3 3/4 hours of sedation CPD is available online from the SAAD website. This is complimentary to members and costs £10 for non members. Simply log on as a member, set yourself a username and password for the CPD section, answer the multiple choice questions relating to the latest volume of the Digest and download your certificate!

Research Grants

Grants are available to aid research in pain and anxiety control in dentistry. [Further details.](#)

Inhalation Sedation Course for Hygienists and Therapists

3 & 4 March 2018

Further details at www.saad.org.uk

SAAD Training

- * *National Course in Conscious Sedation for Dentists, Dental Nurses, Hygienists and Therapists*
- * *SAAD Assessed Sedationist Scheme*
- * *SAAD Assessed Sedation Nurse scheme*

SAAD has been running courses for over forty years. The courses are hugely successful due to the combination of skills and knowledge of a faculty of medical and dental disciplines. Above all SAAD teaches safe and sensible procedures based on science independent of the emotional politics so often associated with these subjects. SAAD courses are practical, rewarding, and fun!

[Online registration](#)

Course dates:

- 3 & 4 March 2018
- 16 & 17 June 2018
- 3 & 4 November 2018
- 2 & 3 March 2019
- 15 & 16 June 2019
- 2 & 3 November 2019

Online Advert Board

SAAD members are able to post adverts relating to sedation on the SAAD website free of charge. Adverts for situations vacant, equipment etc will be acceptable. Either log on and place the advert or contact [Fiona](#).

IHS Machine Loan Scheme

A scheme for practitioners to trial inhalational sedation in the practice setting is 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 Course.

There will be the option to purchase at a discounted rate at the end of the trial. [Application form.](#)

SAAD Essay Prizes

SAAD offers three essay prizes. The closing date for submissions is 31 March 2018. [Further details](#) are at www.saad.org.uk.

Dental Students - £300

DCPs - £300

Drummond-Jackson Prize - £500



Letter from the Treasurer

Stephen Jones

It was pleasing to report at the AGM Meeting in September that the financial position of SAAD for year 2016 was satisfactory; financial statements for this current year, to the end of September, portray a position where outgoings and income are in balance.

Resources have been made available to support a dignified and appropriate celebration of SAAD's 60th year, some more visible – and auditory – than others; 'SAAD' pin badges were distributed with the Digest at the beginning of the year and a piper heralded the opening ceremony of the Conference. The production of Part Two of the history of SAAD is work in progress and is also being funded.

Changes are constant in this world to which SAAD is not immune; the accountant, Homiar Mehta, who I have dealt with since holding office, has now retired necessitating the forging of a new working relationship with one of his colleagues from within Silver Levene Ltd, accountants. Early interactions have proved to be most cordial and useful which augers well for the future. A suggestion of the accountant was to consider the use a proprietary accounting software package, as our financial transactions have become significant. A specification and sourcing exercise has commenced further to this project, receiving Board approval.

It is with great pleasure to report that Kellie Downie (nee Boles) has been appointed to the role of Honorary Assistant Treasurer; this will enable a smooth transition when she takes the reins fully at the end of next year.

It is just over two years since SAAD began to use electronic banking; this has significantly improved efficiency now that the BACS system is used via the internet. My thanks to Fiona Trimmingham, Executive Secretary, for her diligence and hard work in setting up payments for authorisation. This has reduced the administration burden considerably and also postage costs; it is now a rare event to write a cheque!

During the year, various items of capital equipment have been purchased: venepuncture arms for use at the National Courses, software for marking assessment papers for the training schemes optically and two inhalation sedation machines as part of our now well established RA Loan Scheme.

Other 'unseen' commitments which have been supported throughout the year include the Training Board that oversees the SAAD National Courses, and the strategic direction and development of our programme to cater for 'new starters' in sedation, as well as the support of a group of Trustees who ensure that the content of the SAAD Safe Sedation Practice Scheme document is constantly updated by taking into account new guidance and standards. This group met during the summer to review the document and the 2017 edition of SAAD Safe Sedation Practice Scheme is now available from the SAAD website.



Stephen Jones
SAAD Honorary Treasurer &
President-Elect

As ever, my thanks to the faculty, led by David Craig, Course Director, and Carole Boyle, Assistant Course Director, who continue to deliver first rate National Courses, the SAAD Assessed Sedationist (SAS) scheme, the SAAD Assessed Sedation Nurse scheme, managed by Emma Lee, Dental Nurse Examination Coordinator and the Inhalation Sedation Course for Dental Hygienists and Therapists, the SAAD Assessed Sedation Hygienist and Therapist (SASHT) scheme managed by Nigel Robb; these courses are not only SAAD's financial life blood but also contribute greatly to the field of pain and anxiety control.

SAAD membership



Membership of SAAD is open to any registered dental or medical practitioner or DCP whether based in the UK or abroad.

Student membership of SAAD is free for dental and medical undergraduates registered at a university in the UK or Ireland.

Join or Renew Online!

Annual subscription rates:

- £40 - UK dental and medical professionals
- £25 - UK dental care professionals
- £43 - non UK resident dental and medical professionals
- £28 - non UK resident dental care professionals

Further details are available on the [SAAD website](#).



SAAD News



Congratulations to Carole



Carole Boyle & Fraser McDonald

We are proud to announce that Dr Carole Boyle, SAAD's Assistant Course Director and Past President, has been elected to the Dental Council of the Royal College of Surgeons of Edinburgh.

Carole is pictured here with Fraser McDonald the newly appointed Dean of the Dental Faculty of RCS Edin.

Well done Carole!



New SAAD Trustees and Officers

The SAAD Board welcomed two new Trustees at the 2017 AGM, Dr Leah Adams and Dr Shilpa Shah. Profiles of Shilpa and Leah will appear in the 2018 issue of the SAAD Digest.

Also new to the SAAD Board this year is Dr Manni Deol who joins us as Assistant Honorary Secretary; due to take over as Honorary Secretary from Dr Sadie Hughes at the 2018 AGM.

Existing SAAD Trustee Dr Kellie Downie (nee Boles) has taken on the role of Assistant Honorary Treasurer, and will become Honorary Treasurer at the 2018 AGM when Steve Jones will become President of SAAD.

Congratulations to all in their new roles!



SAAD Assessed Sedation Nurses

Since our last Newsletter we have had a further 21 nurses joining the growing number of SAAD Assessed Sedation Nurses (SASNs). Congratulations to the new SASNs! Thanks are due to Emma Lee, the SASN scheme Co-Ordinator, for her work to ensure that the nurses are supported throughout the completion of the SASN scheme.

The new SAAD training schemes are going from strength to strength. There are further details on the SAAD website and there will be an article in the next issue of the *SAAD Digest*.



Diamond Jubilee Essay Prize Winners

To celebrate the last 60 years of advancement in pain and anxiety control for dentistry, the SAAD Trustees invited essay authors to envision the future and write an essay entitled '*Anxiety Management and Sedation in Dentistry; the next 60 years?*'.

We had some excellent essays submitted, making the Judging Panel's task unenviable!

The Drummond Jackson Essay Prize, available to all dental and medical undergraduates, graduates and post graduates was awarded to Janine Doughty and Amar Kaul. The Dental Care Professional Essay Prize was awarded to Kimberley Illing and the Dental Student Essay Prize was awarded to Yui Yin Ko of Leeds Dental School. All three essays will be published in the next issue of the SAAD Digest.

The excellent essays that were not prize winners are to be published on the SAAD website.



Diamond Jubilee Survey

The SAAD Diamond Jubilee is not only a time to celebrate the achievements of the last 60 years but also a time to consider the future.

We invite all SAAD members to complete the Diamond Jubilee survey to let us know what it is you think SAAD does well, or where we need to improve, and what we should be looking to achieve in the future.

Please take a moment to complete the survey by clicking on the link button below.

SAAD Diamond Jubilee Survey



SAAD Trustee, Yi Kwan Loo with her son Benji attending his first SAAD Symposium

Congratulations to SAAD Trustee, Kellie Downie (nee Boles) on her recent marriage to Garry



New arrival!

We had some wonderful news at SAAD last month, with the arrival of SAAD Trustee, Zahra Shehabi's baby, Aaya. Best wishes to Zahra and her husband Mohammed, and a warm welcome to Aaya.





Report from the DSTG Symposium

Back to the Future

17 May 2017

Birmingham School of Dentistry

Tanika Gohil

This report was originally published in the DSTG 2017 Newsletter and is reproduced here with kind permission from DSTG.

The DSTG symposium this year was held at the new Birmingham Dental Hospital. After the recent cyber-attack and unearthed WWII bomb, the title of the day 'Back to the Future' seemed even more appropriate. The aim of the day, was to update the audience on the service standards and how these translate into teaching and training, as well as looking to the future and the advancement of new and alternative techniques in treating anxious patients. The symposium was opened by Professor Iain Chapple, the Head of the Birmingham School of Dentistry and Professor and Head of Periodontology within the school, who welcomed delegates to the new Hospital.

Professor Chapple gave an insight into the history of the school of dentistry at Birmingham, as it gives the oldest dental degree in the world, first awarded in 1878. The current location is the seventh for the school, evolving from the Basement Brewery, to a state-of-the-art, custom-built dental school. The new school was opened by Queen Elizabeth II and welcomed its first patients in April 2016. The delegates were able to see a snippet revealing the 'spirit of the school', by a short video highlighting the strong performing arts community within the undergraduates at the School of Dentistry.

Conscious Sedation Service Standards

The opening lecture of the day was given by Dr David Craig, Consultant and Head of Sedation and Special Care Dentistry at Guy's and St Thomas' NHS Foundation Trust, and Visiting Professor at the University of Portsmouth.

David highlighted the overarching Academy of Medical Royal Colleges' document 'Safe Sedation Practice for Healthcare Procedures: Standards and Guidance 2013' and the requirement for speciality specific guidance, leading on to discuss the impact of 'Standards for Conscious Sedation in the Provision of Dental Care' by the Intercollegiate Advisory Committee on Sedation in Dentistry (IACSD).

The aim of the document was to set one standard for those practising conscious sedation in dentistry and he highlighted the training required to ascertain appropriate clinical experience. Those wishing to gain supervised clinical experience are able to link in with accredited IACSD courses and supervisors, facilitating a higher standard of care to be delivered to patients in dentistry requiring sedation. Moving forward and building upon the current IACSD guidance, the Scottish Dental Clinical effectiveness programme will be releasing their own guidance.

Delegates were also updated on the sedation training accreditation committee, (STAC) who were working from June 2017 and will publish a list of accredited training courses. It was reassuring, as a sedation practitioner, to hear that there are clear standards set out in our speciality to encourage best practice and safeguard our patients.

Teaching and Learning with Evolving Guidance

Following on from the update on sedation service standards, Dave Pearson provided an insight on how these are translated into teaching undergraduates and post-graduates at Birmingham Dental Hospital.

As a Consultant in Oral Surgery and honorary Lecturer in sedation, Dave Pearson explained his role in facilitating the conscious sedation service guidelines for dental services in the Birmingham Community Health Care Trust. Translating this to the clinical setting involved the implementation of appropriate paperwork and assessment forms, as well as upscaling the training for dental nurses. He highlighted the importance of finding the best treatment options for the patient and how to relate back the need for a service to commissioners, through the managed clinical networks. He then moved onto discussing the teaching at the School of Dentistry, explaining how undergraduates have a one week block of sedation teaching where they balance teaching, experience and safety. For continued professional learning, the importance of reflection on mortality rates and appropriate sedation audits was discussed, with a few anecdotes thrown in for good measure.

Dental Nurse Sedation Qualification: Training Under New Guidance

The final talk before the free papers, started with Tina Gorman, Associate Director and Lead Nurse for the dental division in Birmingham Community Health Care Trust and dental care professional representative on the IACSD working group. She introduced Lisa, one of the Dental Nurse Tutors for the NEBDN certificate for dental sedation training at Birmingham Dental Hospital.

Lisa discussed the history of the examination dental nurses had to take in order to become sedation qualified and the recent changes in the examination format, with the award now being more focussed on work

based assessments, audit, reflections and case presentations applicable to the trainees' main clinical setting. Lisa also touched upon the challenges faced, including trainees gaining appropriate access to cases and support, as well as employers' understanding the study time required to attend lectures and to carry out the appropriate paperwork. The lecture highlighted the high standard to which this accredited award was training dental nurses. In the future it would be a great achievement if this was able to be tailored to dental nurses working in practice, where with over 50,000 dental nurses, only 10% are currently trained in sedation.

Formative Assessment used to Enhance Knowledge, Skills and Student Experience in Undergraduate Sedation Teaching

The morning session finished with free papers, firstly Kathy Wilson from the sedation department at Newcastle Dental Hospital presented her research based on final year students' experiences in their sedation clinical attachment block, specifically looking at their knowledge base and skills in cannulation.

Prior to the week block, the students carried out a clinical knowledge test and objective structured clinical exam (OSCE) in cannulation. 87 students sat the pre-attachment clinical knowledge test and OSCE. The average scores were 71.3% and 70.2% respectively. The post-attachment tests were completed by 84 students and the average scores significantly improved to 89.3% in the clinical knowledge test and 90.9% in the OSCE.

This was a very interesting piece of research, as it highlighted the importance of the clinical attachment in enhancing the students' knowledge and practical skills in this specific area.

Clinical Record Keeping for Inhalation Sedation Treatment on the Paediatric Department in Compliance with the April 2015 RCS (Eng) Guidelines

There followed an audit presentation on record keeping in compliance with the IACSD guidelines, based at the paediatric department at Birmingham Dental Hospital.

Tanika Gohil outlined how Birmingham Dental Hospital had transitioned to electronic record keeping, and how sedation record keeping in particular had initially adapted to this.

Fifty clinical records were retrospectively reviewed against 15 criteria from the IACSD guidelines, the first cycle results showed that only 6% of the records complied with the standard set.

Following this, a new electronic clinical record keeping pro-forma was introduced intended to streamline the documentation process and to ensure that all 15 required criteria were documented. The second cycle found that the new pro-forma was used on 94% of patients and was compliant with the IACSD guidelines.

Moving forwards, further education and dissemination of the record keeping process will be carried out for staff working in the paediatric department.

An Audit of Outcomes of Paediatric Patients Attending for Treatment Under Relative Analgesia at Birmingham Dental Hospital.

The next free paper was presented by Meera Makwana, who gave the audience some background on the current caries prevalence in the UK before discussing her audit on outcomes of paediatric patients attending for treatment under inhalation sedation (IHS).

This was a retrospective review of 96 patients who had received IHS treatment at Birmingham Dental Hospital. The set standard was a successful completion rate of 90% for treatment planned under IHS. The results showed that 93% of patients had their treatment successfully completed under IHS, with most of the treatment being provided for extractions, followed by fewer for restorations. Treatment completion failure with IHS was generally found to be due to loss of patient co-operation, many subsequently had an unplanned general anaesthetic.

This emphasised how successfully these patients were planned for IHS and further enforced the benefits of IHS for paediatric patients, as an alternative to general anaesthetic.

Evaluating the Quality of Consent for Treatment Under Intravenous Sedation: a Multidisciplinary Re-audit

The third free paper presentation, from Zarish Rahman and Sarah Sheik, specifically audited the quality of the consent process for patients having procedures in the Oral Surgery and Restorative Departments at Birmingham Dental Hospital.

100 records were retrospectively reviewed, looking at pre-operative assessment, records of appropriate treatment options, documentation of the sedation method to be used, description of treatment in laymen's terms and consent prior to treatment.

The first cycle found that neither department was reaching the gold standard set, with main deficiencies in recording treatment options and sedation method for the Oral Surgery department, and written consent in laymen's terms for the Restorative department. The results were presented back to each department at their clinical governance meetings and staff re-education was carried out. The second cycle saw improvement in pre-operative assessments and consent prior to treatment, and indeed the gold standard was then met in the oral surgery department.

This audit highlighted to the audience the key elements that are required when consenting patients for sedation in accordance with the IACSD guidelines.

'Flying Through Turbulence': a Qualitative Analysis of the Interpersonal Work of Conscious Sedation

The final free paper presented research looking at interpersonal work undertaken during treatment to augment the technical provision of conscious sedation for anxious adults. Dr Stephen Woolley used semi-structured interviews with nine adult patients receiving, and thirteen staff providing, conscious sedation to facilitate dental treatment within UK-based secondary care.

The results were analysed using a ground theatrical approach to identify reported themes. Four main themes of

interpersonal work were reported by participants: displaying care, containing emotions, demonstrating competence, and maximising the effect. This interesting piece of work demonstrated different elements of what is required to 'perform' successful treatments and the impact that then has on the treating clinician.

Dr Woolley's research emphasised to the delegates that sedation is not simply the administration of a drug in order to carry out treatment, but requires a greater skill of inter-personal management to achieve a successful outcome for all those involved.

Video Glasses. A Behaviour Management Solution for the 21st Century

The afternoon commenced with an introduction to a novel technique suggested as an alternative to the pharmacological management of anxious paediatric patients.

Dr Abs Casaus gave a brief overview of previous well-established techniques, such as 'tell-show-do', modelling and positive reinforcement. However, the use of audio-visual distraction is not as widely used in the dental profession. The audience was given a brief history into its use in medicine, for burns patients, whereby they entered an augmented reality when having their bandages changed.

Given the vast advancements in technology, the use of audio visual distraction is easier and simpler now than ever before, unfortunately the current research evidence to support its use is limited.

Abs explained his own experiences using smartphones in the community dental setting to help distract patients, and how this had evolved into using video glasses for paediatric patients. He found that comparatively these were a more immersive experience for patients. However, he did have to consider the implications of cross infection, and the possibility of the glasses acting as a barrier to communicating with the patient.

A service evaluation and audit was carried out in the paediatric department at Birmingham Dental Hospital

regarding the use of video glasses, which overall found that patients were still able to hear the dentist and had an overall positive experience.

The talk was rounded off with a patient experience video of a young girl who was anxious about receiving dental treatment but was able to use the virtual reality glasses to distract her whilst it was carried out. She stated that she found them comfortable, it helped her feel relaxed and would recommend their use to anyone who was nervous about having dental treatment.

From Fear to Eternity

This, the final lecture of the day, was based around cognitive behavioural therapy (CBT) and delivered by the CBT team in Birmingham. Kenneth Wilson, who leads a team of eight dental nurses accredited to deliver CBT to people with dental anxiety / phobia, explained how CBT has been endorsed by NICE as the front-line treatment for anxiety disorders. He also touched upon the limitations we face in the UK when delivering CBT, including having appropriately trained staff to service commissioning.

Kenneth introduced Karen Clark, a dental nurse manager and CBT trained. Karen was a great example of the skill mix available to dental nurses

by training in CBT, allowing anxious patients to have their contact built up with someone they feel safe with, who also has a clinical background. She also went on to discuss the process involved in CBT, initially focussing on the patient's own thoughts and triggers, followed by working together to reflect back on their timeline of events, with the aim being for the patient to desensitise themselves to the fear, through planned, systematic, gradual and guided exposure.

The lecture closed with 'Janet's story'. This patient gave a true testament to the team and to CBT, going from being phobic to now being treated by a general dental practitioner. This lecture highlighted how life changing CBT can be and how it can be linked in with sedation to manage anxious patients. Overall, it is safe to say that the new Birmingham Dental School and Hospital delivered a fantastic DSTG Symposium! With an update on the standards in sedation, transitioning them into clinical practice and then an insight into the future of managing anxious patients, there was plenty for the delegates to reflect back on in our trip 'back to the future'. We look forward being welcomed to Newcastle next year.



IV Sedation for the Adolescent

DSTG Annual Symposium

15 May 2018

Newcastle upon Tyne

Registration is now open at...

www.DSTGsymposium.co.uk

News from the Association of Dental Anaesthetists (ADA)

Harry Ashurst
President of the ADA

The Association of Dental Anaesthetists is a small organisation made up of Dentists, anaesthetists and nursing staff mainly from dental practice. It aims to supplement the work of SAAD by promoting safe practice for anaesthesia and advanced sedation for dental surgery.

We advise on national guidelines, work with national regulators and contribute as stakeholders in clinical research, reviews and guidelines. We have Monthly meetings of the Council, we also have a website advertising our association and meetings.

In recent years, we have focused on the practice of Advanced Sedation in dental practice, this is an area not covered by similar sedation organisations and we feel provides real benefit to patients, but needs guidance, training and standard setting.

This year we have been involved as a stake holder in the development of the

Scottish Dental Clinical effectiveness programme which has developed guidance on Conscious sedation in dentistry, now published, and adding to the present guidance on the standards required.

We are keen to work with the existing guidelines, but continue to work on developing standards for the more advanced sedation techniques both in the community and hospital setting. This is an area we feel is becoming difficult to justify outside the hospital setting but which we feel can give superior and well balanced sedation in a perfectly safe manner.

We have our Annual Meeting in London on Tuesday 28th November this year. An excellent programme is planned with presentations from CQC, MDU, talks on hypnosis, the SCDEP guidelines, Safety standards for surgical procedures, as well as our prize presentations. Please do come and join us!



Association of
Dental Anaesthetists

ADA Conference

28 November 2017

**Hallam Conference Centre
London**

Programme

www.dentalanaesthesia.org.uk

SAAD Essay Prizes

SAAD awards three annual prizes for essays on any subject related to Conscious Sedation, Anxiety Control, General Anaesthesia or Analgesia in dentistry.

Dental Student Prize
£300

Drummond-Jackson Prize
£500

DCP Prize
£300

Each year the prizes are presented at the SAAD Symposium to which the prize winning authors will receive a complimentary registration. The prize winning essays may be published in the SAAD Digest, or on the SAAD website.

Submission deadline 31st March 2018

Further details are at www.saad.org.uk



This anniversary is not only a time to celebrate the achievements of the last 60 years but also a time to consider the future. We invite all SAAD members to complete the Diamond Jubilee survey to let us know what it is you think SAAD does well, or where we need to improve, and what we should be looking to achieve in the future.

Please take a moment to complete the survey by clicking on the link button below.

Your support of the Society is very much appreciated, and with our strong professional membership SAAD can look forward to the next 60 years.

SAAD Board of Trustees

[**SAAD Diamond Jubilee Survey**](#)

2017					<u>Further events are listed on the SAAD website</u>
November					
	28	ADA	Annual Scientific Meeting	London	http://www.dentalanaesthesia.org.uk
December					
	8	BSDH	BSDH Winter Meeting	London	http://www.bsdh.org
2018					
January					
	13-20	IDF	67th Alpine Dental Conference	Courcheval 1850	http://www.idfdentalconference.com
February					
	16-17	ADSA	Las Vegas Meetings	Las Vegas	http://www.adsahome.org/las-vegas-ga
March					
	3-4	SAAD	National Course in Conscious Sedation for Dentistry	London	http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses
	3-4	SAAD	Inhalational Sedation Course for Dental Hygienists & Therapists	London	http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses
April					
	26-27	BSDH	BSDH Spring Conference	Poole	http://www.bsdh.org
	28	University of Portsmouth	Conscious Sedation Update	Portsmouth	http://www.port.ac.uk/dental-academy/continuing-professional-development-cpd.html
May					
	15	DSTG	DSTG Annual Symposium	Newcastle	http://www.DSTGsymposium.co.uk
June					
	16-17	SAAD	National Course in Conscious Sedation for Dentistry	London	http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses
September					
	22	SAAD	SAAD Annual Symposium	London	http://www.saad.org.uk
	26-28	AAGBI	Annual Congress	Dublin	http://www.annualcongress.org
November					
	3-4	SAAD	National Course in Conscious Sedation for Dentistry	London	http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses

If you would like to receive email notifications of new, and upcoming events please [join the mailing list](#).

The SAAD Digest is published annually in January, and the SAAD eNewsletter bi-annually in April and November by SAAD (Society for the Advancement of Anaesthesia in Dentistry). SAAD Editorial Board, 21 Portland Place, London, W1B 1PY 01302 846149 fiona@saad.org.uk

SAAD: dedicated to the advancement of knowledge in pain and anxiety control for dentistry