

## From the President...

As I was writing for the Winter Newsletter, the festive season was approaching and the traditional song, 'The Twelve Days of Christmas' came to mind which contains the line, 'seven swans a-swimming' in one of the verses. Like a swan gliding smoothly on a lake, the subsurface paddles have been working at a pace that reflects SAAD's activity since that reported in the previous Newsletter.

The Annual Symposium was held in September at the Bridgewater Hall, Manchester; comments from a survey of members following the 60th anniversary celebrations influenced this venue decision. Post-symposium feedback revealed the location was a factor in attendees' decision whether to attend the event or not. The varied programme was well received and explored issues including 'Hypnodontics, Acupuncture, Human Factors, Patient Safety Investigation and Just Culture, Psychiatry in Dental Practice, Remimazolam and a view from an America-based peripatetic sedationist.

Amongst the Symposium attendees was our SAAD-funded PhD student based at Leeds Dental School; she expressed her gratitude for the opportunity to make a contribution to the body of research-based knowledge, for the benefit of patients and the wider dental professional community.

Informal feedback from dental sedationists, whose practices have been inspected by the Care Quality Commission (CQC), suggested an inconsistent approach from inspectors. A preliminary meeting was thus organised with the CQC at their London headquarters to discuss such issues and how SAAD could assist to ensure a more standardised and calibrated approach to the way inspections of dental practices offering dental sedation are conducted.

During discussions with their senior dental advisor, it was proposed to offer a couple of their dentally-qualified inspectors complementary places at one of our National Courses to experience, at first hand, the educational components delivered by the SAAD faculty. Additionally, the offer of a SAAD Trustee to accompany one of their inspectors, during a sedation surgery inspection was made; the response so far has been very positive.

On request, SAAD continues to evaluate dental sedation practices using the 'Safe Sedation Practice Scheme' template. This service is undertaken by SAAD Trustees who quietly work away in the background of our Society, demonstrating another example of the 'unseen' work that is carried out by them.



Steve Jones  
SAAD President

SAAD has been represented at several recent events; the meeting of the Association of Anaesthetists of Great Britain and Ireland Specialist Societies group was held in London in November. It provided the opportunity for SAAD to promote our objectives and profile to a range anaesthetic specialties. Further to an invite from the President of the Association of Dental Anaesthetists (ADA), their Annual Meeting was attended; the programme contained an interesting and useful range of sedation topics.

Another successful National Course was held at Queen Mary, University of London in early November; this was the final one of fifty-six that have been organised and led by David Craig as Course Director; his input for which we are so grateful over the years, has been immense. Carole Boyle succeeds David and will lead at the March course; we wish her well.

Please spare a thought for Fiona, our hard-working and efficient Executive Secretary whose home was subjected to flood damage when the River Don overflowed in early November as a consequence of the heavy rains in various areas of Yorkshire. Despite the disruption caused by this traumatic event Fiona has maintained a 'business as usual' approach which is a tribute to her tenacity, having a 'Plan B' and commitment to SAAD; thank you Fiona.

Wishing you all the best for the New Year.

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# SAAD Annual Symposium

Saturday 28 September 2019  
The Bridgewater Hall, Manchester

## Marguerite Reith

In response to the Jubilee survey of the SAAD membership, this year's Symposium was held outside London for the first time. Over 170 delegates gathered in Manchester to find the city even more abuzz than usual with a lesser event – the Tory Party Conference.

The President, Dr Stephen Jones, welcomed the assembled group to the impressive Bridgewater Hall and gave a brief introduction to the City of Manchester, which is steeped in the history of industrialisation and home to some impressive Victorian architecture. He thanked those SAAD members responsible for the organisation of the day and wished everyone an enjoyable and rewarding Symposium.



The first session was chaired by Dr Carole Boyle, who began by welcoming Dr Mike Gow.

## 'Hypnodontics' in practice



Mike Gow

Mike immediately engaged his audience by introducing 'Hypnodontics', a term first coined in

the 1950s. Rejecting the hype of so-called stage hypnosis, he focused on techniques of good patient management which are applicable to all of us in dentistry.

As a background to his talk, he gave a brief history of hypnosis beginning with theories of 'Mesmerism' and 'Animal Magnetism' using a somewhat bemused group of volunteers from the audience wielding pendulums which appeared to obey his instructions.

In fact, we learned that hypnosis was less about magnetism and more about psychology and focus of attention. He explained the concept of trance, which is an everyday phenomenon, such as we might experience when we are absorbed in an activity. During this time, we may be more open to suggestion but, as Mike stressed, only if this is in accordance with our existing belief system. What is important is not hypnotisability but language, repetition, motivation and expectations. He also explored the cross-over between placebo and hypnosis. Hypnosis allows patients to turn on their own ability to create a placebo, which is a result of the relationship between the patient and practitioner and the appropriate use of words. Rapport is crucial.

Mike then gave some insight into communication, both verbal and non-verbal. He explained the significance of choice of words in provoking patient response e.g. he uses 'treatment room' in favour of 'surgery', 'lounge' instead of 'waiting room' and 'remove' rather than 'extract'. Language should always be positive. For example, post-operative discomfort becomes a 'healing sensation'.

He explained how phobic patients are particularly vulnerable to suggestion and that language used should be impersonal, for example refer to 'the' tooth and not 'their' tooth. He discussed how he used anchoring and breathing techniques to good effect.



Marguerite Reith

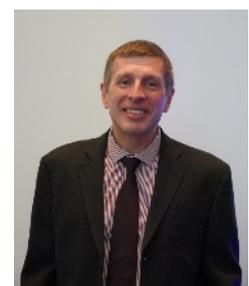
The audience also gained some useful distraction tips for dealing with children and gaggers.

Mike explained the synergy of integrating hypnosis and conscious sedation to create a positive experience. He discussed the increased suggestibility provided by nitrous oxide and how we can use this to promote positive memories.

A video followed demonstrating immediate implants being successfully placed without local anaesthetic under hypnosis, with the patient simultaneously writing down her pain score (0-4) and then, at the end of the procedure, repeating back the same positive language she had heard throughout.

Dr Gow encouraged the audience to receive training in hypnosis from fellow health practitioners.

## Acupuncture in dentistry and its use in pain and anxiety



Chris Dickinson

Continuing the theme of complementary techniques, Chris Dickinson gave an overview of the use of acupuncture in dentistry. A show of hands demonstrated that over half the

audience had some experience of acupuncture whereas when he started in the field some 28 years ago there would only have been one or two. The technique was now widely embraced by medical practitioners, dentists and physiotherapists.

He acknowledged that we still don't really know how it works and, although evidence is emerging, its use is still controversial.

Chris gave the audience a potted history of the technique's Chinese origins, its relationship to martial arts and the interrelationship between acupuncture and acupressure. He went on to discuss Western research where neural changes and the role of neurotransmitters were studied and cited a Cochrane study into the effective use of wrist bands for seasickness.

Chris explained that acupuncture points are not fixed entities but lie over trigger areas. MRI changes following needling have been identified. It is variable and does not work for everyone, but the technique has received NICE endorsement for migraine and arthritis. The jury is still out following studies on sham acupuncture vs real acupuncture – is it a placebo? He posed the question - does that matter if it works?

Chris also mentioned the related techniques of acupuncture with electrical and mechanical stimulation, acupressure, moxibustion (adding a herbal element) and cupping.



The lecture went on to consider the dental applications of acupuncture, such as for AFP/TN, TMD, stress, phobia, gagging, sedation and analgesia. He demonstrated useful acupuncture points for each of these and explained how these can be 'mixed and matched'. He also introduced the 'press needle' which was less threatening than a conventional long needle, but still effective.

Chris described the assessment of potential acupuncture patients and the importance of building rapport over numerous positive contact episodes.

He then described the use of the Gagging Severity Index and enhancing the patient's sense of control by the use of his 'traffic light technique', emphasising that it was crucial never to break the patient's trust.

In summary, Chris explained that acupuncture and related techniques were useful in dentistry and evidence was emerging in their support. He encouraged dentists to look to the related professional societies in seeking information and appropriate training.

The second session was chaired by Kellie Downie

### Human Factors; the role of cognitive distortions in clinical decision making



Marion Parris

With a background in medical education, Marion Parris was well placed to discuss the role of cognition in medical decision making.

She began by defining cognition as how a person understands the world and acts within it. Part of our brain

acts in an experiential way - some tasks are carried out seemingly without thinking, and part of our brain acts in a reflective way, where we make conscious, considered decisions.

The brain is powerful, flexible, good at finding shortcuts, good at filing information and good at making sense of things. However, it is prone to error and cognitive bias can take over.

Marion discussed the top 8 anaesthetic cognitive biases:

- Anchoring – focussing on one issue at the expense of others
- Availability – choosing a diagnosis because it is at the forefront of the mind
- Feedback – interpreting lack of feedback as positive feedback
- Confirmation – acknowledging only information which confirms an existing view
- Framing effect – being swayed by initial presentation
- Commission – tendency towards action rather than non-action
- Omission – knowing what to do but doing nothing and failing to take the lead
- Over-confidence – overstepping the mark, giving the impression of infallibility.

We use shortcuts to enable quick decisions and the difference between System 1 (fast, unconscious, automatic, everyday decisions which are prone to error) thinking and System 2 (slow, conscious, complex, effortful, complex decisions which are reliable) thinking was explained.

Marion then considered situations where System 2 thinking is compromised, such as stress, fatigue, illness, hunger, cultural factors and hazardous attitudes. She asked whether we could spot the signs in our colleagues. She also offered some top tips to banish human error: training, communication, group checklists, rehearsals with your team and being alert to stressors and behaviour change in our colleagues.

## Patient safety investigation and 'Just Culture'



Susan Suliman

Susan introduced the new NHS Patient Safety Strategy and encouraged all to read this. The strategy involves both a patient safety culture and a patient safety system. In the past we have sought to blame individuals, but fear and blame thwart 'just culture'. We need to maximise the things that go right and minimise the things that go wrong.

Just culture is about fairness and accepting that it is human to make mistakes. The single greatest impediment to error prevention is that we punish people for making mistakes.

Blame relies on two myths: the perfection myth - that if we try hard, we do not make errors, and the punishment myth – that if we punish people when they make errors, they will not make them again. To promote a culture in which we learn from our mistakes, organisations must re-evaluate their disciplinary systems.

Susan went on to describe a new framework for investigation which is an evidence based, structured process utilising tools and techniques to identify the underlying factors. The objective of an investigation is to learn and not to apportion blame. She took the audience through the process where a Contributing Factors Framework is used to provide a clear causal link,

paying attention to both the system and human factors. The new process puts more emphasis on gathering information from people. Interviews are about listening, not recording, and not attributing comments to individuals i.e. let people talk, don't interrogate.

Susan ended by pointing the audience to the Patient Safety Science Training website:

[www.patientsafetyscience.com](http://www.patientsafetyscience.com)

## Psychiatry in Dental Practice



Mahnaz Hashmi

Mahnaz began by introducing the concept of Liaison Psychiatry, which aims to remove the separation between mind and body. She described the psychiatric conditions which are the 'bread and butter' of her work and which may impact on dental practice.

### Affective Mood Disorders

This is the predominant mental health problem worldwide. In the UK it is estimated that 20% of the population experience depressive symptoms, characterised by a loss of energy, motivation, concentration, disturbed sleep and appetite. The increased risk of suicide should lead to caution when prescribing to these patients. Mahnaz described the treatment modalities of psychological therapy, antidepressants, mood stabilisers and electroconvulsive therapy.

### Anxiety Disorders

This represents a spectrum of conditions from generalised anxiety disorders through phobias and PTSD. She discussed the impact on dental attendance and the treatment with anxiolytic medication and psychological therapies such as desensitisation, CBT and Eye Movement Desensitisation and Reprocessing (EMDR).

### Eating Disorders

These affected a wide age group from 6-70 years, of which 25% were male. Anorexia nervosa has the highest mortality rate of any mental illness. Various medical complications were highlighted such as electrolyte disturbances, hypotension and arrhythmias as well as the dental complications of enamel erosion and intra-oral trauma.

### Cognitive Impairment

This is a pathological disease of the brain with an insidious onset. Mahnaz described the progression of the disease and discussed the management of risk factors, home environment, provision of support and emerging pharmacological approaches.

### Substance Misuse

This could involve legal substances and Mahnaz gave some revealing statistics about alcohol use: 6.6% of adults drink to hazardous levels and 1.2% are probably dependent on alcohol, 70% of presentations to emergency departments on the weekend are alcohol related. She also noted that 3.1% of adults in the UK showed signs of dependency on illicit drugs and discussed the problem of dependency on prescribed medications; particularly benzodiazepines and opiates. Those with substance abuse disorders are six times more likely to take their own life.

**Save the date....**

**Saturday 26th September 2020**

**SAAD Annual Symposium & AGM**

The Royal Society of Medicine  
London

### Psychotic Disorders

Mahnaz went on to discuss disorders such as schizophrenia, bipolar affective disorder and the link to substance misuse – she pointed the audience towards a video filmed by David Harewood describing his own experience.

<https://www.youtube.com/watch?v=MBduR0BU1vg>

She explained that dental delusions often featured in these conditions, for example patients who wanted their restorations removed because they believed that transmitters had been implanted in them.

### Personality Disorders

These disorders frequently had their origins in childhood adversity and were defined as: Enduring patterns of behaviour, cognition and inner experience relating to perception of self and interpersonal relationships, exhibited across many contexts and deviating from those accepted by the individual's culture.

Mahnaz then discussed the physical consequences of severe mental illness: decreased life expectancy, increased risk of cancer death (mainly due to late presentation), increased incidence of smoking and a 3-4 times greater chance of losing all the teeth.

Of importance also to dental practice are the medications that these patients may be taking – often with significant side effects. It is important that a careful mental health history be taken prior to contemplating sedation. Many psychotropic drugs have cardiac effects and sedationists are advised to check with the patient's doctor for a recent ECG. Many of these drugs are also likely to have synergistic respiratory depression effects. Patients abusing recreational drugs may have greater tolerance to sedatives.

Mahnaz also noted that with respect to dental sedation, the aim was to achieve optimal sedative effects whilst avoiding side effects. It was also important to be aware of mental health legislation, particularly regarding the positive documentation of capacity.

## Sedation Services in the USA



Jonathan Mendia

Jonathan Mendia travelled from the United States for the Symposium and his energetic presentation gave the audience a real flavour of his dental anaesthesiology ambulatory sedation service, which spans the three States of New York, New Jersey and Pennsylvania.

<https://advancedsedation.com/>

Jonathan began by describing his practice which caters to a wide range of patients requiring sedation. However, his passion for providing treatment to Special Care patients particularly shone through.

The ADA 'sedation continuum' of minimal, moderate, deep and GA was described along with the techniques he used.

He explained that in the USA, a 'Dental Anesthesiologist' is a dentist who is trained extensively in the specialist field of anaesthetics and that the ADA had just granted the role specialist status. Jonathan described the 3-year residency programme that he was required to undertake. Each State then had its own examination and permit requirements, he had to complete at least 20 hours of CPD and was subjected to a six-yearly inspection for each State. These inspections involved up to 6 pages of requirements, simulated emergencies and a review and observation of patients being treated.

Jonathan gave the audience an insight into the daily routine of an ambulatory dental anesthesiologist. This involved early starts, seeing 3-4 patients per day and carrying all his equipment, including emergency equipment (which was pre-prepared and pre-sized for

each patient). On the typical day given as an example, he started around 5:00, calling in to his office to pick up medications, supplies, forms and patient information. The first patient was a 22-year-old female for a gingival graft whose anaesthetic plan involved a combination of midazolam, fentanyl, ketamine and propofol to provide deep sedation. The second patient was a 4-year-old boy whose plan was intramuscular (IM) midazolam, ketamine and Robinul followed by intravenous (IV) Propofol and Remifentanyl. The next two cases were special care patients. Firstly, a 41-year-old unco-operative male patient who became combative when faced with the prospect of dental treatment and due to his inability to sit was managed with IM ketamine, Robinul and midazolam followed by IV propofol. Next was a 35-year-old male who was managed effectively with IV midazolam, fentanyl and ketamine. At the end of the day, Jonathan packed everything up, did his post-op phone calls and pre-op calls for the next day before dropping off his equipment.



Jonathan Mendia and Steve Jones

Jonathan reinforced the importance of case selection, particularly with respect to airway assessment, and gave an example of a patient who he had recently deemed unsuitable due to a combination of hypertension, diabetes, high cholesterol, tobacco and alcohol use and obstructive sleep apnoea! He also recounted the assessment of a patient who wished to have an 'All-on -4' under sedation but failed to give any significant medical history. However, his shortness of breath led Jonathan to decline sedation (to the patient's considerable annoyance) and refer him for further medical investigation, which led to a diagnosis of congestive heart failure. He reinforced his important case selection tools: an accurate medical history, review of systems and a focused physical exam. He

reiterated that not every patient was suitable for in-office sedation. Jonathan also emphasised the importance he placed on good quality paperwork and passed around his comprehensive patient pack up which he invited the audience to view on his website.

Finally, Jonathan described innovations and the human face of his practice talking about his increased use of virtual reality, social media to involve his patients and how the whole service is a team effort.

### Remimazolam for dental sedation: novel, faster, better?



Bryan Kerr

As Bryan pointed out, it has been a long time since we have had a new sedation drug and he began by giving us a brief overview of remimazolam.

It is an ultra-short-acting benzodiazepine, which is still in development. As with Midazolam, it binds GABA receptors, but is modified to have an ester group which undergoes rapid hydrolysis. It has a half-life of 0.75 hour compared to 4.3 hours for midazolam. It is reversed by flumazenil and has a similar safety profile to midazolam. Pharmacodynamics are the same as midazolam's, with a similar sedation, similar working time and a quicker onset for treatment. Moreover, it seems that for longer procedures, top-ups are more predictable whilst not affecting the recovery time.

Bryan postulated the following benefits: more predictable recovery, greater suitability for longer procedures and faster throughput of patients. This questions the need for second stage recovery and suggests reduced need



Jonathan Mendia, Steve Jones and Bryan Kerr

for flumazenil. It may also be more suitable for medically compromised patients (e.g. renal/ hepatic disease/ dementia/challenging behaviour) due to quicker recovery. It is likely that patients will be discharged with better cognition and motor function and should appeal to patients who prefer not to be 'wiped out' for the whole day. A more controversial suggestion was that it may even remove the need for an escort.

As Bryan pointed out, however, all this is still subject to further research and we look forward to the update that he promises once there is more to report!

SAAD President, Dr Stephen Jones concluded the day by recapping on the Symposium and thanking the excellent presenters. He thanked the delegates for attending this year's event in Manchester and looked forward to welcoming them to next year's symposium in London.

**The SAAD Board of Trustees would like to thank**

**Shilpa Shah and Dave Pearson**

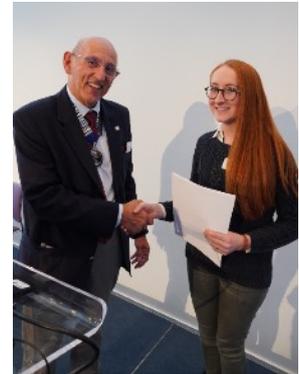
**for their work in preparing this year's SAAD Symposium**

### SAAD Prize Presentations & Announcements

The following Prizes were awarded by Stephen Jones at the SAAD Symposium in Manchester. Huge congratulations to all the winners and to those that entered.

#### Best Poster

The first prize was won by **Claire Taylor** for: *5 year review of Flumazenil use in Special Care and Oral Surgery sedation services.*



The second prize was won by **Ashleigh Stamp** for: *Surgical canine exposures in young people: behavioural management techniques used to facilitate care*



#### Drummond Jackson Essay Prize

This year's prize was awarded to **Chivani Tailor** for her essay, '*Just for Laughs? N<sub>2</sub>O think again*'. This will be published in the next issue of the SAAD Digest



# SAAD AGM 2019

## Saturday 28 September

**Manni Deol**  
SAAD Honorary Secretary



Manni Deol  
SAAD Honorary Secretary

The AGM commenced after a thought-provoking morning of lectures. All related papers were emailed to the membership prior to the meeting.

SAAD's President Stephen Jones opened the Annual General Meeting with the minutes of the last meeting being approved.

In the President's report Dr Jones informed us that due to the results of a survey undertaken during the Celebrations of SAAD's 60<sup>th</sup> Anniversary, the SAAD Annual Symposium was being held outside of London and he invited feedback on this change, in the evaluation at the end of the day. Dr Jones thanked Shilpa Shah, Dave Pearson, SAAD Trustees and Fiona Trimmingham for organising the event, acknowledging the significant amount of effort they had all put in.

On a personal basis, Dr Jones reflected that this year had been a transitional one for him, going from the role of Honorary Treasurer to President. He reflected that the Assistant positions last year of the new Honorary Secretary, Manni Deol and the new Treasurer, Kellie Downie had greatly aided the smooth transition to their respective new roles. He recognised the introduction of 'Quick Books' by Kellie as a positive change.

As a change to Board structure, the President announced that Carole Boyle, currently Assistant Course Director was to become Course Director, and he wished her well in this demanding role. Immense gratitude was extended to David Craig the current Course Director, who had led the faculty and organised 56 National Courses, a truly remarkable achievement. It was reported that work is ongoing by the training subcommittee and the main board to review aspects of sedation courses available nationally.

The President reported that in March a successful study day was held at Guy's Hospital, "Getting More Giggles" focusing on Paediatric Sedation. This was organised in conjunction with the South East Branch of BSPD. Thanks, were extended to them and Yi Kwan Loo for their hard work in making this possible. It is hoped a similar event will be held in March 2021.

Further to comments from members regarding practice inspections by the CQC, SAAD has been in touch with their Senior National Professional Advisor for Dentistry to re-establish links, with the objective of offering support to develop consistency in approaches when sedation practices are inspected. A meeting has been planned with John Milne from the CQC for the end of October 2019.

SAAD has also been very busy assessing practices using the quality assurance tool kit, The Safe Sedation Practice Scheme. The President thanked the team of evaluators that carry out this task and reported that that feedback from assessed practices had been positive.

Dr Jones advised that the IACSD committee where SAAD will be represented, had been reconvened to review the 2015 report, and that the membership will be informed of any developments in due course.

In concluding his report, the President thanked the SAAD Trustees and Faculty for all their hard work and commitment, acknowledging that much of the work happens behind the scenes and maybe unseen but is not going unnoticed. A special thanks was extended to the Executive Secretary, Fiona Trimmingham whom SAAD is blessed to have working with us.

Dr Manni Deol, Honorary Secretary of SAAD thanked members for attending the AGM. She noted that SAAD

continues to attract new members and is still receiving a healthy number of enquiries relating to sedation practice.

The subject of enquiries included training and CPD, CQC, inhalation sedation with regards to safe exposure levels of nitrous oxide for staff especially in pregnancy, oral sedation versus premedication, case load of sedation practice in order to maintain competency and a shortage of 5mg in 5ml midazolam. A 'frequently asked questions' page on the website is available and is updated as necessary.

Reporting on Board structure, the members were informed that 2 posts had become available due to retirement and rotation. Trustees usually serve for a 3-year term. Three nominations were received, and the profiles of each candidate were made available to SAAD members via email and displayed on posters in the foyer area. Nominees were Vikram Kavi, Milan Majithia and Zahra Shehabi. Ballot papers were handed to all present at the meeting, counted by independent assessors and results announced later that day. The successful candidates were Milan Majithia and Zahra Shehabi.

Both the President and Secretary's reports were accepted.

Sadie Hughes was thanked for her expertise and advice in answering some of the more challenging queries. Dr Deol also thanked the Executive Secretary Fiona Trimmingham without whom the role would be impossible.

Dr Kellie Downie, SAAD Treasurer presented the accounts for the period 01/01/2018 to 31/12/2018 for acceptance. The Treasurer noted that



Zahra Shehabi  
Re-elected SAAD Trustee

this was a healthy set of accounts and gave credit to the dedicated team behind the scenes, allowing financial robustness to be possible.

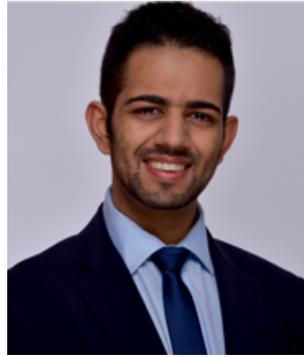
Educational courses continued to be the main source of income, for this the Treasurer extended her gratitude to the David Craig, Course Director; Carole Boyle, Assistant Course Director; and all the Faculty.

The Treasurer thanked the Communications Secretary, Paul Howlett and Executive Secretary, Fiona Trimmingham for keeping the membership lists accurate and up to date enabling a healthy membership. During 2018, income and expenditure had increased but there was still a healthy surplus of over £79,000. An income of £437,647 was generated from courses, subscriptions and investments.

Dr Downie reported SAAD had been supporting a three-year PhD research activity. A new inhalation machine had been purchased to support the Inhalation Sedation Loan Scheme. Furthermore, the national course had been enhanced by the purchase of a capnograph for demonstration and teaching purposes.

The Treasurer noted Tony Beale, accountant with Silver Levene, as helpful and supportive, 2018 being the first year that the accounts had been digitally mapped and submitted using Quick Books.

The Treasurer thanked Fiona Trimmingham for compiling a list of movements of funds and tracking payments. In conclusion, it was reported that SAAD had a satisfactory financial position. Questions were



Milan Majithia  
New SAAD Trustee

invited followed by the Treasurer's report and the accounts being accepted. A vote of support was given to continue to use Silver Levene as the society's accountants.

Dr Carole Boyle was ratified as the new Course Director and Emma Lee as the Assistant Course Director. The President Elect, who will take over the Presidency in 2021, was announced as Dr Sadie Hughes.

There was no other business and the meeting was closed by the President thanking all attendees. The next annual general meeting will be held on Saturday 26<sup>th</sup> September 2020 and members are warmly invited to attend.



## Inhalation Sedation Course for Dental Hygienists and Therapists

SAAD Assessed Sedation Therapist  
(SAST) scheme

**7th & 8th November  
2020**

Further details and online  
registration  
[www.saad.org.uk](http://www.saad.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.

**Drummond-  
Jackson Prize**  
£500

**Dental Student  
Prize**  
£300

**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 2020  
Further details are at  
[www.saad.org.uk](http://www.saad.org.uk)

## Letter from the Treasurer

**Kellie Downie**  
SAAD Honorary Treasurer



Kellie Downie  
SAAD Honorary Treasurer

Following our current President's lead, who is also our Past Treasurer, it was again welcome to be able to present a healthy set of accounts at the AGM; unsurprisingly, this just doesn't happen by chance. Behind the scenes a dedicated 'team' who, with their attitudes, skills, knowledge and care for the well-being of the SAAD, deliver the quality and effectiveness that ultimately translates into financial robustness.

The delivery of educational courses continues to be the main source of income and SAAD is as ever grateful to David Craig, Course Director and Assistant Course Director, Carole Boyle and the Faculty for their tireless commitment to the cause.

Membership is healthy; the lists are kept accurate and up-to-date thanks to the painstaking effort of the Communications Secretary, Paul Howlett and Fiona Trimmingham, Executive Secretary which is much appreciated.

During year 2018, both income and expenditure decreased however SAAD is still in a healthy financial position.

These resources are allowing SAAD to continue to support a three-year PhD research project and other sedation-related activities. It is pleasing to report that two inhalational sedation machines were purchased during the year to support the IHS Loan Scheme

Furthermore, our courses have been enhanced by investment in a digital flowmeter and capnograph for demonstration and teaching purposes.

Tony Beale, our accountant with Silver Levene, as always continues to be very supportive and knowledgeable. 2018 brought for us the first year that SAAD accounts have become fully digital, utilising an accountancy software programme linked to Silver Levene, further streamlining this process.

Thanks are due to Fiona, who compiles lists of movements of funds and tracks payments to be made.

In conclusion, the financial position at the end of year 2018 was, thankfully again satisfactory and I do hope it remains to be so.



## How to contact SAAD

### Course enquiries...

Course registration, payments, deferrals & cancellations  
Hygienist & therapist logbooks  
SAS, SASN & SAST schemes  
Fiona Trimmingham  
[fiona@saad.org.uk](mailto:fiona@saad.org.uk)  
01302 846 149

Course weekend logistics  
Toni Richman  
[toni@saad.org.uk](mailto:toni@saad.org.uk)  
07583 039 309 (text)

SAAD Assessed Sedation Nurse scheme  
Emma Lee  
[emma@saad.org.uk](mailto:emma@saad.org.uk)

### General enquiries...

[info@saad.org.uk](mailto:info@saad.org.uk)  
01302 846 149

### Safe Sedation Practice Scheme Evaluations...

[fiona@saad.org.uk](mailto:fiona@saad.org.uk)  
01302 846 149

### Executive Secretary & Website...

[fiona@saad.org.uk](mailto:fiona@saad.org.uk)  
01302 846 149



## SAAD News



### David Craig retires as Course Director



After 18 years, and 56 courses as SAAD Course Director, David Craig stepped down from the role at the AGM. David first became our Course Director in 2001, and was also SAAD President from 2003 - 2006.

As Head of Sedation and Special Care Dentistry at Guy's, Visiting Professor in Conscious Sedation at the University of Portsmouth and Chairman of the Sedation and Training Accreditation Committee (STAC), amongst many other roles, it is needless to say that David's contribution to conscious sedation for dentistry and to SAAD has been invaluable.

David continues to work at Guy's and remains a member of the SAAD Faculty.

The 2021 issue of the SAAD Digest will include a feature on David's work with SAAD.

### Carole Boyle becomes Course Director

Carole Boyle has become SAAD's Course Director, leading the SAAD Teaching Faculty in providing the SAAD courses and training schemes. Carole is a Consultant in Special Care Dentistry at King's College London Dental Institute, Guy's, King's College and St Thomas' Hospitals. Her particular interests are using sedation for people who require special care, and teaching sedation both to undergraduates and postgraduates. She is the training programme director for Special Care Dentistry London Deanery and manages the Special Care GA service at GSTT.

### Sadie Hughes becomes President-elect

Sadie Hughes has been appointed as SAAD President-Elect. She will succeed Steve Jones as SAAD President in 2021. Sadie is a Specialist in Special Care Dentistry and Sedation Lead for Hertfordshire Special Care Dental Service. Her clinical interests include sedation and behavioural management for adolescents requiring dental treatment and the dental management of adults with special care requirements.

### Yi Loo becomes Assistant Editor

As well as an important role on the Editorial Board, Yi will liaise between the SAAD Editorial Board and the SAAD Board of Trustees.

### Emma Lee joins the SAAD Board as Assistant Course Director

Emma has been a member of the SAAD teaching faculty since 1998, and co-ordinates the SAAD Assessed Sedation Nurse (SASN) scheme. Having taught for many years in the department of Sedation and Special Care Dentistry at Guy's Hospital, she is currently the Head of Learning & Development for Lincolnshire Community Health Services NHS Trust.

### Milan Majithia is elected to join the SAAD Board

A warm welcome to Milan Majithia who joins the SAAD Board. Milan works in primary care; he is a member of the Sedation and Training Accreditation Committee (STAC) and is a specialist advisor for the CQC for conscious sedation.

### Flooding at Fishlake *(btw there isn't usually a lake at Fishlake!)*

When the River Don at Fishlake 'overbanked' in November, there was over 60 cm depth of water throughout Fiona's house. Thankfully the office remained dry, and so it was 'business as usual'....well almost! Fiona sends her thanks to all the SAAD members who sent messages of support - and even offers of places to stay. It really was appreciated, and made a difference when her situation was all rather grim.

#### Keeping Up to Date with Social Media Facebook, Twitter & Instagram

SAAD has a Facebook page, Twitter feed  
and an Instagram page!



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# Report from the Association of Dental Anaesthetists Annual Scientific Meeting 2019

Friday 8 November 2019

Hallam Conference Centre, London

After welcoming the approximately 85 attendees, ADA president Dr Zelda Swanepoel got the conference underway with a presentation from Dr Judi Humphreys on paediatric hospital referrals for general anaesthesia in the Liverpool area. These already make up a significant proportion of overall paediatric treatment numbers and are set to grow further as the 2017 Commissioning guidelines are being implemented. Worryingly, referral/waiting times – already months rather than weeks - are set to grow alarmingly.

James Roelofse, Professor at no less than four universities (UCL and 3 in South Africa) and a tireless leader in dental sedation and anaesthesia, then presented on the pros and cons of ketofol (a mixture/co-administration of ketamine and propofol) which offers a unique combination of sedation and analgesia where the two agents arguably alleviate each other's downsides – but there are evident pharmaceutical and legal issues as well as no obvious agreement on the best relative dosage ratio (which can range from 1:1 to 1:10). However, Prof Roelofse presented much data in favour of this drug combination and left everyone with food for thought.

This was followed by a presentation from Professor Simon Wright of the University of Salford on the massive impact that human factors have on team performance, and that an appreciation of this can reduce medical and dental errors.

Professor Roelofse followed with another presentation on pitfalls in post-sedation recovery which emphasised the importance of adequate training for recovery nursing staff. He also stressed the importance of careful patient assessment and selection as this can quite often minimise complications both intra and post-operative.

The lunch break incorporated the ADA's Annual General Meeting which heard facts and figures that describe a small but vigorous specialty society with a sound financial base. Two new members joined Council, and the date for next year's ASM was confirmed as Friday 20th November 2020.

After lunch Dr Harjit Tagar of King's College Hospital presented her ground breaking work on producing a cartoon information video to improve the patient's (and accompanying adult's) understanding of the pre- and post-operative requirements involved in sedation dentistry. The seemingly simple result has a running time of 2½ minutes but took months to commission, plan and execute, at a cost of around £6,000. It is well worth watching at <http://bit.ly/kingsdentalsedation> (but please note that KCH retain intellectual property rights).

The next section comprised the ADA's Annual Essay Prize competition which saw three teams – all from Liverpool – compete for the £250 first prize which was won by Samantha Gee with a presentation on MCDASf (an acronym for the Modified Child Dental Anxiety Scale using face icons, and a handy tool for quantifying patient anxiety as a means of streaming patients towards RA, sedation or GA). She is shown receiving her winner's cheque from the president in the photo below.



The final section had Dr Keira Mason from Boston Children's Hospital present first on Safety Aspects in Paediatric Sedation and then on The Future of Paediatric Sedation. A true leader in her field (having led the largest dedicated radiology anaesthesia service in the world for 17 years and set up a nurse-delivered sedation service which delivers more than 3,000 treatments annually), Dr Mason had much to say on both subjects and the majority of the audience was happy to stay on despite the meeting running almost an hour over the advertised closing time. Apparently, the future of paediatric sedation will heavily feature, *inter alia*, dexmedetomidine and non-pharmaceutical interventions.

After an intense day of updates, about a quarter of the delegates were looking forward to participating in Saturday's Second ADA Advanced Sedation Techniques workshop entitled 'YES YOU CAN 2'. A day packed full of hands on and interactive workshops, again featuring our international guests sharing their valuable expertise as well as local experienced sedationists of varied specialities, teaching on e.g. sedation pre-assessment, patient satisfaction and to finish a hands-on workshop with ILS trainer Alan Ralfs on sedation emergencies and complications. At the end of the day participant feedback on this year's ASM was reported to have been better than ever.

# Report from the DSTG Symposium

## 'The Sedation Continuum'

14 May 2019

University College, Cork

*A report by Laura O'Sullivan was originally published in the DSTG 2019 Newsletter and this abridged version is reproduced here with kind permission from DSTG.*

This year's annual DSTG symposium had its debut on the grounds of University College Cork (UCC). In typical Irish fashion, the sun was out in spades and there was a palpable air of excitement in the air for the inaugural DSTG event at the impressive Western Gateway building. The theme for this year's event was the 'continuum' of conscious sedation, a theme that set the scene for a diverse series of presentations to follow.

The day began with a highly thought-provoking presentation led by Professor O'Halloran. A comprehensive overview of the complex interplay between the central nervous system (CNS) and the respiratory system opened the discussion.

Next to present was Bryan Kerr who discussed the role of cognitive behavioural therapy (CBT) in the management of patients with a dental phobia. Not disputing the fact that midazolam undoubtedly has its place, it was interesting to hear him speak at length about the merits of CBT in alleviating, and in some instances, curing, dental anxiety. Factors such as stigmatisation of psychological services, and associated costs, pose an ongoing challenge to efforts to increase access to CBT. Increases in dental attendance seen in patients managed with CBT certainly provide a strong argument in favour of the service.

Professor Giovannitti began his first presentation of the day with a journey through time, capturing various milestones in the development of sedation and anaesthesia into the specialty we know today. On 11<sup>th</sup> March 2019, the American Dental Association recognised Dental Anaesthesiology as the tenth distinct specialty in dentistry in the United States of America. Efforts to recognise the specialty had been ongoing for twenty-five years! The talk was

concluded by touching on the Mobile Practice Model in place in many parts of the US, whereby a dental anaesthesiologist can go out to a dental practice with all the necessary equipment and materials, and provide deep sedation allowing treatment to be carried out in a safe environment by appropriately trained personnel.

Isabelle Holroyd led a focused discussion on the topic of inhalational sedation (IS). She steered delegates through the current guidelines available to sedation providers. She spoke about the importance of considering children as distinct from adults in terms of physiology and pharmacokinetics, urging the audience to remember "children are not little adults". Needless to say, Isabelle was not deterred by an unplanned fire alarm midway through her talk! Following evacuation of the building, and a few minutes outside in the sunshine, it was business as usual as she concluded her talk.

Paul Brady is a recently appointed Consultant in Dental Sedation at Cork University Dental Hospital, and his presentation was an ode to his PhD, which largely focused on the addition of capnography to standard monitoring, and whether it resulted in fewer incidents of hypoxaemia in oral surgery.

Professor Giovannitti opened his second presentation of the day with an overview of the various drugs used for deep sedation at his unit in Pittsburgh. He discussed the properties of fentanyl, sufentanil, alfentanil, remifentanil and ketamine in the context of conscious sedation. What followed was a highly informative crash course in airway management.

Catherine Gallagher closed the day's presentations with an interesting and interactive discussion of consent, with particular focus on the Irish judicial system. Contrary to the general public's understanding of consent,

which in recent times has been largely shaped by the #metoo movement, in a healthcare capacity consent is a process of communication and not a single point in time. Communication is key. We should aim to use plain language and avoid using descriptive terms such as 'low risk', and instead give numbers where possible.

The symposium concluded with four high quality free paper presentations

*'Predicting ASA physical status of sedation patients by dentists'*  
Laura MacKay

*'The content and quality of internet information available for patients regarding intravenous sedation in dentistry'*  
Claudia Heggie

*'Audit on the Pre-operative Assessment of Patients Undergoing Conscious Sedation in the Oral Surgery Department at the Great Western Hospital.'*  
Rebecca Kelly

*'Saving a sleep: A service evaluation of the Undergraduate Paediatric Inhalation Sedation Clinic'*  
Kelly Smorthit

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**Educating  
the  
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of  
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**19 May 2020**

**Manchester**

**Registration opening soon**

**[www.dstg.co.uk](http://www.dstg.co.uk)**



## SAAD Notice Board



### SAAD Training

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!

- \* *National Course in Conscious Sedation for Dentists, Dental Nurses, Hygienists and Therapists*
- \* *SAAD Assessed Sedationist (SAS) scheme*
- \* *SAAD Assessed Sedation Nurse (SASN) scheme*
- \* *SAAD Assessed Sedation Therapist (SAST) scheme*

### Course dates:

14 & 15 March 2020  
13 & 14 June 2020  
7 & 8 November 2020

### [Online registration](#)

### Research Grants

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

### 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](http://www.saad.org.uk) and log on using your email address as your username.

### Online CPD

There are 7 hours of sedation CPD 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!

### 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](#).

### IS 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 2020. [Further details](#) are at [www.saad.org.uk](http://www.saad.org.uk).

*Dental Students - £300*

*DCPs - £300*

*Drummond-Jackson Prize - £500*

### Practice Evaluations

Have your Practice evaluated in accordance with the [SAAD Safe Sedation Practice Scheme: A Quality Assurance Programme for implementing National Standards in Conscious Sedation for Dentistry in the UK](#). For further details or to arrange an evaluation please contact [fiona@saad.org.uk](mailto:fiona@saad.org.uk).

## SAAD Membership

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

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

Annual subscription rates:

£40 - UK dental / medical professionals  
£25 - UK dental care professionals

£43 - non UK resident dental / medical professionals  
£28 - non UK resident dental care professionals



2020					<b>Further events are listed on the SAAD website</b>
<b>January</b>					
	8-10	AAGBI	Winter Scientific Meeting	London	<a href="http://www.wsmlondon.org">http://www.wsmlondon.org</a>
<b>February</b>					
	7-8	ADSA	Las Vegas Meetings	Las Vegas	<a href="http://www.adsahome.org/las-vegas">http://www.adsahome.org/las-vegas</a>
<b>March</b>					
	14-15	SAAD	National Course in Conscious Sedation for Dentistry	London	<a href="http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses">http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses</a>
	23	SEA (UK)	Annual Scientific Meeting	Warwick	<a href="https://www.seauk.org">https://www.seauk.org</a>
	31-2	British Pain Society	Annual Scientific Meeting	London	<a href="https://www.britishpainsociety.org/2020-asm-london/">https://www.britishpainsociety.org/2020-asm-london/</a>
<b>April</b>					
	24-25	ASDA	Annual session	Colorado	<a href="https://www.adsahome.org/annual1">https://www.adsahome.org/annual1</a>
<b>May</b>					
	14-15	BSDH	Spring Conference	London	<a href="https://www.bsdh.org">https://www.bsdh.org</a>
	19	DSTG	Educating the Next Generation of Dental Sedationists	Manchester	<a href="http://www.DSTG.co.uk">http://www.DSTG.co.uk</a>
	30-1	ESA	Euroanaesthesia 2020	Barcelona	<a href="https://euroanaesthesia2020.org">https://euroanaesthesia2020.org</a>
<b>June</b>					
	13-14	SAAD	National Course in Conscious Sedation for Dentistry	London	<a href="http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses">http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses</a>
<b>July</b>					
	8-9	GAT	Trainee Conference	Newcastle	<a href="http://www.gatasm.org/">http://www.gatasm.org/</a>
<b>September</b>					
	16-19	ESRA	39th Annual Congress	Greece	<a href="https://esra-congress.com/">https://esra-congress.com/</a>
	23-25	AAGBI	Annual Congress	Harrogate	<a href="https://anaesthetists.org">https://anaesthetists.org</a>
	23-26	iADH	International Congress	Mexico	<a href="https://www.iadhmxico.org">https://www.iadhmxico.org</a>
	26	SAAD	SAAD Annual Symposium	London	<a href="http://www.saad.org.uk">http://www.saad.org.uk</a>
<b>October</b>					
	3-7	ASA	Annual Congress	Washington	<a href="https://www.asahq.org/annualmeeting">https://www.asahq.org/annualmeeting</a>
	22-24	ESPA/IAPA	Congress	Porto	<a href="http://www.euroespa.com">http://www.euroespa.com</a>
	22-24	ERC	Congress	Manchester	<a href="http://www.resuscitation2020.eu/en/home/">http://www.resuscitation2020.eu/en/home/</a>
<b>November</b>					
	7-8	SAAD	National Course in Conscious Sedation for Dentistry	London	<a href="http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses">http://www.saad.org.uk/index.php/coursesbyrole/view-all-courses</a>
<b>December</b>					
	4	BSDH	BSDH Winter Conference	London	<a href="https://www.bsdh.org">https://www.bsdh.org</a>

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



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The SAAD Digest is published annually in January, and the SAAD eNewsletter bi-annually in Summer and Winter by SAAD (Society for the Advancement of Anaesthesia in Dentistry).

The opinions expressed in this Newsletter and previous SAAD Digests and Newsletters are those of the authors and are not necessarily those of the Editorial Board nor of the SAAD Board of Trustees.

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