



NEWSLETTER

Society for the Advancement of Anaesthesia in Dentistry

June 2010 Issue 10

From the President

By the time you read this newsletter we will be approximately halfway through 2010! 2010 does present us with some challenges which the SAAD Board of Trustees is working hard to address.

The first of these is the world economic situation. As I am sure you are aware the interest paid on investments has dramatically declined. This reduces our working income, and whilst the society is by no means on the breadline the Board is actively exploring ways of maximising the return on our investments. Steve Jones (our treasurer) has sought advice and the Board will decide on the best course of action, which will be reported to you at the AGM in September. It is our intention to ensure that all members get the best value for money, and if by managing our investments better we can avoid increasing the subscription that is something we are keen to do.

The Nice Guidelines on sedation for those under 19 years of age is still open for consultation, but due to copy deadlines was not available as I wrote this report. The consultation was delayed by the General Election, and so the deadline for comments has been extended into July. The Board registered SAAD as a "stakeholder" which

means that we shall be commenting directly to NICE. The consultation is, however, open to all. There are details of how to access the draft and how to respond on page 3 of this newsletter and I would encourage all who feel that they have a point to make to respond as individuals.

The General Dental Council's publication on the Scope of Practice for Dental Care Professionals has included the administration of Inhalation Sedation as an additional skill that both Dental Therapists and Dental Hygienists may be trained to undertake. The SAAD Board has considered this issue very carefully and decided that if DCPs are to be trained in this area, then SAAD should provide that training. Thus I am working with Carole Boyle to produce a course which we shall pilot in November alongside the National courses. We shall provide more details as the work progresses.

The Royal College of Surgeons of England and the Royal College of Anaesthetists have established an Intercollegiate Committee to move the training in sedation forwards, including implementing the training for Alternative Techniques as defined by the 2007 guidance. SAAD Council is well represented as David Craig and I are two of the three representatives of the FDSRCSEng and Chris Holden one of the three FGDP representatives.



Nigel Robb
President of SAAD

I am sure that you will have noticed the new improved website – a labour of love for Chris Wright, Nick Howes and Fiona Wraith our ever hard working Executive Secretary. The members' area is under development and we hope that soon this will allow more effective communication from the Board to you, and more importantly from you to the Board and Officers of **YOUR** Society.

As you can see we continue to do all we can to promote the Society, advance the cause of sedation in dentistry and encourage high standards of practice and education. I would hope that you would continue to support us in continuing your membership, attending the annual conference and our courses. There are details of the Annual Conference and AGM included with this newsletter.

Nigel Robb
President of SAAD

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SAAD Conference 2010

Dental Sedation 2010: new guidance and best practice

25 September 2010

www.saad.org.uk

Secretary's Report

The Board has been very active, so much so that we have increased the number of our meetings from two to three per annum. That way we can not only cover more ground but can deal with each subject more thoroughly.

Correspondence has been brisk, throwing up several interesting questions and cases:

1. Intravenous sedation for the under 12s is a frequent grey area that dentists like to get advice on. NICE is about to pronounce on this, and it is possible to access their report on their website. Either way, it will remain an advanced technique, requiring special training and experience. This applies to dentists and anaesthetists.
2. An enquiry about the time that should elapse between sedations with midazolam. I advised that, pharmacologically, the drug has left the body within 8 hours for most patients. However one is unlikely to require a "next day" sedation except in emergency. I expect the next appointment will be governed by the dentistry ... and the appointment book!
3. One of our members was concerned by an IV drug abuser that had IV sedation with midazolam, and then announced that he will be indulging his addiction that very evening. Advice was given to the patient and his escort who was his mother. Our member was so concerned that he advised an overnight stay in hospital, going so far as to ring for an ambulance. It arrived, but the patient refused to get in, and went home with

his mum. I advised careful write up in the notes of events in case there were sequelae.

Therapists and Conscious Sedation

Therapists and hygienists can now deliver unsupervised inhalation sedation as part of their "Scope of Practice". We have had several enquiries about training and have discussed the implications of this. The Nurses' course is no longer suitable for them, and neither is the Dentists' course. We are preparing to run a pilot course for therapists during the November National course when we can accept a limited number. A syllabus and programme are being prepared. Application forms will appear on the website in due course.

Mentors' List

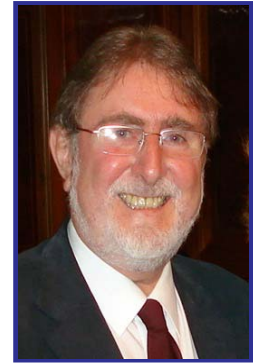
The mentors' list is continuously updated and can accept new members who are able to act as a mentor. Apply to the Executive Secretary at SAADoffice@btinternet.com. The list itself is only available to members of SAAD on application to the Executive Secretary.

Website

Fiona Wraith, our Executive Secretary, has been hard at work developing the website. Our immediate aim is to create a "Members Only" section where we can place items like the mentors' list. Following on, we hope to enable easier payments for literature items and courses. It is a large site, but fairly easily navigable. We would like your comments on it, making polite observations on how it can be improved/enhanced.

Administration

As I will be quitting my post next year at the 2011 AGM, it was deemed wise to appoint a Board member who can shadow my activities and gradually slip into my shoes. Francis Collier was elected at the last AGM and is in place. He is au fait with



Derek Debuse
Secretary of SAAD

the duties and has developed a good relationship with Fiona Wraith. Although he lives in Banff, right up in the frozen north of Scotland, communication is easy with email.

Toni Richman (nee Philpot) manages all queries and applications for the SAAD National courses. There is a lot of work here, especially as she has a post as Practice Manager at a large practice in Billingshurst. We are thankful for this, as she has been doing it for many years now. We congratulate her and wish her well as she will have her first baby in June.

Finally, huge thanks to Fiona Wraith our Executive Secretary. She is a complete marvel, keeping tabs on me and doing all sorts of tasks, such as the membership lists, the website, the Newsletter, the Digest and fielding queries. On top of that, she teaches piano and tends to her family. She is always cheerful and unflustered, and she has my total devotion.

I'd better sign off as I am in danger of embarrassing Fiona!

Do contact me if you have any comments or queries, derek@debuse.co.uk.

Derek Debuse
Hon. Secretary

SAAD Notices

National Course in Conscious Sedation for Dentists and Dental Nurses

Details and application forms from:
www.saad.org.uk

Enquiries:
saadcourses@hotmail.co.uk
07583 039309 (text message)

RA Machine Loan

A scheme for practitioners to trial inhalational sedation in the practice setting is being 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 National Course. There will be the option to purchase at a discounted rate at the end of the trial. For further details please contact: Derek Debuse derek@debuse.co.uk (01243) 822757

Essay Prizes

Dental Students - £300
Dental Nurses - £300
Closing date 31 March 2011
www.saad.org.uk

Research Grants

Grants are available to aid research in pain and anxiety control in dentistry
Please contact
SAADoffice@btinternet.com

NICE Guidance on the use of sedation for diagnostic and therapeutic procedures for infants, children and young people

This guidance is out for consultation and can be viewed at <http://guidance.nice.org.uk/CG/Wave18/52>.

SAAD would welcome your comments and feedback by the 30th June 2010.

So that your views can be included in the consultation process please forward comments to SAADoffice@btinternet.com.

Journal Review

Use of intravenous sedation in the management of patients with high blood pressure

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Aim: To determine the prevalence of undiagnosed or poorly controlled hypertension of oral surgery patients and to study population demographics. To study the effects of IV midazolam on peri-operative blood pressure (BP) and pulse. To assess the value of screening for hypertension and determine the degree of white coat hypertension.

Materials and Methods: 83 patients with a pre-assessment BP reading of > 160/100 underwent oral surgery under IV sedation and local anaesthesia (LA) or LA alone if sedation was contra-indicated. BP and pulse rate were measured throughout treatment. Following treatment, patients were advised to attend their General Medical Practitioner (GMP) for assessment of their BP and information regarding the outcome of this visit was requested.

Results: 73% of this cohort had no previous diagnosis of hypertension. The use of IV midazolam significantly reduced peri-operative BP compared with LA alone (reduction of systolic BP by 40mmHg and diastolic BP by 21mmHg). 50% of those patients visiting their GMP received active treatment for hypertension at their first visit. A further 25% were kept under review. BP measurement at the oral surgery pre-assessment was substantially higher than those recorded by GMPs.

Conclusion: A clear indication exists for the use of IV sedation with midazolam for oral surgery procedures in patients with high blood pressure. There is a significant prevalence of undiagnosed and poorly controlled hypertension. BP screening in the dental setting is a valuable tool for identifying hypertensive patients. White coat hypertension is significantly greater in the oral surgery department than at the GMP surgery.

NICE Guidance 2006 defines hypertension as a persistently elevated systolic BP > 140mmHg or diastolic > 90mmHg. It is estimated to affect 20-30% of the population in most developed countries and its prevalence increases with age. There is a well-established relationship between hypertension and cardiovascular disease risk including coronary heart disease and cerebro-vascular accident.

A recent World Health Organisation report identified high BP as one of the most preventable causes of premature morbidity and mortality in developed and developing countries.

The British Hypertension Society classifies hypertension as:

Grade 1 (mild): systolic BP 140-159mmHg, diastolic BP 90-99mmHg.

Grade 2 (moderate): systolic BP 160-179mmHg, diastolic 100-109mmHg.

Grade 3 (severe): systolic BP > 180mmHg, diastolic BP > 110mmHg.

Grades 1 and 2 are not independent risk factors for peri-operative cardiovascular complications, although it would be prudent to control BP as much as possible during surgery to minimise the risk of possible adverse cardiovascular events.

Grade 3 patients due to have non-urgent surgery should have BP controlled first prior to surgery.

83 patients attending for oral surgery had either Grade 2 (61) or 3 (22) hypertension. Treatment was deferred for Grade 3 patients.

50 Grade 2 patients had treatment with IV midazolam and LA while 11 had treatment with LA alone. The BP of these two groups was compared.

IV midazolam sedation reduced the systolic BP by an average of 40mmHg and diastolic BP by 21mmHg when compared to the LA alone group of patients. To reduce risks of cardiovascular complications during oral surgery procedures every effort should be made to control BP. Using IV midazolam sedation it was found that for patients with an average pre-operative BP of 166/96, the BP was reduced to 139/85. Conversely patients with LA alone increased from 171/105 pre-operatively to 179/106 at the end of treatment.

There were two cases of reactionary haemorrhage from the surgical site hours after discharge. For this reason the authors recommend packing the socket with a resorbable haemostatic agent e.g. Surgicel and sutures in patients with moderate or severe hypertension.

For patients in the Grade 3 category who were referred and attended their GMPs, 50% received active treatment, 25% were kept under review while 25% were discharged and may have received lifestyle advice.

The authors also found that patients attending for oral surgery procedures in the hospital setting exhibited significantly higher BP (170/105) than when subsequently recorded at the GMP surgery (146/91). This white coat hypertension may be higher in the hospital or the dental setting.

IV sedation is indicated for patients with Grades 1 and 2 hypertension to minimise the risk of cardiovascular events during dental treatment. Patients presenting with BP > 180/110 should have their treatment deferred and referred to their GMP for treatment prior to doing any non-emergency surgery. Screening for hypertension is valuable and should be encouraged.

Michael Wood

SAAD Conference 2010

Dental Sedation 2010: new guidance and best practice

25 September 2010

Members of SAAD and colleagues, we invite you to attend the SAAD annual scientific symposium to be held on Saturday 25th September 2010. The venue is the Royal Society of Medicine, in central London. Members are also invited to attend the Annual General Meeting of the Society to be held immediately following the scientific programme.

This year we are able to bring you two speakers in the forefront of current guidance, in relation to sedation for Dentistry. The exciting programme also reflects the work of SAAD and its Board, to promote best practice for clinicians, and support the provision of sedation to the dental patient.

You will receive verifiable CPD for attendance at this meeting, and have the opportunity to meet Board and ordinary Members who share your interest in dental sedation practice. There will also be trade representatives, who will be pleased to give you information about their products, and whose support enables this conference to be offered at a very reasonable rate.

You are advised to apply early as this event is very popular and we have a valuable programme to enrich your professional portfolio. For further information, please refer to the enclosed leaflet, and the SAAD website www.saad.org.uk

We look forward to welcoming you to the Conference.

Diana Terry, Immediate Past President and Andrew Wickenden, Membership Secretary
Conference Organisers

Diary Scan

Compiled by C E Mercer

2010					
June					
	30th—2nd July	GAT	Annual Scientific Meeting	Cardiff, City Hall	www.aagbi.org
July					
	until 2nd July	GAT	Annual Scientific Meeting	Cardiff, City Hall	www.aagbi.org
September					
	4th—5th	SAAD	Dental Nurse Part II Course	London	http://www.saad.org.uk/courses
	8th—11th	ESRA	XXIX Annual ESRA Congress	Porto, Portugal	http://www.kenes.com/esra2010/pages/home.aspx
	22nd—24th	AAGBI	ANNUAL SCIENTIFIC MEETING	Harrogate	http://www.aagbi.org/events/congress.htm
	25th	SAAD	Annual Conference	RSM - 1, Wimpole Street, London	http://www.saad.org.uk/
October					
	14th—15th	EFAAD	EFAAD 2010	Evian-les-Bains, France	http://efaad2010.squarespace.com/
	27th—29th	ESRA-SPAIN	XVI Annual Meeting	Alicante, Spain	http://www.esra-spain.org/
November					
	5th—6th	ESA	1st Autumn Meeting	Budapest, Hungary	http://www.euroanaesthesia.org/sitecore/Content/Congresses/Autumn%20Meeting%202010.aspx
	6th—7th	SAAD	NATIONAL COURSE IN CONSCIOUS SEDATION FOR DENTISTRY (inc nurses + Therapists/Hygienists)	London	http://www.saad.org.uk/courses
	12th	ADA	ADA Conference	King's Fund, London	http://www.dentalanaesthesia.org.uk/
	18th	Resuscitation Council	2010 Scientific Symposium	National Motorcycle Museum, Solihull	http://www.resus.org.uk/pages/events.htm
	25th—26th	UK Society for Intravenous Anaesthesia	Annual Scientific Meeting	Ashford International Hotel, Kent	http://www.sivauk.com/joom/
December					
	5th—6th	ADSA	Chicago Review	Renaissance Hotel, Chicago, USA	http://www.adsahome.org/chicago.html
2011					
January					
	19th—21st	AAGBI	Winter Scientific Meeting	London: QEII Conf. Centre Westminster	meetings@aagbi.org
February					
	19th—20th	SAAD	Dental Nurse Part II Course	London	http://www.saad.org.uk/courses
	24th—26th	ADSA	Las Vegas Review	Caesar's Palace Hotel, Las Vegas, USA	http://www.adsahome.org/vegas.html
March					
	5th—6th	SAAD	NATIONAL COURSE IN CONSCIOUS SEDATION FOR DENTISTRY (inc nurses)	London	http://www.saad.org.uk/courses
	TBC	Society for Education in Anaesthesia (UK)	Annual Scientific Meeting	Exeter	http://www.seauk.org/?q=node/11
April					
	27th—30th	ADSA	Annual Session	Westin Kierland Resort and Spa, Phoenix-Scottsdale, USA	http://www.adsahome.org/annual.html

No responsibility can be taken for any errors or omissions however caused

SAAD Newsletter

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