

# THINKING ABOUT IN-OFFICE GA?

## 10 Things to Think About Before You Start In-Office General Anesthesia and Deep Sedation

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MULTIPLE VARIABLES EXIST WHEN CONSIDERING GA/DS IN AN OFFICE SETTING. THE OBJECTIVE OF THIS ARTICLE IS TO BROADLY HIGHLIGHT ISSUES THAT SHOULD BE CONSIDERED TO ENSURE PATIENT SAFETY WHEN PROVIDING GA/DS SERVICES IN DENTAL OFFICES FOR DENTAL CARE.

A small segment of patients can only receive necessary dental treatment while unconscious or deeply sedated. There has been a shift among pediatric dentists to offer general anesthesia (**GA**) and deep sedation (**DS**) services by an anesthesia provider within private dental offices and out of hospitals and ambulatory surgery centers. The increasing movement to offer GA/DS services in pediatric dental offices is due to a variety of reasons.

- Increasing difficulty in the availability of operating room access in hospitals and surgery centers. The pandemic has exacerbated this challenge.
- An increase in families eligible for Medicaid and CHIP. A higher percentage of patients covered on a government-sponsored plan may require more advanced behavior management services.
- Poor Medicaid/CHIP reimbursement to facilities for their facility fees.
- Poor Medicaid/CHIP reimbursement for anesthesia services.
- The increasing number of anesthesia providers available to private offices.
- Efficiency in providing patient care - all equipment and supplies readily available, a familiar office environment and potential decreases in turn-around time between patients.
- Changes in state law concerning the provision of moderate sedation for the pediatric patient. The pediatric dental profession is moving away from medications that provide deeper levels of sedation due to changes in state law, increased risk, and medication availability.
- Convenience and economics for the dental team to provide these in-office services.
- Increasing family acceptance for in-office GA/DS services for dental care.
- Trend in postgraduate pediatric dental programs to limit training to mild to moderate sedation, sometimes with the avoidance of multi-drug sedation regimens.

### 1. The Experience of the Providers Involved

All pediatric dentists have varying degrees of training, experience and expertise. Partnership with the anesthesia provider and the coordination of each professional's role in managing the patient is critical.

Dentists have access to anesthesia providers with varied levels of training, familiarity, comfort level and experience in treating pediatric patients and patients with special healthcare needs that are undergoing dental procedures in the office setting.

Anesthesia providers come from different training programs that range from dentist anesthesiologist, physician anesthesiologist, oral maxillofacial surgeon, and certified registered nurse anesthetist (CRNA).

### 2. A Location that Meets the Needs of the Patient

The locations may vary widely for patients who have their dental treatment while undergoing GA/DS. Site location varies from urban to rural; facilities range from in-office, ambulatory surgical center, or hospital. Coupled with that are the dynamics of the training and experience of the pediatric dentist in providing operating room dentistry and the background for cooperative management with other professionals. Patients will also present challenges for their management. Of particular importance, are patients with special healthcare needs. Pediatric dental residencies vary in training and experience for the complex patient population who require advanced behavior management.

### 3. The Health of the Patient

There are several factors to consider when deciding the appropriate environment to treat the patient. Paramount is the health and emotional status of the child. The American Society of Anesthesiologists (ASA) physical status is often one determining element. Another is the emotional state of the child and the appropriateness of being managed in an office environment. There are certainly those patients that would not be appropriate for in-office GA/DS and must be treated in an ambulatory surgery center or hospital.

### 5. Communication of the Anesthesia Care Plan

Communication between the pediatric dentist and anesthesia provider is essential. As both the dentist and the anesthesia provider will be cooperatively managing the care of the patient it is critical that each professional is able to review the medical and emotional status of the patient before, during and after the case. Each professional shares responsibility for the patient's care. The pediatric dentist and the anesthesia provider need to work as a team when developing an anesthesia care plan.



### 4. Access to Anesthesia Providers

The decision to offer in-office anesthesia services depends on access to anesthesia providers. Considerations include the training and experience the anesthesia provider has with pediatric patients, experience in providing those services in a dental office facility and experience with delivering anesthesia for dental procedures.

### 6. Collaboration of Duties

The pediatric dentist is the first point of contact for the patient and makes the decision as to the need for anesthesia and sedation services. If the patient has a significant medical history – cardiac, respiratory, craniofacial, behavioral - it is important to discuss the patient with the anesthesia provider as to suitability for office-based services and if preoperative

consultations or laboratory testing are needed prior to the procedure and who will be responsible for obtaining them.

## 7. Familiarity with Local and Facility Regulations

State law dictates a minimum of what equipment, medication and personnel must be available when providing anesthesia and sedation services in the office setting. There are also specific requirements for the facility – is it large enough to accommodate the provision of anesthesia, equipment, and the required personnel? Do the facility and providers have the required permits or licenses from the regulatory and licensing bodies to provide GA/DS?

## 8. Monitoring Through Recovery Care

Recovery care is another area that needs to be considered. Where will the patient recover, and what personnel are qualified to provide that care? This is a critical aspect of anesthesia care. Although most patients undergo sedation or anesthesia for the procedure without incident, some have suffered serious injury – even death – in the recovery phase.

## 9. Planning for Medical Emergencies

The last component of safe care in the office setting is the recognition and management of medical emergencies that may occur. The best practice is to train as a team so that every individual in the room understands what is expected of them. Unlike in the hospital, where there are support personnel, back up in the office are the Emergency Medical Services (or 911).

## 10. Voluntary Accreditation

Lastly, offices should consider working with an independent organization to become voluntarily accredited to help ensure and demonstrate to their patients their commitment to the highest level of safety in their facility. The American Academy of Pediatric Dentistry has partnered with QUADA A (quada.org) and has a process specifically for dentistry.

Office-based anesthesia services are an important component for the safe and humane management of healthy pediatric patients and patients with special healthcare needs. This topic could be chapter in a book, and it is important to raise awareness as we will continue to see growth around in-office anesthesia services.



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