

**INFORMATION FOR THE PATIENT AND THE PARENT/LEGAL GUARDIAN OF THE CHILD
BEFORE A DENTAL PROCEDURE UNDER GENERAL ANESTHESIA**

Dear Madam/Sir,

Before you sign the informed consent for a dental procedure under general anesthesia, please read carefully the information provided below.

Consultation

Before the procedure, you are required to visit our clinic for both dental and anesthetic consultations, which are necessary to qualify the patient for the procedure. These consultations are conducted by physicians and nurses between other procedures. Therefore, we kindly ask for your patience.

For the consultation, please bring the following documents:

- medical documentation (required for patients who are ill or have a disability),
- Child's Health Booklet (required for all children),
- certificate of the patient's blood type,
- certificate of disability (if applicable),
- document of incapacitation (required for adults who are unable to personally express or sign informed consent),
- list of currently taken medications.

If the procedure does not take place within 3 months of the consultation, the consultation must be repeated.

Patients who are pregnant are obliged to disclose this fact during the consultation.

Patients who do not present a certificate of disability are required to pay 200 PLN for the consultation.

Obesity

For patients with obesity, there is an increased risk of complications during procedures performed under general anesthesia. As it is our obligation to assess this risk and ensure the safety of our patients, we have adopted the following patient qualification criteria:

1. Patients with obesity of the 3rd degree (BMI > 40) **will not be treated** in our clinic.
2. Patients with obesity of the 2nd degree (BMI 35-39) **may not be qualified** by the anesthesiologist for anesthesia due to additional risk factors.
3. Patients weighting **more than 150 kg will not be treated** in our clinic due to the limited weight capacity of our dental chair.
4. Body Mass Index (BMI) calculators are readily available online for your convenience.

Preparation for the procedure

Before the procedure, the patient must take a bath or shower. Pregnant patients are required to disclose this information prior to the start of the procedure.

In the case of children, the Child's Health Booklet must be presented to the doctor on the day of the procedure.

Before a procedure performed under general anesthesia, the patient **must not eat for at least 6 hours** (including sweets) and **must refrain from drinking for 1 hour**. On the day of the procedure, the patient may only drink clear, still liquids. Children are not allowed to chew gum. Medications that are taken regularly

should be taken at the usual time, unless the anesthesiologist recommends otherwise during the consultation. Medications taken in the morning should be swallowed with a small amount of water. If, despite your efforts, the child eats within 6 hours or drinks within 1 hour before the start of anesthesia, or consumes any liquids other than those recommended above, this must be reported to the anesthesiologist. In such cases, for the child's safety, the procedure will be postponed to a later time or rescheduled. Failure to disclose this information may result in life-threatening complications for the child.

The procedure should also be postponed in the event of a respiratory infection accompanied by fever, cough, or runny nose, as well as in the presence of cold sores around the oral cavity.

Contact lenses, rings, earrings, chains, and other jewelry should be removed before the procedure. Nail polish should also be removed. The patient should wear a T-shirt. For children, parents should bring spare clothes and diapers; for older patients, spare underwear should be provided.

If the child is able to understand information about the procedure, parents should explain it to them and help prepare them for it. The child should not be deceived but provided with the necessary information in a way that does not increase their anxiety—explaining what will happen and answering their questions. If the child has had previous unpleasant or frightening experiences related to dental treatment, it should be explained that this time they will first fall asleep, and when they wake up, their teeth will already have been treated.

Upon arrival at our clinic, the child initially stays with the parents. To reduce the child's anxiety, the nurse (under the anesthesiologist's instruction) may administer an oral sedative dissolved in a small amount of apple juice (premedication). If the child refuses to take the medication orally, it can be administered via alternative routes (rectally, subcutaneously, or intramuscularly). After receiving the sedative, the child should not walk but should sit or lie down next to the parents. If the child needs to use the toilet, they must not be left alone. Approximately 10–30 minutes after oral administration (faster with rectal or subcutaneous routes), the child becomes drowsy. At this point, the parents and nurse transfer or escort the child to the procedure room.

According to current recommendations, the child should be vaccinated against hepatitis B prior to the procedure if they have not previously received this vaccination. For the initial vaccination, effective protection is achieved after two doses administered one month apart. The procedure can be performed no earlier than two weeks after the second dose. Although the risk of hepatitis B infection in our clinic is minimal—thanks to a modern sterilization system and the use of single-use equipment—if you choose not to vaccinate your child, you will be asked to provide informed consent for the procedure despite the lack of vaccination. By signing the consent form, you waive any claims against our facility in the event that the child contracts hepatitis B.

Immediately before the procedure, you will have the opportunity to ask the anesthesiologist any additional questions. You may also call us in advance (during the clinic's working hours) to speak with the anesthesiologist at **+22 678 16 11**.

Procedure and anesthesia

In the case of children, the Child's Health Booklet must be presented to the doctor on the day of the procedure.

The parents may (but are not required to) be present in the operating room at the beginning of anesthesia. They will then be asked to leave and proceed to the waiting room.

General anesthesia, also known as narcosis, involves administering medications that induce sleep, relax the muscles, and provide pain relief. The child will not feel anything during the procedure or remember this period afterward. A plastic tube (intubation) will be inserted into the trachea to protect the child's airway and enable breathing. After its removal, temporary hoarseness and a sore throat may occur.

The factors crucial for the safety of anesthesia are as follows:

- constant observation of the patient,
- electronic monitoring of heart rate, respiration, and the depth of anesthesia,
- high quality of the equipment used for anesthesia,

- qualifications and experience of the anesthesiologist.

Information about the doctors working in our clinic is available at the following website: <http://www.stomatologiadlodzi.pl/nasi-lekarze>.

All children with a heart condition, an extended infection, or requiring numerous extractions are given an intravenous dose of **antibiotics** to protect against bacteria that may enter the bloodstream during the procedure. Therefore, we kindly ask you to inform the anesthesiologist about any possible allergies to antibiotics or other medications, especially painkillers. If needed, you will receive a prescription for an antibiotic, along with instructions for its administration at home.

The effects of the medications used during anesthesia wear off shortly after it ends, allowing the child to return home quickly and safely. However, sedatives administered before the procedure typically remain effective for about three hours, and sometimes longer, for example, in children with Down syndrome. Therefore, if the procedure is shorter, the child may still feel drowsy as a result.

Complications

Side effects that may occasionally occur after anesthesia include hoarseness, cough, sore throat, swelling of the cheek, swelling at the site of the intravenous injection, drowsiness, and dizziness. Rarely, nausea and vomiting may also occur.

A serious complication after the procedure may be **bleeding** from the sites of extracted teeth. This can occur in cases of previously undiagnosed bleeding disorders or the use of anticoagulant medications. Therefore, for two weeks prior to any procedure involving tooth extractions, acetylsalicylic acid (Aspirin, Acesan), ibuprofen (Nurofen), and other similar medications should be avoided. These medications should also be avoided immediately after the procedure.

The most serious complication of general anesthesia is **malignant hyperthermia**. It occurs in 1 in 15,000 cases in children and 1 in 50,000–150,000 cases in adults, both associated with a particular genetic mutation. Malignant hyperthermia is caused by an abnormal reaction of the muscles to halogenated inhalation anesthetics, leading to life-threatening metabolic disturbances. **Patients with congenital muscle disorders** are considered at risk. Therefore, it is important to inform the anesthesiologist of any such conditions. Our clinic has dantrolene sodium, a medication used to treat this complication should it occur.

Waking up from anesthesia

After the procedure, the anesthesiologist will wake the child and remove the tube from the trachea. The child is then taken to the recovery room, where the parents are asked to join them. At this time, some of the medications previously taken may still be active, and the child may be drowsy. While the child is sleeping, they should not be awakened. The patient lies on their right side (facing the parents and a camera). They may receive oxygen via a mask. When the child opens their eyes and begins to move, they may be held in the arms or on the lap if they request it.

Immediately after waking, the child should not drink (they previously received fluids via intravenous injection), as this may cause vomiting on the way home. Instructions regarding drinking and eating at home will be provided by the physicians and nurses.

Before the child is discharged, the anesthesiologist will assess their condition, and the nurse will provide instructions regarding the administration of painkillers. Preventive pain management includes the use of local anesthesia by the dentist before each tooth extraction, as well as the administration of paracetamol. Subsequent doses of paracetamol can be given by the parents at home. The recommended single oral dose for a child is 15 mg per kg of body weight, and for an adult, 0.5 to 1 gram. The dose may be repeated every 4 hours. In older children, metamizole (Pyralgin) may be used alternatively.

Before the child leaves our clinic, the nurse removes the plastic cannula.

After the procedure, the patient must be transported home by car. The child must be accompanied by two people – a driver and a guardian. Use of public transportation is not allowed.

We kindly ask you to park your car only in front of our building at 10 Agatowa Street. Our neighbors do not allow parking in front of their homes.

If you live in another region of Poland, you may book a room at the Arkadia Hotel (182 Radzymińska Street, phone +22 687 50 55), which is within walking distance of our clinic.

If, after leaving our clinic, you notice any concerning symptoms in your child, such as pain, vomiting, or bleeding from the sites of extracted teeth, please contact our nurse on duty immediately at **+48 507 163 305**.

Signature of the patient or legal guardian (mother or father)

Date