

**General Anesthesia in the Office for Pediatric Dental Procedures:**  
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Your dentist has asked me to help take care of your child in the office with general anesthesia. This allows the required dental treatment to be achieved conveniently with minimal trauma and maximal safety. I am pleased to offer this service and wish to introduce myself and provide you with a brief explanation of the anesthetic techniques that I use. My goal is to provide you with the safest and highest level of medical care in the comfort and convenience of your dentist's office.

I have been in private practice since 1987. I obtained my B.A. from UCLA, my M.D. from UC San Diego, and completed my anesthesia residency at UC Irvine. In medical school, I was a UC Regents Scholar (one of six in a class of 128). During residency, I was one of three residents selected (from more than 200 doctors in all specialties) for membership in the honor society Alpha Omega Alpha (medical equivalent of Phi Beta Kappa). I have extensive hospital-based experience (over 25 years) in pediatric, cardiac (open heart procedures on cardiopulmonary bypass), thoracic, vascular, trauma, neurosurgical, obstetric, and general anesthesia. I believe that taking care of critically-ill patients in a hospital setting (e.g., anesthesia for brain surgery, massive blood replacement in trauma patients, inserting monitoring lines into the heart) has provided the knowledge and experience required to manage any medical challenges that might arise in a dental office.

Office-based anesthesia is a unique subspecialty in the field of anesthesiology. The State of California, the California Medical Board, and the California Board of Dental Examiners carefully regulate the qualifications of anesthesiologists in the dental office setting as well as the routine and emergency equipment that must be available on-site. In addition to a license to practice medicine in California, I have a General Anesthesia Permit issued by the Board of Dental Examiners. In hospital, surgery center, and office settings, I've had extensive pediatric anesthesia experience for over 25 years. Outside of my private practice, I've made several trips to Guatemala and Vietnam to provide anesthesia for children with congenital ear deformities.

**General Anesthesia in the Dental Office**

I routinely take care of children in the pediatric dental office as young as 13 months old and all ages above. I have extensive experience with children of all ages, many with behavioral as well as physical disabilities. I spend time talking to you and your dentist

about your child to make sure the office setting will be a safe and appropriate place to provide anesthesia for him or her.

Almost always, having dental surgery in an office setting (instead of a hospital) can be less stressful for children and parents for the following reasons:

1. Parental access: in the office, I encourage parents to be with their child when he or she is falling asleep and waking-up (this contrasts with hospitals and surgery centers where parents are rarely allowed in the operating room—in over 30 years, I've never seen this). I strongly feel that avoiding separation, while the child is awake, can minimize stress for both children and parents.
2. "No shots, no needles": most children, who fear the dentist, do so because they anticipate receiving an injection. I like to dispel this fear from the start. Almost all children would much rather breathe anesthesia gas through a mask than receive a shot.
3. Optimal surgical conditions: when children are asleep and immobile, your dentist can focus on the surgery without being distracted by patient anxiety, discomfort, and/or movement.

I carry with me a tremendous amount of equipment including monitors, an anesthesia machine, breathing equipment/supplies, medications, and a defibrillator. I have the same type of equipment and supplies that I would have in a hospital operating room. Anesthesiologists routinely manage the unconscious patient, making sure that their breathing and other physiologic functions are maintained within normal limits during anesthesia. I am monitoring the patient's level of anesthesia and vital signs at all times throughout the anesthetic course and dental treatment, **never leaving your child at any time.**

### Financial Arrangements

The fee for my anesthesia services is separate from the charge for the dental procedure. Your pediatric dentist may ask you to pay a deposit in advance to hold the time that has been reserved for the dental procedure under general anesthesia. This deposit is not applied to my fee but to the dental procedure.

I do not bill insurance companies: medical or dental. You are responsible for paying the fee for my anesthesia on the day of service with a credit card (Visa, MasterCard, or Discover), debit card, or check.

Medical insurance carriers commonly offer coverage for anesthetics in a hospital setting (more often than for procedures performed in a dental office). This is a policy that many insurance companies have adopted. Obviously, this position is somewhat shortsighted since the overall cost for a hospital surgery (frequently tens of thousands of dollars) is always much greater than the total cost in a dental office (of course, your "out-of-pocket" expenses will depend on your specific policy).

Medical insurance companies may reimburse for my services although they may not recognize this service as medically-indicated without an appeal from you. Within ten days of surgery, I will e-mail you a letter explaining why your child required my anesthesia services. This letter will explicitly state that the surgery would not have been possible without a general anesthetic. You may submit this letter (containing pertinent medical codes) to your medical insurance company as part of your claim submission. Younger children and children with special needs and/or other medical conditions generally have a better chance of being covered by medical insurance. With an appeal letter, many patients (even those without special needs) have been reimbursed for the anesthesia fee: per Monox Billing Service (see below) the percentage of cases resulting in reimbursement (either partial or total), when Monox submits a claim, is 70-80%. Unfortunately, however, **you may not get reimbursed.**

I have made arrangements with an anesthesia billing company (Monox Billing Service, highly recommended) that I have known and worked with for almost 30 years: for a flat fee of \$25, they will process and electronically submit your medical insurance claim. I will e-mail you a one-page form to complete and e-mail/FAX to Monox should you decide to use them.

My fee is as follows: a \$580 charge which covers:

- (1) the cost of medications and supplies
- (2) set-up/preparation time and time from the start of anesthesia until your dentist starts to work (typically one hour)
- (3) patient recovery time (after surgery), and packing-up equipment/supplies (at least one hour)

In addition to the \$580, my charge is \$580 for each hour it takes the dentist to work (includes x-rays, cleaning, and any dental surgery). The dental treatment time is charged in 15-minute increments with a one-hour minimum charge.

For example, if the entire dental procedure (including x-rays, cleaning, and treatment) takes one hour, the charge for my services will be  $\$580 + (\$580/\text{hr.} \times 1 \text{ hr.}) = \$1,160$ .

Another example: if the dental treatment time is 1 hour and 30 minutes, the charge is:  $\$580 + (\$580/\text{hr.} \times 1.5 \text{ hrs.}) = \$1,450$

If the dental treatment takes 2 hours and 15 minutes, the anesthesia fee will be:  $\$580 + (\$580/\text{hr.} \times 2.25 \text{ hrs.}) = \$1,885$

If you pay with a credit/debit card, I will swipe your card shortly before you leave the office and, at the same time, e-mail you a receipt.

## Important Pre-operative Instructions

### Eating and drinking restrictions:

The following eating and drinking instructions are extremely important to follow exactly as written to ensure the safety of your child under anesthesia. These are standard guidelines given to any patient having anesthesia and are meant to prevent the possibility of vomiting while asleep: any deviation from these requirements will result in cancellation of your child's surgery.

On the day of your appointment, your child may have a light meal: e.g., toast, cereal, juice, nonhuman milk, or infant formula up to 6 hours prior to arrival (please avoid fatty foods). Absolutely no food may be consumed during the six hours prior to your appointment.

If your child is breast feeding, the last feeding must be completed at least 4 hours prior to arrival.

He or she may have clear liquids (water, apple juice, cranberry juice, and/or Gatorade) up to 2 hours before the time of the appointment.

Therefore, for example, if your appointment is at 10:00 a.m. the last light meal and/or milk your child can have would be at 4:00 in the morning (not very practical) but he or she can have clear liquids until 8:00 AM. If your appointment is at 1:30 PM, your child can have a light meal and/or milk before 7:30 AM and clear liquids until 11:30 AM. Absolutely nothing at all should be ingested within 2 hours of the appointment: possible exception--medications (see below).

### Change in health status:

If your child has a change in health status before the appointment, for example, a cold, sore throat, cough, nausea or vomiting, or fever, please contact me immediately so I can contact you for more details.

### Medications:

Please notify me if your child is scheduled to take any medications on the day of surgery: I will provide instructions for the day of surgery.

### Clothing to wear and other items to bring on the day of the appointment:

I recommend loose fitting clothes for your child on the day of the dental procedure. The shirt layer closest to the skin should be short-sleeved. Some younger children urinate in their pants as they are waking up from anesthesia so please bring a “pull-up” and/or a change of clothes if your child is 4 years old or younger. Please bring a bath towel as well as a small blanket so I can keep your child as warm as possible during the surgery.

## The Anesthesia Procedure and Technique:

I will contact you before the scheduled dental procedure but sometimes not until the day or evening before the scheduled appointment. This gives you an opportunity to carefully read this handout that provides most of the needed information. The purpose of the pre-operative phone call is to verify your child's medical history, emphasize pre-procedure eating and drinking instructions, and to answer any questions you might have relating to your child's anesthetic. If you have urgent questions that cannot wait until I contact you, please feel free to e-mail me.

Your child will be receiving an anesthetic that allows him or her to have no awareness of the dental procedure, provides maximal comfort, and the highest degree of safety. The anesthetic technique provides excellent conditions for the dentist to perform the needed dental work in one visit that otherwise might require several appointments to complete.

At the time of your scheduled appointment, I will meet you and your child in the waiting area of the dental office to answer any remaining questions. You and your child will then enter the procedure room where your son or daughter will breathe anesthesia gas through a clear plastic face mask. Your presence, as your child is falling asleep (takes less than a minute), will be very comforting for your child. Once your child starts to fall asleep, we will have you go back to the waiting area. In rare instances, if your child has special needs or is extremely anxious, he or she will receive a "pre-medication" in the waiting area. This premedication may be an intramuscular injection in the thigh or upper arm. Alternatively, if your child is amenable, I can (with your help) administer a flavored oral premedication. The sedation effects of the pre-med are apparent within 5–10 minutes after the intramuscular injection or 15-20 minutes after the oral preparation.

Your child will receive intravenous anesthesia as well as an anesthetic gas. Although your child will be breathing on his own during the procedure, I will insert a breathing tube while he or she is asleep to ensure that breathing is adequate under anesthesia. This is routine whenever a patient is under general anesthesia. During the procedure, I will administer pain and anti-nausea medications through the IV.

At the end of the procedure, your dentist will meet you in the waiting area and explain how the treatment has proceeded. I will remain with your child and remove the breathing tube (while your child is still asleep) shortly after the end of the surgery. Usually within fifteen minutes after you speak to the surgeon, I will ask you to come to the procedure room so when your child awakens you will be the first person that he or she sees. At this point, your child will probably be "cranky" and irritable and may even be crying. This is a typical reaction when children are awakening from general anesthesia. Your child may also be shaking or "shivering": this too is very common and is the body's normal reaction to anesthesia gas (this will subside by the time you leave the office).

Your child may be grumpy, fussy, or not completely themselves for a few hours after the anesthetic. In fact, it may take several hours after you return home until your child is completely over the effects of the anesthesia. The emergence from this type of anesthesia

is very gradual. Your child may complain of dizziness, and not being able to focus very clearly for the first two hours after you return home. In addition, your child may have a sore throat and/or nostril (from the breathing tube). All of the above are very typical after anesthesia and will gradually wear off. There are no proven long-term side effects of anesthetic medications that would negatively impact your child's health: e.g., growth or neurobehavioral development.

### Instructions for After the Anesthetic

#### Eating and drinking:

Do not give your child anything to eat or drink in the car on the way home: there is a higher risk of nausea and vomiting in a moving car after anesthesia. As soon as you arrive home, your child may drink some liquids: e.g., water, apple juice, Popsicles, etc. Food can be offered shortly after you arrive home and should consist of soft foods that are easy to digest and not too fatty or greasy (e.g., fruit smoothies, apple sauce, pasta/noodles, etc.). If your child tolerates the initial feeding, you can gradually advance his or her diet. If your child is not hungry do not force him or her to eat but do encourage adequate fluid intake. If your child has nausea or vomiting for more than 2 hours after the procedure, please call me. Occasionally, a child will develop a fever after a prolonged dental treatment where many cavities have been treated. You may use children's Tylenol or ibuprofen/Advil/Motrin to treat this.

#### Physical Activity:

Please do not leave your child alone for the first few hours after you get home. He or she could easily fall if they try to walk on their own while recovering from the effects of the anesthetic medications. For the remainder of the day, your child should rest and avoid activities that require balance and coordination: for example, your child should not ride a tricycle/bicycle or climb on a jungle gym, etc. By the morning after surgery, your child may go back to school and resume all normal activities without restriction (unless advised otherwise by your surgeon).

#### Pain Control:

If your child complains of any discomfort in their mouth when you are home, give them an appropriate dose of children's Tylenol or ibuprofen/Advil/Motrin. These medications are usually adequate for pain control after dental treatment.

After the procedure, if you have any anesthesia-related questions, please don't hesitate to call me on my cell: 650-336-8355.

I look forward to meeting you and participating in your child's dental treatment.

Sincerely,  
Edwin Lee, M.D.