PRE-OPERATIVE INSTRUCTIONS FOR SEDATION WITH MIDAZOLAM

This advice sheet is for healthy patients and patients with mild conditions which do not restrict everyday activities.

**Please read this document carefully and ask for explanations before you sign it. Your signature means that you have read and understood everything in this document.**

All advice is individual and you should discuss any unclear aspects of this advice sheet with your dentist, especially if you have any conditions which may affect your ability to comply with these recommendations.

Please arrive 15 minutes before the scheduled appointment.

During sedation with Midazolam you can expect to feel calm, sleepy and relaxed. You will be drowsy but will remain conscious and will be able to communicate with your dentist. You will not remember much or anything at all about the procedure once the effect of the sedative drugs disappears – this is called anterograde amnesia.

The drowsiness and the amnesia get better after the effect of the drug has faded, but can still impair your activities up to 24 hours after the sedation.

Therefore, you need to take precautions to have a safe recovery. Plan your day so that you can go home and relax for the rest of the day.

Please comply with the following advice!

**Diet**

*Do not eat* anything for 6 hours prior to the sedation session. If you eat anything exactly 6 hours before, please make sure it is a light meal – toast with spread, soup with toast, nothing too heavy or difficult to digest.

*Do not drink* anything for 2 hours prior to the sedation session.

If you need to drink anything **before 2 hours prior to the sedation**, only drink clear fluids. Only exception is black coffee **without milk**.

For guidance, a clear fluid is clear enough if, when poured into a glass, will allow you to read a newspaper through it.

Therefore, avoid milk, tea with milk, coffee with milk, smoothies, yoghurts, soups.

Allowed drinks - water preferably, clear tea without milk, coffee

**Medication**

Take your medication at the regular times with a few sips of water.

If you take medication which requires you to drink larger quantities of water or to eat before taking your pills, please discuss this with your dentist so we can try to book your appointment at a convenient time.
If you suffer from asthma, please bring your medication with you (Spacers, sprays, etc)

If you suffer from insulin dependent diabetes (Type 1 diabetes) please bring your blood glucose monitoring device.

Escort

Please arrange for a responsible, physically and mentally fit adult to escort you to the practice, wait for you in the waiting room during your procedure take you home and look after you for 4-6 hours afterwards or for the rest of the day if needed.

Persons under 18 years of age, persons with impaired physical capabilities or mental disabilities, persons under the influence of alcohol or recreational drugs are not suitable escorts.

Transportation

Use a car or taxi to be transported to and from the practice. Avoid public transport.

Clothing and makeup

Please wear comfortable and loose clothes and steady shoes with a flat sole. (You may be wobbly on your feet afterwards)

We will need access to your arms for a blood pressure cuff and sometimes for a vein. Wear a shirt with wide sleeves which can be easily rolled up past the elbow, alternatively a shirt with short sleeves, a t-shirt, a loose jumper or cardigan which allows us access to your arms.

Any person with long hair will need to have it arranged so it is not in the way. Do not have your hair in a bun at the back of your head because you will need to rest your head comfortably on the headrest and we may have to tilt your head back during the procedure to make it easier for you to breathe.

Do not wear heavy makeup or lipstick. We will be working in your mouth and it may smudge.

Do not wear coloured nail polish / nail varnish or metallic coloured nail varnish. We need to attach a device on your finger to monitor your oxygen levels and heavy nail varnish or metallic coloured nail varnish may interfere with this device.

Do not wear jewellery or contact lenses on the day.

Other arrangements

You may not be able to look after anybody else for the rest of the day. If you have small children or anybody else in your care, please arrange for somebody else to take on these duties for the day. Plan your day so that you can just go home and relax after the sedation. Do not plan any activities requiring physical skill like driving, operating heavy machinery, ironing, cooking, going to the gym, biking, etc. Do not plan to go shopping or sign legal contracts on the day of your sedation. Remember, you may be drowsy, have impaired judgement and forget what you do whilst you are
under the influence of the sedative drugs.

**Practical advice**

Please arrive in time for your appointment. Allow for traffic problems and parking.
Before starting the sedation session it may be advisable to empty your bladder.
If you are coming in for an extraction it will be good to reduce the amounts of bacteria in the mouth in order to have a better chance of good event-free healing. Do this by cleaning your mouth thoroughly. This means
- flossing or using interdental brushes,
- tooth brushing then
- rinsing with an antibacterial mouthwash – Corsodyl / chlorhexidine digluconate 0.2% w/v.
  Rinse with 10 ml for one minute then spit out.

**Cancellations**

Please let us know in good time if you need to cancel your appointment.
Please let us know beforehand if you have a cold, sore throat, a cough, raised temperature or stomach upset.

Any cancellations with less than 48 hours notice will be charged.

If you have any queries please contact us on 01473 257379 Mo-Fri 9-5
For out of hours emergencies please call the practice and you will be given a contact number for the emergency dentist.

**Informed consent**

I have read and understood the information in this document. I understand that these recommendations are for my safety and that my treatment could be cancelled if I do not comply with them.

Date............................................. Signature.............................................