



Treatment Options, Risks and Outcomes

_____ FLUORIDE VARNISHES: The dental decay will be slowed down by good oral hygiene, minimizing sugar or sweets in the diet, and the application of a fluoride varnish periodically. The procedure is an interim treatment, which gives everyone more time to decide how to treat the dental decay; however, it will not halt the spread of decay.

_____ PROTECTIVE STABILIZATION: The child may be held by the staff, parents and/or a safety-restraining device in an effort to restrict movement of the arms and legs, which could result in the child injuring themselves. In our office we ONLY use this for emergency treatment that must be done immediately, and for very short periods of time. In these cases the parent may wish to try this rather than sedating the child. It is not always successful and the doctor or parent may feel it is not in the best interest of the child to provide care in this manner.

_____ NITROUS OXIDE (LAUGHING GAS): It is only effective if the child breathes through their nose! If they become upset and start crying, it will not be effective. Nitrous oxide is a very mild form of sedation, your child will not be asleep, but it will help him/her relax and better cope with the appointment. It helps many children with gag reflexes and children who are anxious, but cooperative. There are almost no risks to the child. Mothers who are pregnant are not allowed in the treatment area because of the implied risks to developing fetuses. Children who have eaten 2-4 hours prior to the procedure may throw up, so following the doctor's instructions before the appointment are important. The gas disappears within several minutes after the child stops breathing it, so when they are done there are no side effects.

_____ ORAL SEDATION: Children with no compromising heart and lung problems are good candidates for sedation if they are trying hard to cooperative, but are just too anxious to sit still for the more lengthy procedures. Sedation medications unfortunately only have a calming effect in about 70% of children. It is almost impossible to predict which children will respond favorably to sedation medications. Some children become combative and resist all treatment, rather than become relaxed. Those children who are sedated must be constantly monitored to insure that their breathing and heart are responding favorably to the medications. This requires intensive doctor time and we are limited in how many treatment slots we can dedicate to this. Sometimes it is not effective and the parents must decide whether to proceed or discontinue the procedure. The doctor may feel that the child is so disruptive in their reaction (even with sedation medication) that he or she cannot safely continue. Risks, to include stopping of breathing, heart

stoppage, permanent brain injury or death can result as a reaction to medications or medical problems. We can refer you out for this treatment if you decide to do so.

_____OPERATING ROOM UNDER GENERAL ANESTHESIA: Children who are very young and unable to cooperate for extensive treatment, cooperative children that require extensive dental treatment, patients with certain medical conditions, and patients who suffer from extreme dental fear and anxiety may be eligible for this type of treatment. In cases where the dental needs of the child cannot be addressed in 1 or 2 sedation visits or the patient is so disruptive that care cannot be safely rendered are candidates for care in the hospital environment. General anesthesia is employed to put the child to sleep and all the dental care needs are done in one visit. The child remembers nothing of the dental procedure and we can preserve the positive developing attitude toward good oral health and address serious dental health care needs in a timely and reasonably safe manner. There are risks with general anesthesia which need to be considered by the parent and will be discussed in detail at a later appointment. The risk of providing no treatment out of fear over general anesthesia, generally outweighs the risks of the procedure. It is done on a regular basis by Dr. Ybarra.

_____NO TREATMENT: Caries is a progressive disease. Decay can lead to abscesses, which can spread throughout the body and in the worst case, can cause death through meningitis, sepsis or bacterial routes. Less severe outcomes include loss of teeth and need for subsequent orthodontic treatment. Nutritional status of children with extensive dental decay has been shown to be compromised and these children are not as healthy as they could otherwise be.

_____RISKS: All options have risks. To do nothing when severe dental caries have been identified can lead to problems no child should be forced to risk. Oral sedation and the operating room are two options with greater risks than simple local anesthesia and treatment in the dental office, but they are not unreasonable treatment alternatives and should be considered by the parents where the dental needs warrant such a recommendation.