

## General Anesthesia or Sedation: A Dilemma for Parents in Pediatric Dentistry

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Performing dental treatments for non-cooperative children who have uncontrollable fear and anxiety about dentistry is one of the most important challenges for dentists and parents. However, to overcome this problem, methods such as the use of sedation, or general anesthesia are recommended by most pediatric dentists. On the other hand, parents are sometimes confused in choosing the treatment method with the contradictory recommendations of some of our colleagues, and cannot make the right decision, that's why I decided to address this issue in this article.

One of the safest methods of sedation in pediatric dentistry is the method of inhalation with nitrous oxide gas, but this type of method is only effective in reducing pediatric stress and will not be effective in children who are aggressive towards dental treatment.

The oral sedation method also uses different drugs for sedation according to the experience, and taste of the dentist. However, the oral method is very unpredictable and sometimes may even have the opposite effect on the child and make the child more restless. Of course, in some cases, this type of method is very effective and the effectiveness of the oral method depends a lot on the child's cooperation in taking the drug and the absorption of this drug in the child's body. This cannot be reliable as a 100% effective method.

I believe the most effective method of sedation is intravenous injection of sedatives that affect the child very quickly and often cause a deep level of sedation, which is often needed for dental treatment; children with a mild level or sometimes moderate sedation may still be resistant to treatment. Unfortunately, due to a large amount of publicity about sedation, the lack of advice on anesthesia, and instilling in some parents that sedation is the best option for dental treatments and general anesthesia is not the correct method, I need to provide some points to clear the skepticism.

First: It should be noted that no treatment is safe, and the task of pediatric dentists is to put the patient in the treatment process so that the patient is at the least risk.

Second: In the sedation method, the child's breathing is the responsibility of the child and sedatives also slow down the child's breathing to a great extent. Hence, we must be very careful about the child's oxygen pressure drop. Besides slowing down the breathing, the respiratory system could be at risk of drug-induced spasms, or possibly the entrance of water droplets into the child's throat which will be irreparable risks to the child, in case of respiratory spasm.

In the sedation method, the treatment should be done in such a way that the treatment of the child is completed in the shortest possible time. The longer the sedation time lasts, the greater the risks to the child's health would be. Therefore, in this method, we must act in such a way that the sedation time of the child is less than 1 hour. Therefore, sedation should be performed on children with a maximum of 2 or 3 decayed teeth, and must be completed as soon as possible because it is impossible to treat a large number of decayed teeth in one hour; or if it is done, it will reduce the quality and accuracy of the treatment.

Third: In general anesthesia, as opposed to sedation, due to the intubation and regulation of the kid's breathing by the respiratory system, the risk of airway spasm is greatly reduced in children with a large number of decayed teeth, which not only is an appropriate method for children with extensive tooth caries but also it is a very safe and secure method.

Fourth: It is important that sedation should be performed by an anesthesiologist and performing this procedure in the office environment poses many risks to the child's life. If apnea or respiratory spasm or any unpredictable event occurs, controlling the child's condition even in a well-equipped office will be very difficult or impossible, because of the speed of action and emergency teamwork with the help of several skilled personnel in such emergencies is vital.

Finally, at present, pediatric dentists, in addition to their specialty course, also take hospital dental fellowship courses in anesthesiology which qualifies them to perform dental treatment under deep sedation or general anesthesia in well-equipped hospitals. The new AAPD new guidelines state that for any child receiving deep sedation or general anesthesia, an anesthesiologist, another dentist or an oral surgeon who is trained in anesthesia must be present to help care.

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