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## SUGGESTIONS FOR ASSISTANTS FOR ANESTHESIA CASES

- 1) Once the patient is seated, the assistant cannot leave the room unless relieved by another person. By law, the doctor cannot be alone with a patient at **any** time.
- 2) Please have an assortment of bite blocks available
- 3) Due OSHA regulations once the patient is breathing nitrous oxide and oxygen, please don't engage in unnecessary conversations with them since speaking bypasses the scavenging system.
- 4) A Word About Water...
  - a. Water for cooling during tooth preparations is necessary and can be set to as low/minimal a flow as necessary as long as **very little** of it reaches the back of the throat.
  - b. Ask your dentist not to use the air/water syringe without your knowledge.
  - c. The less water that reaches the back of the throat, the better the anesthetic will seem to be. The more water they swallow, the more likely they will need to go to the bathroom.
- 5) About Objects in the Mouth...
  - a. **A throat screen/pack should be in place before any objects are placed in the mouth.**
  - b. Avoid placing objects in the mouth that could be swallowed or inhaled unless dental floss is tied to it. Caution must be taken during extractions or when crowns are being cut off, cemented or tried in if the patient is deeply asleep.
  - c. Tie floss to the bite block, cotton rolls, gauze and rubber dam clamps.
  - d. If a rubber dam is being used you do not need to put floss on endo files. You still need to tie the bite block and the clamp.
- 6) Impressions for Sedation Cases
  - a. Keep overflow to a minimum.
  - b. Have several mirrors and 4x4 gauzes available.
  - c. If it is a bite registration, be prepared to hold the patient closed or they will fall asleep and open before it is set. If you want patient cooperation advise Dr. Elmasri 10 minutes in advance.
- 7) Rides and Family Members
  - a. Please do not allow anyone to enter the operatory until the case is over and the room is almost clean enough for the next patient.
- 8) When the case is over they may need to use the restroom. They should never go unattended.
  - a. Same sex rules apply. I go with male patients and female patients go with female assistants.
- 9) Plan on obtaining a wheel chair and escorting the patient to their car at the end of the appointment if elevators are involved. It is best to give postoperative instructions to the ride, not the patient, since they will not remember most of what you say to them.
- 10) Questions? Please ask!



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## Treatment Suggestions for Anesthesia Cases

- Please send me the required forms ASAP – the more notice I have, the less likely I will have to reschedule the patient for medical purposes.
- Please have 2 or 3 possible days when scheduling in case the preferred date is unavailable.
- Notify the patient that I will be contacting them to review their health history and policies regarding their anesthesia appointment.
- The office should be open 30 minutes prior to the patient's arrival.
- **A throat screen/pack should be in place before any objects are placed in the mouth.**
- Give the patient's ride a "return back time" (30 minutes prior to estimated finishing time) even if they have a cell phone. The responsibility to return should be the ride's and not your secretary's. They can call occasionally to check on time.
- Print out a detailed time frame (and practical) treatment plan and put it on the wall like in dental school. If there has been a change in the treatment plan length since the case was scheduled, please advise me prior to my arrival.
- By law the patient must always have two people in the room with them.
- Some dentists take advantage of anesthesia patients to treat others at the same time. This is obviously unprofessional & unethical. This is unfair to the patient paying for anesthesia time. Very short hygiene checks, phone calls, bathroom breaks, snack time are of course fine.
- Please inform me 20 minutes in advance if you want cooperation from the patient for sedation cases.
- When I ask what is next or how long a procedure will take, it is because I need to fine tune the anesthesia for both you & the patient. The anesthesiologist needs to be a part of the team.
- Water: there are many misconceptions about the use of water. Use the minimum amount needed as long as little to none reaches the back of the throat. However, swallowed water increases the likelihood of their needing to go to the bathroom. Large-bore high speed suction, gauze 4x4s, sponges, rubber dams, etc will improve your production.
- Please give me a 1 hour, 20 minute and 5 minute estimate for finishing which will aid in speeding up turn over and recovery times.
- Anesthesia cases are easier and more relaxing than "normal" cases. If you aren't sensing that, there is something you are unnecessarily fighting and I can help you with it.

**I consider it quite a pleasure to be working with your office. If you ever have any suggestions, please let me know. I am always happy to serve your office and patients more effectively.**