

Response to NZSSD submission to DCNA regarding Draft Sedation Practice Standard

I cannot support this submission as the society advocates complete withdrawal of methoxyflurane. ***All other aspects of the submission I agree with fully.***

Regarding methoxyflurane deficiency 4: The inappropriate inclusion of methoxyflurane (Pentrox)

- A. **Onset and duration:** short procedures are common in dentistry a good example is the orthodontic removal of 2 or 4 premolars for young adolescent. A single use methoxyflurane vial self-administered by the patient can be especially useful in managing anxiety for this procedure

Clinical Efficacy: Pentrox **does** provide anxiolysis and I base this on hundreds of anxiety cured teenagers requiring orthodontic extractions. Provision of amnesia is entirely subjective for most sedation procedures and not essential. Titrability is also available given it is not an instantaneous effect from a single puff.

Alignment failure: In my experience methoxy is predictable in effect and recovery is rapid.

B. **Organ Toxicity:** I do not question organ toxicity in GA procedures, but these are not relevant to dental clinical use.

Datasheet warnings: Use in single procedures such as orthodontic extractions which do not require multi visit treatment plans meets this criteria. In this instance interpreting the datasheet warnings regarding nephrotoxicity for multi visit dental treatment is a misinterpretation.

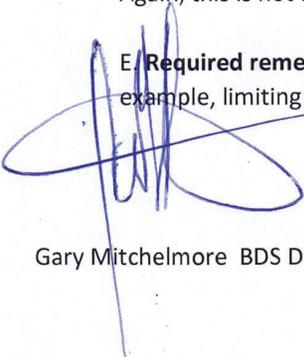
C. **Scavenging systems:** There is a carbon filter on the whistle which is an effective scavenging system.

Procedural interference: Orthodontic extractions are not complex procedures. Suction and maintenance of a dry field are not required.

D. **ANZCA PG09(G):** Failure to recognise methoxyflurane in a document regarding standards is a bureaucratic exclusion and in itself does not necessarily justify clinical exclusion.

Off label usage: Off label usage is not uncommon in health practice or other professions. Again, this is not a reason for exclusion.

E. **Required remedy:** I do not believe it should be removed. You could set new standards for example, limiting single use, short procedures, sedation trained.



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