

MARY ANNE COSTELLOE

BDS Dip Clin Dent(Paediatic Dentistry)

Marie MacKay
Chief Executive
Dental Council of New Zealand
consultations@dcnz.org.nz

Proposed new DCNZ Sedation Guidelines

Dear Marie,

Thank you for the opportunity to provide a late submission on the above.
I am approving of the updated Sedation practice standard. It is generally clearly presented.
I have the following query/ recommendation So Q 1 Q 2, for Standard 17 sedation for children between 3- 6 years (excl inhalation) and also children 6- 12 years

I recommend that such cases have a mandatory 3 people in attendance. e.g. Dentist/ sedationist plus 2 trained auxiliaries one of whom has sole responsibility for suction/airway maintenance/ protection. Young children are anatomically more prone to airway complications, and adding a muscle relaxer can exaggerate this.

Re -Training for the above.

This pathway is not clear and indeed is very fraught in New Zealand.
However there is a significant and urgent need for this matter to be resolved and made clearer.
Such training would need to include general paediatric dental training e.g. restorative and behavioural techniques, developmental issues and anomalies, social and community concerns.
Additionally there is a significant need for such a service.

Where I practice rurally in South/Central Taranaki, as in many other rural areas, there are insufficient health practitioners but great need for some assistance in coping with dental care.
The Public General anesthetic lists cannot cope. In South Taranaki the COHS service has only 30 % of the staff required, and ditto for medical and dental practitioner)

For many children in Taranaki their first visit to the COHS is for an extraction and not surprisingly they refuse care then and/or all subsequent visits. Dentistry needs to be taught to children, not inflicted upon them in time of need. There is a tsunami of such cases coming, and noting the workforce situation which will not be resolved especially rurally. The current wait from time of referral to treatment is 18 month to 2 years for a public GA in Taranaki. Nitrous oxide sedation is recommended as suitable for preoperative children aged 6 years or more. This does not match the needs of the traumatized children that are currently presenting in abundance in my region.

Changing parental attitudes and rising rates of anxiety are also a factor as is that a significant proportion of children in NZ are living in financially stressed and time poor households.

I note that neither the BDS from Otago University nor postgraduate courses from Otago teach

practical sedation skills other than inhalation sedation. The New Zealand Society for Sedation in Dentistry teaches IV sedation to a high standard with high regard for safety. However this society expresses negative views on oral sedation and does not recognize the intricacies of the paediatric population in my view, nor of our paediatric training. NZSAAD offers a common pathway for the few of us who undertake paediatric dental sedation in NZ, augmented with some overseas courses e.g. paediatric sedation outside the operating room.

Can I ask then since the implementation of the 2017 Dental Sedation practice standard, what issues have been recorded with regards to paediatric dental sedation? I alone am completing 250-300 paediatric sedations per year, mainly with Midazolam, average age 6 years.)

Overseas there has been problems recorded with multidrug dental sedation therapies for children but these NZDC Sedation guidelines do not allow for such multidrug therapies (particularly the addition of a narcotic). Is the NZSSD justified in criticizing the DCNZ sedation guidelines for allowing oral sedation with midazolam in children? Post 2017

I also note the NZSSD society submission is criticizing the use of IV midazolam solutions for oral sedation. The IV midazolam solution method is far more accurately titrated than cutting up solid tablets in my view. Further many drugs used for children have not been officially approved for use in children because of the cost of such a process e.g. many local anesthetics, but is that really a concern.

Will a postgraduate diploma in paediatric dentistry or higher paediatric qualification suffice in conjunction with the IV course offered by NZSSD be sufficient to provide paediatric dental sedation with midazolam or similar drugs, and then to offer supervision to others?

Your appendix C/17 is pretty vague. We are a small country in reality, population wise, and need to work together.

Thank you for your consideration,

MaryAnne Costelloe, B.D.S Dip Clin Dent (Paediatric Dentistry)