

General Guidelines Concerning Office Based Anesthesia Candidacy:

To help guide you in determining which patients may be appropriate for this option, we have provided you with the following tools. Please keep in mind that we will be reviewing all cases after we receive the registration and health history paperwork and again on the day of treatment. If you have any questions regarding the anesthetic care of your patients, please give us a call.

Age: In the office-based environment, our providers are comfortable treating patients 2 years of age and older. We will review each case and, after speaking with the patient/parent, determine whether a formal physical should be completed by the patient's pediatrician or PCP.

ASA Classification:

From the American Society of Anesthesiologist Physical Status Classification System:

ASA Physical Status 1 - A normal healthy patient

ASA Physical Status 2 - A patient with mild systemic disease

ASA Physical Status 3 - A patient with severe systemic disease

ASA Physical Status 4 - A patient with severe systemic disease that is a constant threat to life

Most ASA 1 and 2 patients will be good candidates for office based general anesthesia. Please schedule ASA 1 and 2 patients at your discretion without direct consultation with our anesthesiologists. Again, we will review each case and contact you if more information is required; however, the frequency of such intervention is low for ASA 1 and 2 patients.

Special Note: Most pediatric patients will have a sniffle or runny nose throughout the year, but if they can play outside without needing a break and have been afebrile, they may be scheduled by your office.

Not all ASA 1 and 2 patients will be acceptable, and some exceptions will be listed to help guide anesthetic treatment planning. Some select ASA 3 patients may be acceptable, but this will require a special medical history and physical examination review. Remember that each patient needs to be evaluated on a case-by-case basis.

Examples of ASA 2:

- o History of controlled asthma
- o History of controlled diabetes
- o Tobacco use
- o Developmental delay

Examples of ASA 3:

- o Sickle cell disease (homozygous)
- o Uncontrolled diabetes or hypertension
- o History of myocardial infarction, that is stable and currently managed.
- o Developmental delay (if severe or associated with other systemic problems)

Special note on Trisomy 21 or Down's syndrome:

Most Down's syndrome patients are excellent candidates for office-based anesthesia but require in-depth evaluation of medical and surgical history. The presence of atlanto-axial instability will preclude these patients from office-based anesthesia.

Notable exceptions regardless of ASA classification that require face to face interview with anesthesia:

- o Poor airways
- o Mallampati Class III or IV
- o BMI > 40, (50+ need to be referred to an outside facility.)
- o "Kissing tonsils"
- o Severe retrognathia
- o Congenital midface or airway abnormalities: Pierre Robin syndrome, Treacher Collins syndrome, Goldenhar syndrome, Hunter's syndrome, Hurler's syndrome, Apert's syndrome, Beckwith- Wiedemann syndrome, Crouzon syndrome, Klippel-Feil, Marfan's syndrome, Turner's syndrome, etc.
- o Severe cardiopulmonary disorders or disease, see the following questionnaire.

Cardiac Questionnaire:

Cardiac Conditions that need to be assessed further:

- Coronary Artery Disease
- Cardiomyopathy or Severe Valvular Disease
- Open Heart Surgery (Stents, valve replacement)
- Congestive Heart Failure
- Pacemaker
- Defibrillator
- Aortic Stenosis
- Arrhythmia/Dysrhythmia
- Atrial Fibrillation
- AV Block
- SVT
- VT

If the patient states yes to the above, please ask:

- Do you have a cardiologist?
 - If no, then refer for cardiology clearance.
 - If yes proceed to next question
- Current symptoms?
 - If any changes -> chest pain shortness of breath, they need cardiology clearance.
 - If no changes proceed to next question.
- How long ago did they follow up with cardiologist?
 - Not recent, they need a cardiologist clearance.
 - If they follow up regularly, request last clinic note and EKG results within last year

Pacemakers/Defibrillators

- Are they being regularly followed up?
 - If yes request last clinic note stating it is being followed up.
 - If no-> cardiac clearance and evaluation of pacemaker/defibrillator.

Pulmonary Questionnaire

Pulmonary Conditions that need to be assessed further:

- COPD
- Emphysema
- Asthma
- Sleep Apnea
- Long COVID

If the patient states yes to the above please ask:

- Do they wear O2? How much?
- Do you have a pulmonologist or is primary care provider monitoring them?
 - If no then refer for pulmonary clearance
 - If yes proceed to next question
- Current symptoms?
 - If any changes > Increased shortness of breath, increase workload, increase in O2 settings
 - If no changes proceed to next question.
- How long ago did they follow up with pulmonologist/PCP provider?
 - Not recent, they need a pulmonary/PCP clearance
 - If they follow up regularly, request last clinic note within last year.
- Asthma-> Are they stable? Grew out of it?
 - If unstable they need pulmonary/PCP clearance
 - How often do they use a rescue inhaler
 - Must bring inhaler with them to center.

Type of Procedure/Postoperative Pain Level:

Most dental procedures are appropriate for the outpatient setting because they typically involve treatment where postoperative pain levels can be easily controlled with PO medications and don't require excessive monitoring and fluid/blood loss. There are circumstances due to a patient's medical history and chronic medication use when postoperative pain control may be extremely difficult and might require further care.

Postoperative Recovery:

Although each anesthetic is carefully tailored for each patient's condition and the procedure being performed, some patients have specific conditions that warrant prolonged recovery attention and may require equipment that is not typically part of our set up. These patients may not be good candidates for outpatient procedures performed in an office-based setting.

Conditions would include:

- Severe COPD
- Uncontrolled Seizures,
- Severe Obstructive Sleep Apnea

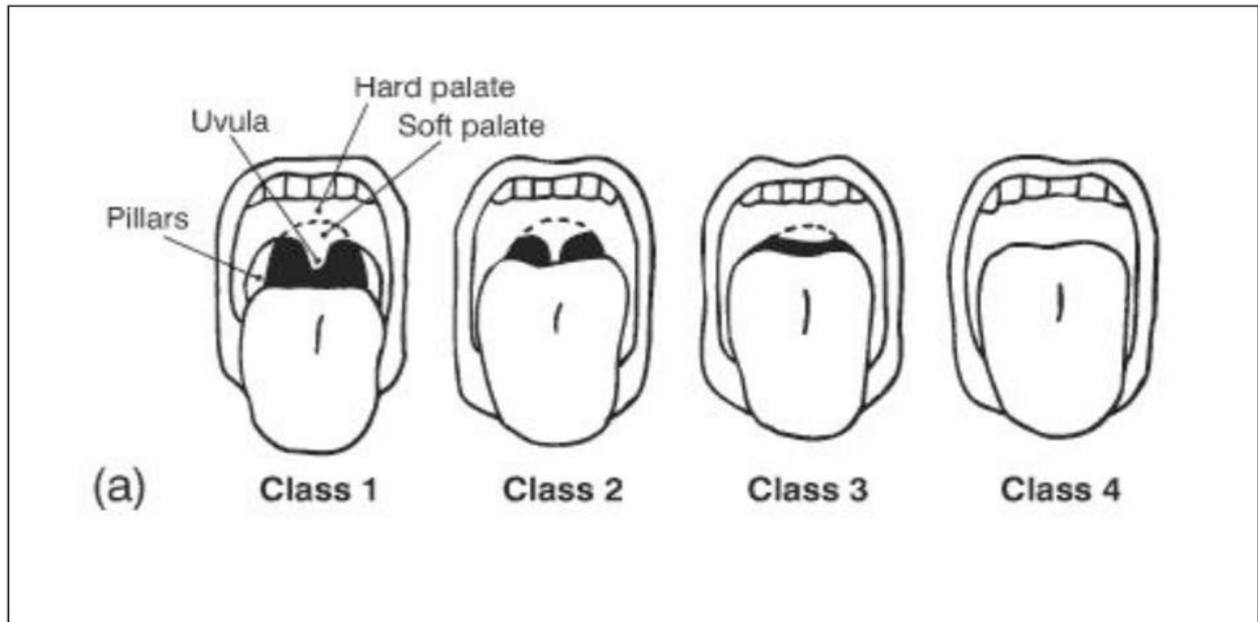


Figure 1. The Mallampati score:

Class 1. Complete visualization of the soft palate

Class 2. Complete visualization of the uvula

Class 3. Visualization of only the base of the uvula

Class 4. Soft palate is not visible at all



Weight:

Although obese and morbidly obese patients can present anesthetic challenges, many do very well in the outpatient setting. All patients over 40 BMI need to have an airway evaluation by anesthesia prior to the day of services. All patients over 50 will need to be referred to a facility with more comprehensive staff and equipment. Each patient will be evaluated on a case-by-case basis and it will be determined if office based anesthesia is appropriate.