CONSENT FORM · SEDATION

Consent for IV Sedation

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

IV sedation uses a medicine given through a small cannula in your hand or arm to help you feel deeply relaxed during dental treatment. You stay awake and able to respond, but many people remember little afterwards.

We use midazolam, a sedative medicine, given through a cannula (a thin plastic tube) in the back of your hand or arm. It is given slowly in small amounts and adjusted to you until you feel relaxed. You will still be able to talk and follow instructions. Local anaesthetic is still used to numb your mouth.

Sedation at LUSSO follows the standards of the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Throughout treatment your oxygen level, pulse and blood pressure are monitored by a trained team. A reversal medicine (flumazenil), emergency drugs, oxygen and equipment are always available. You must have a responsible adult escort to take you home and stay with you, and you must follow the 24 hour safety rules.

What happens

STEP	WHAT IT INVOLVES
1. Sedation assessment	Before your treatment day we review your medical history, medicines and weight, check your blood pressure and explain sedation. You sign your consent at this stage, before any sedative is given.
2. Arrival and checks	We confirm your escort, fasting, medicines and consent, and take baseline measurements of your pulse, oxygen level and blood pressure.
3. Cannula and monitoring	We place a small cannula in your hand or arm and attach a finger probe and blood pressure cuff.
4. Sedation given	Midazolam is given slowly in small amounts until you are relaxed. You stay able to respond throughout.
5. Treatment	Your dental treatment is carried out under local anaesthetic, with monitoring recorded at least every five minutes.
6. Recovery and discharge	You rest in recovery until you meet our discharge criteria. The cannula is removed and you leave with your escort and written instructions.

SECTION 2

Expected benefits

- Helps if you feel anxious or have a dental phobia.
- Makes longer or more complex treatment more comfortable.
- Many people remember little of the treatment afterwards.
- You stay responsive and breathe for yourself, so it is safer than a general anaesthetic for most dental care.
- The level of sedation is adjusted to you.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Memory loss (amnesia)	Common and expected. You may not remember the treatment or what was said afterwards, which is why we give your escort written instructions.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Drowsiness and unsteadiness	Common for the rest of the day. This is why you must not drive or be alone for 24 hours.	Common
Bruising at the cannula site	Common and usually minor. It fades within a week or two.	Common
Slowed breathing or low oxygen level	Uncommon. We monitor you closely and can give oxygen or the reversal medicine flumazenil if needed.	Uncommon
Nausea	Uncommon with midazolam, but can happen.	Uncommon
Sedation not effective enough	Uncommon. Some people do not relax enough for treatment to go ahead, and another approach may be needed.	Uncommon
Unexpected reactions	Rarely, people become restless or agitated rather than calm. Treatment would then be stopped.	Rare
Allergic reaction	Rare. Emergency drugs and equipment are always available.	Rare

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No sedation**: treatment under local anaesthetic alone, with support, breaks and a stop signal.
- **Inhalation sedation** (gas and air), which is lighter, wears off quickly and often means you can travel home alone.
- **Oral sedation**, a tablet taken before treatment, which may be suitable in some cases.
- **General anaesthetic** in a hospital setting, by referral, for some people and procedures.
- **No treatment**: delaying treatment may allow problems such as decay or infection to get worse.

SECTION 5

Costs

ITEM	GUIDE FEE
IV sedation	£350 per hour

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £	PLAN REFERENCE	ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Your consent

Please initial each statement you agree with.

I understand that I must have a responsible adult escort to take me home and stay with me, and that treatment will not go ahead without one.	☐
I understand that for 24 hours I must not drive, ride a bike, drink alcohol, use machinery or tools, sign legal or important documents, make important decisions, or be solely responsible for children or other dependants.	☐
I understand that I may remember little or nothing of the treatment, and that this is normal.	☐
I understand the risks, including bruising, drowsiness and, uncommonly, breathing problems that the team is trained to manage, including with a reversal medicine.	☐
I have told the team about all my medicines, medical conditions and whether I am or might be pregnant or breastfeeding.	☐
I understand that I should have a light meal before my appointment and follow the instructions I have been given.	☐
I understand that sedation does not always work well enough for treatment to go ahead.	☐
I have been told about the alternatives, including no sedation, inhalation sedation and general anaesthetic, and I have had the chance to ask questions.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐

I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 7

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.